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Evaluation Report On
The Center for Population Activities:

"Training of Family Planning Managers"

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## ABBREVIATIONS

| | |
|---|---|
| APHA | American Public Health Association |
| AF | Action Familiale |
| BMTP | Basic Management Training Program |
| CEFPA | Center for Population Activities |
| FPAN | Family Planning Association of Nepal |
| FPIA | Family Planning International Assistance |
| FP-MCH | Family Planning-Maternal Child Health |
| IE&C | Information, Education, and Communication |
| ICHP | Community Health and Integration Project |
| IPPF | International Planned Parenthood Federation |
| LDC | Less Developed Country |
| LTP | Leadership Training Program |
| MOH | Ministry of Health |
| MOH MCH-FP | Ministry of Health Maternal Child Health-Family Planning Program (Mauritius) |
| MFPA | Mauritius Family Planning Association |
| NFPA | Nepal Family Planning Association |
| PMO | Principal Medical Officer |
| RTC | Regional Training Center |
| TOT | Training of Trainees |
| UNFPA | United Nations Fund for Population Activities |
| USAID | United States Agency for International Development |
| WFPP | Women's Family Planning Project |

# PREFACE

The team wishes to thank the staffs of USAID, APHA, MFPA, and FP-MCH for their assistance during this evaluation. Their logistical support and cooperation in providing information facilitated the completion of the assignment and enabled the team to successfully interview a large percentage of those participating in CEFPA's training programs.

# EXECUTIVE SUMMARY

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This report describes the impact of training services delivered by The Center for Population Activities (CEFPA). (See AID contract, AID/pha-C-1187.) The contractor's objective is:

> To train family planning managers/instructors in Less Developed Countries (LDCs) and to provide technical assistance on family training matters to selected key institutions in priority LDCs.

When this evaluation began, CEFPA had completed two and one-half years of a planned three-year program and had trained 255 persons in 11 training events.

CEFPA delivers three types of program. The Basic Management Training Program (BMTP), the principal mechanism, lasts 10 days and is delivered in-country or regionally. Training of Trainers (TOT) is another key program. This is the principal instrument that CEFPA uses to institutionalize the management and supervision training function in LDCs.

A three-member evaluation team was fielded; it included Neal Munch, Training Management Specialist and Team Leader; Keekee Minor, Administration/Population Specialist; and Jatinder Cheema, Population Planning Specialist. The field work was carried out in Mauritius and Nepal between March 18 and April 10. Approximately 25 percent of the entire training population, as well as trainee supervisors, supervisees, and sponsoring agencies (e.g., IPPF, FPIA, and Pathfinder Fund) were interviewed.

The team found that generally, CEFPA has met its contractual obligations in all major aspects. It has dedicated staff and a strong board. CEFPA field staff have excellent working relationships with their counterpart agencies and with AID mission staff in-country.

The field data indicated that the training has had limited impact and that CEFPA's work should be improved. Trainee selection criteria should be made more specific; more country-specific training materials should be used; and a more solid approach to the institutionalization of the training function within the counterpart agencies should be taken. If the scheduling and staffing of the training programs can be improved and more formal internal debriefings held after each training event, CEFPA's organizational capacity could be improved.

Although the training was found to have limited impact, the team believes it would be premature to judge the longer-range effect that CEFPA's training may have in LDCs. In addition, CEFPA has valuable organizational experience that should not be lost to AID.

# I. INTRODUCTION

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## Purposes of the Evaluation

The purposes of this evaluation were to:

- o Evaluate the impact of CEFPA training (see AID/CEFPA contract, AID/pha-C-1187).
- o Assess the impact of that training as a basis for future AID funding decisions.

The evaluation team's protocol and data gathering framework are described in Appendix A.

## Itinerary

The three-member evaluation team was briefed by USAID and CEFPA staff in Washington, D.C., on March 17 and 18. Written materials from CEFPA were reviewed at that time.

The team did field work in Mauritius from March 21 to 27 and in Nepal from March 30 to April 18. During the stay in Nepal, one member of the team spent four days in the East. During a 15-hour layover in Nairobi, Kenya, the team interviewed some participants and the staff of three sponsoring agencies.

On April 10, the team returned to Washington, D.C., for further views and debriefings with USAID and CEFPA staff. On April 18, it submitted to APHA its draft report.

## Evaluation Methodology

### A. Background

As of March 15, 1980, CEFPA had completed two and one-half years of a planned three-year training program. Approximately 255 persons had participated in 11 training events which covered 175 training days. These events were delivered through three basic mechanisms:

1. U.S.-Based Leadership Training Program (LTP)

Designed and begun before the contract, this six-week program is for individuals from countries in which in-country programs are not feasible at this time.

2. Basic Management and Supervision Training Program (BMTP)

A shortened and altered version of the LTP, this program focuses on specific management and supervision skills. It lasts two weeks. The program has been held exclusively overseas as an in-country and regional program.

3. Training of Trainers (TOT)

Designed to train host country personnel as trainers who deliver management and supervision programs, this program has been held in the U.S. and overseas as an in-country and regional program. It is several days to several weeks long.

These activities are described in Appendix B by program year; type of event; training site; number trained; number of days trained; representation of countries by event; and representation of agencies by event.

The impact of these events was evaluated against CEFPA's objective and description. (See AID/CEFPA contract, 1977.) As described in the contract, CEFPA's objective was to train family planning managers and instructors in Less Developed Countries (LDCs) and to provide technical assistance in family planning training to selected key institutions in priority LDCs. In carrying out this objective, the contractor was to attempt to institutionalize a management and supervisory training capability at key sites in high-priority LDCs. Training sites were selected after AID and the contractor signed an agreement. The contractor's objectives were to:

--prepare instructional and support materials in management training that are cross-culturally applicable;

--provide host agency counterpart teams with the resources and support they need to implement and sustain indigenous programs;

--train a cadre of family planning managers and supervisors in-country; and,

--conduct an annual U.S.-based leadership training program for family planning managers and supervisors from LDCs in which in-country training efforts are not practical.

In addition, AID asked the evaluation team to consider the following questions:

- How is responsibility allocated within CEFPA? Who is responsible for what activity? How does the assignment of a specific function relate to staff competencies?
- What justification is there for a regional training capability in Mauritius?
- How does CEFPA tailor its training to the needs of a particular country? How are training efforts evaluated and measured? How do CEFPA training efforts affect FP service delivery in LDCs?

The evaluation plan is attached as Appendix C.

B. Approach

1. Sources

As stated in the protocol, the evaluation team made every effort to use fully the following resources:

--AID/W and CEFPA staff and documents;

--USAID mission staff and documents;

--interviews with training program participants, participants' supervisors, and participants' supervisees;

--performance observations; and,

--records of participants' agencies.

The team took advantage of an unexpected opportunity--a 15-day layover in Nairobi, Kenya--to interview the staff of agencies which sponsored some of the participants.

2. Instrumentation

After a review by AID, CEFPA, and APHA staff, the team's field data collection instrument was finalized. A number of questions on the procedure were raised; they represent the range of concerns about field work. After several days in the field, the team sorted the interview data it had collected and decided that the three distinct interview methods were producing the required information. Thereafter, at the end of each day, each team member coded the day's interview data to the relevant framework questions. Each also verbally debriefed the other.

Upon completion of the field work, the team quantified the interview data and identified the significant topics for this report.

3. Limitations

The team was unable to evaluate the training's impact in two of the four areas usually examined during training evaluations. Because CEFPA training does not include any pre- or post-testing of participants, the training's impact on the trainees' knowledge could not be determined. In the time allotted for the evaluation, the team did observe some behavioral patterns but could not apply its findings to the total sample. No pre-training observations were made.

The participants' reaction to the training was very positive. The team found a high correlation between the statements participants made on the last day of training and comments heard in the field. These data do not, however, indicate that a change in management or supervisory capability has occurred.

In assessing results, the team noted that not all of the results claimed were evident. Such items as clinic records and workplans were available for review but qualitative improvements, which participants often report, were not readily apparent. Most Nepalese supervisees--who might have been able to report some observed changes in their supervisors' behavior--could not be interviewed because they were five or more travel days away.

4. Persons and Agencies Contacted

In Mauritius and Nepal the team met with USAID or embassy staff; top staff of host country agencies; and CEFPA trainees. It also interviewed participants' supervisors and supervisees and staff of sponsoring agencies.

Before leaving the field, the team scheduled debriefings with relevant AID or embassy staff and with the top staff of host country agencies.

The entire team attended the initial briefings and pre-departure meetings, but only one person recorded the minutes. In several instances, the entire team interviewed a participant (when the interviewer was considered particularly interesting), but most participants were interviewed by a single member of the team.

In-country documents were considered essential to the field work. Organizational charts, annual reports, workplans, and other materials needed to understand and document agencies' organizations and procedures were requested, received, and reviewed. All participants, their supervisors, and their supervisees were asked to provide examples of documents (e.g., reports, data forms, etc.) they prepared after their CEFPA training. These would indicate how well they learned certain procedures. The team did not have an opportunity to observe trainees' performance.

The team interviewed approximately 25 percent (eight of the 11 training groups) of the total trainee population. Although all of the Nepal and Mauritius participants in the two LTPs were interviewed, they represent only four of 52 persons enrolled in these training programs. The evaluation team believes the contract has emphasized BMTP and TOT programs and has therefore concentrated on these activities.

A complete list of persons contacted is attached as Appendix D.

## Relevant Country Profile

### A. Nepal*

Nepal, a sovereign, independent Hindu kingdom, is situated on the southern slope of the Himalayas. It is divided into four regions, 14 zones, and 75 districts; the town or village panchayat is the smallest unit. Although a small country, Nepal is characterized by extreme ethnic and geographical diversity. There are about 35 main ethnic groups. Of the 50 languages spoken, Nepali is the most widely understood. In mid-1979, the country's population was approximately 14 million. The annual population growth rate is approximately 2.52 percent.

Family planning services in Nepal are delivered through the national programs of the Ministry of Health (MOH). Its two programs are the Nepal Family Planning and Maternal Child Health Project (FP-MCH) and the Community

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*Statistics from annual FP-MCH and ICHP reports.

Health and Integration Project (ICHP). The Nepal Family Planning Association (NFPA), an IPPF affiliate, and the Women's Family Planning Project (WFPP) also deliver family planning services.

The CEFPA program has trained persons who are now located in all of the FP service agencies. Its counterpart agency is the FP-MCH Project. (See organization chart, Appendix E.)

The FP-MCH is a development project, not a line agency within the Ministry of Health. Once designed and initiated, ongoing FP-MCH services will be taken over by the ICHP. The ICHP has taken over certain programs in 12 districts and fully absorbed services in 13; it has integrated approximately 1,600 workers from five vertical programs, including FP-MCH.

Although the plan is to integrate FP-MCH services, the agency has reportedly added 12,000 employees in the last three years. It now has a staff of approximately 27,000. Staff are working now in approximately 40 districts. The agency plans to expand its services to the 35 remaining districts. According to its last annual report, the agency had a FP acceptor load of 174,106.

B. Mauritius*

Mauritius is a volcanic island in the Indian Ocean. Approximately 1,200 miles off the coast of Southeast Africa, it has an area of approximately 720 square miles. The island is divided into nine districts. Most Mauritians are bilingual. The two principal languages are French and English; Hindi and Bajpuri are also spoken by a large number of people. The 1980 estimated population is 924,179. The natural growth rate is 1.9 percent.

Family planning services on the island are provided through the Ministry of Health's Maternal Child Health-Family Planning Program (MCH-FP); the Mauritius Family Planning Association (MFPA), an IPPF affiliate; and Action Familiale (AF), a Catholic Church-sponsored organization.

CEFPA's counterpart agency is the MFPA, founded in 1957. MFPA's network of clinic services was integrated into MCH-FP in 1972. When the evaluation team visited Mauritius, the MFPA was operating two clinics, a community-based distribution program and an information, education, and communication (IE&C) component, with a staff of 26. At the end of 1979, the agency reported a patient load of 3,171. (See organization chart, Appendix F.)

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*Statistics from MFPA Annual Report and FP-MCH demographic Year Book.

# II. FINDINGS

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## Contractual Obligations

### A. Finding

The CEFPA has followed closely the workplan specified in the 1977 contract.

### B. Discussions

CEFPA's start-up time was short because the agency had acquired considerable organizational experience before the contract began. Its U.S.-based Leadership Training Programs (LTPs) brought recognition to the organization, increasing its visibility in many LDCs. Because it is well known among family planning program leaders, the CEFPA has had relatively easy access to the countries on which the contract focused. When situations within LDCs prevented CEFPA staff from performing their scheduled tasks (Bangladesh and Kenya are two examples), a workable alternative was readily available. The evaluation team believes that CEFPA's flexible organizational strength accounts for its good performance record.

## Working Relationships With Counterpart Agencies and AID Missions

### A. Finding

CEFPA appears to have solid, positive working relationships with its counterpart agencies and AID missions.

### B. Discussion

Given the many positive comments heard in the field, the evaluation team concluded that CEFPA's rapport with the top staff of host country agencies is based on the trainers' professional capabilities and willingness to work diligently on problems with host country nationals.

Apparently, the organization has enjoyed good relationships with AID missions since the contract began. The relationships seem to be functional in many cases, particularly when AID staff are responsible for selecting or ensuring the selection of trainees. CEFPA earned in Nepal the reputation of being a "first-class outfit."

## Staff and Board Work

A. Finding

CEFPA has a strong board and a dedicated staff.

B. Discussion

One aspect of CEFPA's organization that impressed the evaluation team is its strong and uniquely qualified board. The board membership is small, but the group is actively involved in policy areas and training delivery. CEFPA has recognized the need to expand to gain additional talent; new members have been appointed to the board.

The team believes CEFPA staff should be complimented for their energy, dedication, flexibility, and willingness to learn. CEFPA has realized that the roles and responsibilities of individual staff members must be clarified and communication improved. It decided to contract in May an outside consultant to assess the organization and recommend improvements. (See CEFPA organizational chart, Appendix G.)

## Trainee Selection

A. Findings

The trainee selection criteria are too broadly defined. Inappropriate candidates are not screened and eliminated from the list of suitable potential trainees. The participants' agencies and supervisors are not required to commit themselves to the training program (i.e., to employ those who have acquired new skills).

B. Discussion

BMTP trainees are selected primarily in a delegated process. A CEFPA counterpart agency or an USAID mission officer is usually asked to assume the responsibility for candidate selections.

Usually, the CEFPA supplies program background material and discusses the selection criteria. "The host agency is advised that the training is geared for middle level managers and supervisors within their programs and linking agencies with which they work. The only criterion CEFPA requests is that candidates are proficient in English, at least during the initial training programs with a host agency."

1. Nepal

In Nepal, these criteria were reasonably well met. Nearly all of the participants were middle-level managers and supervisors in the Nepalese family planning program or linking agencies. Two of the trainees interviewed had difficulty understanding parts of the first program because the training materials were in English.

2. Mauritius

In Mauritius, the criteria were not met. At least six participants in the regional BMTP program did not and do not work in family planning; nor do they see themselves as members of "linking agencies." Seven trainees did not and do not now have supervisory responsibilities. These participants made up over one-third of the training group. Two trainees in the regional TOT program were mistakenly sent to a BMTP-type program.

In both Nepal and Mauritius, many participants reported they were notified of their selection only a few days before the training began and did not know why they had been selected. Most assumed they were accepted because of the position they held or because it was their "turn" to receive training. Few participants received invitational materials. These are two problems with the selection process: during delgation, both time and materials are lost.

In Mauritius, the MFPA, CEFPA's counterpart agency, is responsible for local recruitment for the upcoming regional BMTP. It has sent invitations to the Ministry of External Affairs, Tourism and Immigration, and the Manufacturers' Association. Apparently, the MFPA is having difficulty recruiting FP candidates and what might reasonably be considered "linking agencies." In fact, most of the MFPA and FP-MCH supervisors on the island have already received either BMTP or LTP training.

In Nepal, the leaders of the CEFPA counterpart agency, FP-MCH, are reportedly at odds with ICHP leaders over major program and personal issues. Training concerns have become "lost." FP-MCH reports that training invitations were sent to ICHP but have gone unanswered. ICHP maintains that no invitations were received. This conflict is serious because the ICHP is

officially charged with absorbing FP-MCH activities and personnel. (CEFPA's apparent inability to resolve the conflict to ensure selection of candidates from ICHP is discussed in another section of this report.)

In addition to the problems cited above (i.e., too general criteria, selection of unsuitable candidates, lack of accessibility (entry) to appropriate agencies), the importance of the training to the participants' agencies is diminished. Significantly, almost all of the participants interviewed said that bureaucratic procedures and supervisors who are unsympathetic to new ideas prevent them from using the skills they acquired in training.

In Mauritius, participants said that the principal medical officer (PMO) for family planning within the MCH has not asked for any report on their training. The PMO contends that he asked for but did not receive the reports. In Nepal, the project chief told the evaluators that he fully supports CEFPA training; he has not, however, required anything new of his agency staff since their training.

The lack of top staff commitment may affect eventually the participants' attitude towards the training--once the novelty of the participatory approach has worn off. As one clinic supervisor in Nepal said, "The (CEFPA) training is very good, but I will not go to another one (program) unless the top lets me use it."

## Training Design and Application of Knowledge

### A. Findings

Although participants claim BMTP training is useful, there seems to be little actual application of the knowledge and skills acquired from the training. Generally, knowledge is not being applied. The training design has not been revised adequately enough to correct the discrepancy.

### B. Discussion

A clinic supervisor in Mauritius reported that CEFPA had taught her to recognize the need for better planning. She said that her training had helped her better organize her clinic activities, with the result that she was able to see more patients during normal clinic hours.

To substantiate her claims, the team interviewed two sources. The team found that the supervisor's assistants had observed no change in the clinic. In fact, clinic records showed a decline in clinic visits following training. The number of visits has not increased since (training was completed a year ago).

The decline in visits is, in this case, certainly linked to many other variables, such as the agency's internal problems, which came to a head when visits first began to decline, and cannot be tied directly to the training. However, in both Nepal and Mauritius, the team found evidence of the gap between the reported and actual application of training.

Most BMTP participants admitted that it is difficult to apply their CEFPA training. They cited two reasons: bureaucratic procedures and supervisors who are unsympathetic to new ideas; and short training time. Trainees said they did not have enough time to digest what they had learned before returning to their work environment. (The barriers to additional implementation are discussed in the sections entitled "Institutionalization," "Trainee Selection," and "CEFPA Follow-up.")

In Mauritius, communication and management skills were cited as the most frequently applied skills acquired during CEFPA training. In Nepal, trainees cited planning and delegation.

1. Mauritius

a. Communication

Eight participants said they used their new communication skills to improve management or supervision. Eleven said these same skills helped them improve their client motivation techniques. Among the most frequently used communication techniques were small-group work sessions, objective-setting before group sessions, and group question-and-answer sessions (increased feedback).

b. Management

Of the 10 participants who cited management as the most useful training area, four gave as examples personal planning; three mentioned delegation; and three cited the use of a time log.

Three groups of supervisees (12 people) were interviewed and asked to assess their supervisors' claims that the supervision process had improved after training. None could identify any change. Nor did anyone "feel" that anything had changed. Of the 11 participants who cited improved client motivation skills, none could document the claim. Most indicated changes in verbal behavior.

Not one of the four who reported improved personal planning could produce evidence of that planning. The three who mentioned delegation offered as evidence their increased confidence in their ability to do the job. Of the three who reported using a time log, two produced day books; one showed a log in which group meeting times were recorded, but the length of the meeting was not noted. One book appeared to be an appointment book; again, the length of meetings was not noted in the entries.

Of the two principal agencies, FP-MCH and MFPA, only the director of the MFPA had any knowledge of the training's impact. However, the team was not able to locate any evidence of a report on the program.

2. Nepal

a. Planning

Fourteen participants cited planning as the most useful part of BMTP training. The most frequently mentioned technique was the time log; several persons also identified scheduling.

b. Delegation

Six of the participants cited delegation as the most useful aspect of training. "Involving staff in decisions" and "better allocation of work" were two techniques used in this area.

In Nepal, only two cases of improved planning were evident; both persons produced a "to do" list for the day.

The project chief and Services Division chief of FP-MCH said that CEFPA training had begun only one or two years ago and that this was "too short a time" to expect the results of training to show up within the agency.

The team felt that Nepal was the only country where most of the basic assumptions about the CEFPA training design could be examined. Among the assumptions are the following:

- Over 30 percent of CEFPA's total trainee population is in Nepal; a majority of these are trainees in FP-MCH.
- All of the top staff of FP-MCH received CEFPA training (either before or after the contract began).

- o CEFPA has worked in Nepal for the life of the contract.
- o Nepali society and organizations present an obvious challenge to the cross-cultural adaptability of CEFPA training materials and design.
- o Three of the four BMTP in-country programs and one TOT program have been delivered in Nepal.

CEFPA has changed BMTP design and delivery in two respects: New sections have been added and facilitators have been trained to deliver the program in the Nepali language. In addition, CEFPA is planning to translate some of the training materials into Nepali. These changes are an ongoing response to specific needs identified in the delivery of programs.

In comparing the kinds of adjustments CEFPA has made with Nepalis' comments on the training design, the team found that CEFPA has added "more appropriate" Western training techniques. What the Nepalis need, however, is substantive training materials.

One of the facilitators participating in the last program delivered in Nepal reported that the discussion in Nepali of an American-type case study was useful. However, the case was not used for its intended purpose. Instead of analyzing the case information, the participants discussed the workings of a district office. Apparently, the technique failed and the participants re-designed successfully that section of the program.

The evaluation team recorded the following analytical comments:

- o A participant in the first program: "The structure is different here than what CEFPA taught. They have to study things in our administration."
- o A participant in the first program: "We need to know things that help us run a district office."
- o A participant in the first program: "CEFPA deals in population activities. They should have more in their training about how to manage population programs."
- o The project chief: "I suggested to CEFPA that they hire local consultants (for material development) when they first came."

The evaluation team was unable to observe a CEFPA training program in progress. It regrets the exclusion of first-hand observations.

## CEFPA Evaluation Procedures

### A. Findings

Training is evaluated program-by-program; on the last day of training, participants are asked to comment on the training activities.

There is little or no effective follow-up on specific training programs. The supervisors or agencies from which the participants were selected are rarely asked to assess the value of the training (i.e., effects on job performance) of their employees.

### B. Discussion

The reaction sheets completed on the last day of the programs are designed for use in individual program sessions. They rely primarily--and typically--on semantic differential scales and close-ended questions.

Although the team found a high correlation between the comments of participants and the comments of field workers, it could not verify the claims that changes had been made.

Recognition of this fact is not evident in CEFPA summary reports. The CEFPA seems to make assumptions or overuse data. For example, in one report, it listed the participants' claims of changes under the heading "Number of Participants Who Made Change." It concluded that "...the following content sessions were found to have had applicability to the participants' work...." The evidence did not support the conclusion.

Furthermore, because evaluation questions are tied closely to training topics (rather than to the training design), participants' comments seem to be of limited value. They seem to have little effect on curricular changes and few materials are redesigned for cultural acceptability.

CEFPA does not pre- or post-test its programs to determine how much new knowledge the participants need and acquire. If the basic process goal is creation of an open learning environment, testing may intimidate a training group. The testing method, however, need not involve a question-and-answer session. Role playing and case study presentations before and after training can also be meaningful. Moreover, this kind of testing is consistent with the participatory approach.

In both Nepal and Mauritius, CEFPA's counterpart agencies send out a questionnaire--a reaction sheet--to former participants. More comments are elicited, but each question is still related to a specific training session.

In one case a CEFPA staffer held a series of interviews with former participants. His evaluation was based primarily on the trainees' reactions.

CEFPA staff have not met formally with any of the top staff in host country agencies to discuss the use of newly trained employees.

## Institutionalization and the Proposed Regional Training Center (RTC)

### A. Findings

Given the CEFPA's current operating methods, institutionalization will not occur. The underlying assumptions for the proposed RTC in Mauritius should be examined.

### B. Discussion

The CEFPA seeks to "institutionalize a management/supervisory training capability providing host agency counterpart teams with the resources and support necessary to implement and sustain indigenous programs."

The counterpart teams include CEFPA-trained host country facilitators who receive managerial and logistical support from host country agencies.

#### 1. Nepal

The counterpart agency in Nepal is FP-MCH. There were many reasons for selecting that organization. Apparently, counterpart staff were initially persons with whom CEFPA staff could work well. Team members were not selected because of their positions within the organization. One result of the selection was that CEFPA became linked with the administrative rather than the training section of FP-MCH.

When the administrator/counterpart left his job to work for UNFPA, his replacement was assigned to work with CEFPA. The new administrator reported that he "has no time for CEFPA." The evaluation team noted that CEFPA staff and the FP-MCH project director planned staffing assignments for the next CEFPA program but did not, apparently, include the new administrator in their meetings, even though he has been assigned the majority of the assignments.

CEFPA's staff function in Nepal is to ensure the integrity of the participatory approach while guiding the integration of the BMTP program with the agency's regulatory training activities. The agency's top staff do not seem to understand this function. In addition to their roles as trainers, CEFPA staff seem to be responsible for administrative concerns. When asked to describe CEFPA staff work in Nepal (other than training delivery), the project chief said, "I don't know, but when CEFPA comes they demand much of the staff."

(The project director is very supportive of and positive about CEFPA's product and people.)

The team noted a third problem, the lack of a formal agreement with FP-MCH on institutionalization. The initial letter of agreement sent to His Majesty's Government (HMG) specified that FP-MCH would provide administrative and secretarial support; facilities for conducting training; and locally available supplies. Institutionalization was not mentioned specifically. Although the letter was never signed by HMG, the team found that FP-MCH has provided everything that ever had been requested formally.

A fourth problem is the instability of the counterpart team membership. One counterpart recently left FP-MCH to work for a donor agency; another was out of the country for almost a year. Frequent staff changes are characteristic of the agency. An employee is eligible for transfer to another section or another region of the country every 466 days.

A fifth problem is that FP-MCH has not tried to introduce new practices in the agency as a result of training. The evaluation team found no evidence of any "coaching" of managers, of any effort to help them understand what staff had learned during training.

CEFPA training has been hampered because of the poor relationship between the top staff of FP-MCH and ICHP. The plan is that ICHP will absorb formally FP-MCH functions and personnel. ICHP now fits CEFPA's definition of a "linking agency." The CEFPA has not establisned its own relationship with ICHP, and a higher ministry level will now have to resolve problems between FP-MCH and ICHP.

The CEFPA has recognized some of the problems it must face in institutionalizing its training. The second-year project report states, in part: "If institutionalization is the objective, the training division will ultimately have to house the management training capability." To date, this has not been resolved.

2. Mauritius

In Mauritius, the counterpart agency has proposed a regional training center (RTC) to facilitate institutionalization.

The CEFPA made Mauritius the site of African regional training because the African climate in high priority LDCs was not conducive to in-country training. The plan was to enter those countries indirectly by spinning off programs from regional projects in Mauritius.

The MFPA was selected as the counterpart agency because it is a flexible organization and because LTP-trained persons occupy key positions on its board and staff.

The MFPA was receptive to CEFPA; two regional programs were delivered; the spin-off" of programs was successful. To date, the CEFPA has delivered two in-country programs in Zambia. Plans for in-country programs in Swaziland are now being discussed.

The idea of using the MFPA as a regional training center is gaining acceptance. Institutionalization through a RTC poses several problems, however. One is duplication of training.

During the evaluation team's stay in Mauritius, the Ministry of Health was completing its negotiations with UNFPA for a RTC within the ministry. The contract proposes to reach many of the same people and will cover the same geographical area as the MFPA's proposed center. Furthermore, although not a top priority, management and supervisory training is included in the scope of work.

A second problem is lack of key support. The ministry's permanent secretary stated that he had no objections to the MFPA's proposal for a second center, providing the center was "in another country." The ministry had had little communication with IPPF's regional and central staff, who said they knew little about the proposed RTC. This lack of communication presents other problems.

The team identified three problems with MFPA's organizational capabilities.

1. Board Conflict

The MFPA's board chairman supports a MFPA RTC and is employed by the ministry. The ministry's principal medical officer for family planning also sits on the MFPA board. His support of the MFPA RTC is wavering.

2. Lack of Organizational Readiness

Although the CEFPA claims that the MFPA has the ability to "manage the training function," the team found that CEFPA staff must make all the major decisions on and approve the plans for the training program.

3. Lack of Management Ability to Expand

In its last IPPF program evaluation, MFPA recommended that the agency try to work more closely with FP-MCH and that the secretary/manager delegate more effectively. When the team compared its observations with

those of the evaluators in Nairobi, it was clear that neither of the two recommendations had been implemented.

The evaluation team was disturbed that the CEFPA has been increasingly concerned with negotiations for the MOH RTC. Apparently, little effort is being made to use its relationship with the MOH to develop an effective management and supervision program for MOH staff who deliver most of the FP services in Mauritius.

The team also questioned whether the MFPA has the clout it needs to bring participants from abroad if it does not receive the CEFPA's professional services.

In addition to the specific functional problems cited above, two larger problems are hampering the effort to institutionalize training. One, training is perceived as a reward.

In Nepal, "caste" is listed among a person's other vital statistics and limits upward mobility within an agency. In Mauritius, the job market is very tight, and people tend to hold their jobs for a long time. The team often heard the "well-known secret" that training is one of the few ways to reward an effective employee. Apparently, the more effective an employee is, the longer (s)he is away from an assigned work station.

Two, staff are not committed to the training program. The CEFPA has not tried to formally "coach" top staff in the use of newly trained supervisees. The inclusion of technical assistance in the contract is part of the problem. One of the CEFPA's objectives is "to provide technical assistance on family planning training matters." This has not been interpreted as the institutionalization of training but as one-to-one consultation with counterparts on specific training programs or specific training skills. This definition or interpretation of technical assistance should be broadened.

## AID Monitoring

### A. Finding

There has been a rapid turnover of AID-project monitors during the life of the contract.

# III. RECOMMENDATIONS

B. Discussion

The evaluation team reviewed the project evaluation plan. The required items listed in the plan seem sufficient for AID monitoring purposes. The contractor has submitted data effectively and efficiently. However, data have not been used consistently.

In the past two and one-half years, there have been many different project monitors. This turnover has caused some problems for the contractor. Each new monitor must be introduced and brought up to date. More importantly, an effective and informed working relationship is difficult to establish. Although data are on file in both AID and CEFPA offices, they are not as easy to handle as orientation material.

The evaluation team narrowed its examination of this issue to a comparison of CEFPA and AID data requirements. The CEFPA could have supplied the following additional items (which could be included in a continually updated orientation package):

--an organizational chart;

--a summary of activities by country (see Appendix B);

--a list of all staff and board members;

--compiled evaluation data (program objectives and reaction sheet results indexed to item "b" above);

--personnel policies and procedures; and,

--copies of agreements and other significant correspondence.

## Internal Organization of the CEFPA

A. Finding

Some of CEFPA's management functions should be consolidated or more effectively performed. This would enable the organization to handle additional program responsibilities.

B. Discussion

The evaluation team examined the CEFPA's internal workings only as they impinged on the purpose of the evaluation. A management audit was not made. Several management functions seem to affect directly the training delivery program.

1. Staff Scheduling

CEFPA staff "self-schedule" themselves once they receive assignments. "Self-scheduling" was effective during the initial stages of the contract, when few countries were involved in the training program. Since then, however, more countries and more staff have been participating, and a new program, WIM, has been added to the organization's responsibilities. Staff are receiving more and lengthier assignments, and are beginning to feel overburdened. The additional responsibilities have kept individuals in the field longer, and this has led to a breakdown in the trainers' principal method of communication: exchanging information on various techniques to solve training problems. Some staff do not see each other for months, and when they do meet, it is usually for a very short time, and then only to work on organizational problems.

2. Hiring and Job Descriptions

Because a single good group leader can implement the BMTP package, training experience is not a priority in hiring staff. This shows up at all levels of the organization in the sparsely-worded job descriptions. However, the environment has changed. CEFPA staff must move up in the organizations where they have trained to ensure the institutionalization of training. This mobility requires management experience. The CEFPA is also being asked to provide a different kind of training in Central America. This would, in effect, change CEFPA's "business." The skills required to implement a generalized training package are different from the skills required to design a training package around a specific issue.

The CEFPA apparently recognizes the need for consolidation and performance improvement in the areas mentioned above. It plans to hire a consultant in May to assist it in evaluating the entire organization.

# III. RECOMMENDATIONS

## Introduction

The evaluation team supports the idea of in-country management and supervisory training programs for family planning agencies in LDCs. It believes the CEFPA has valuable organizational experience and contacts which should not be lost to the AID population program.

The CEFPA appears to be one of the more effective AID-funded training resources. It has, however, some serious problems. The following changes should be made if the CEFPA contract is extended another two years.

A. Selection of Trainees

1. The criteria for trainee selection should be expanded and made more specific. The program announcement should describe the expected results of learned and acquired skills and the qualifications the participants should have. The announcement should state clearly that the recommendation of a person for training is an endorsement of the program and a commitment to use the skills of those who have been trained. A statement that an official from the CEFPA or a sponsoring agency may follow-up the trainees and supervisors should be included in the announcement.

B. Training Design

1. CEFPA needs to make more substantive changes in its training design. The materials are too general and located too far from the participants' work environment. Additional training techniques and translations have not, apparently, facilitated the application of training.

2. CEFPA needs to prepare a better needs assessment and follow-up the participants. Effective use of these two commonly accepted tools in the training and development field will result in better designed training materials.

C. Training Evaluation

1. The trainee reaction questionnaire should include questions on the cross-cultural adaptability of the training. For example: Can the techniques in delegation realistically be applied? If not, why?

2. A pre- and post-test should be made of each BMTP program to assess what knowledge has been acquired through training.

D. Institutionalization

1. The CEFPA should drop its plans for the proposed regional training center and concentrate on in-country programs in Africa.

2. A protocol for entry into a country should be designed and formal written agreements with each country required to institutionalize the management and supervision training function wherever possible.

3. Specific, written timetables for phase-out should be prepared separately.

4. Wherever possible, staff or consultants should provide pre- and post-training ("coaching") to top staff and participants' supervisors to prepare for and reinforce the application of the participants' new skills in their work environments.

5. CEFPA should attempt to have discussions with and orient higher-level staff in the health ministries in both Nepal and Mauritius to gain their commitment to training programs for ICHP and FP-MCH staff.

6. To facilitate institutionalization, counterparts/facilitators should be selected only if they meet two criteria: appropriateness of position within agency and available time.

E. CEFPA Organization

1. One person should be responsible for staff assignments and scheduling. The function should be formalized.

2. CEFPA should consider using consultants as an alternative to hiring additional expertise and to provide technical assistance to the top staff of LDC agencies.

3. CEFPA should improve its hiring practices by preparing adequate job description for staff at all levels of the agency.

4. Communication should be improved. Regular staff meetings, debriefings, or other more formal exchanges should be scheduled.

# Appendix A

# EVALUATION TEAM PROTOCOL

## Appendix A

### EVALUATION TEAM PROTOCOL*
### CEFPA Evaluation

1. The purposes of this evaluation are to:

   a. Evaluate the impact of CEFPA training under USAID contract (AID/pha-C-1187).

   b. Assess training's impact as basis for future AID funding decisions.

2. Over the past two and one-half years, CEFPA has delivered 11 programs during 176 training days to approximately 255 individuals. Representatives from approximately 25 LDCs have participated in these programs. Programs were held in four LDCs and the United States.

3. A three-member team will be fielded for this evaluation and every effort will be made to use fully the following sources:

   a. USAID/Washington and CEFPA staff and documents

   b. In-country AID missions, documents, and staff

   c. Interviews with:

      - Training program participants
      - Participants' supervisors
      - Participants' supervisees

   d. Performance observations

   e. Records of participants' agencies

4. The evaluation team will receive briefings from USAID and CEFPA staff in Washington. Field work will be carried out in Mauritius and Nepal. After the field work, the team will return to Washington for debriefing and further work with CEFPA and AID. A draft of the evaluation report will be prepared.

5. The statements on the following two pages will be used by the team as a data gathering framework.

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*APHA, March 18, 1980

PROTOCOL:
DATA GATHERING FRAMEWORK

(Many of the following questions allow for yes/no answers but should be qualified with examples.)

1. Interviewer
2. Date
3. Place

4. Person Interviewed:
   a. Name
   b. Agency
   c. Job title
   d. Length of time with agency
   e. Relationship to training program
   f. Service performed by agency
   g. Where trained

5. Participant Selection:
   a. Who was involved in the process?
   b. How was the selection made?
   c. Was there adequate information from CEFPA about the training, allowing the agency to select appropriate staff?
   d. What criteria did CEFPA use for selection?
   e. What criteria did the agency use to select their representative?
   f. Did the selection process produce the best participant in the agency's view? In CEFPA's view?
   g. Did the participant receive a briefing before the training?

6. Were the dates of the program convenient?
7. Was the training content responsive to the agency's major needs at the time?
8. Were administrative details, such as travel arrangements and expenses, well handled by CEFPA?
9. Were there any particular problems or advantages about the training site?
10. Was the actual training what the participants expected?
11. Did all the participants have similar training needs?
12. Were there any language barriers among the participants? With the trainers?
13. Were all the training subjects adequately covered during the program?
14. What materials were used during the training?
15. Was there a need for additional materials?
16. Are the training materials being utilized on the job by the participants?
17. Were there an adequate number of trainers for small group work and individual job counseling?
18. Are the tasks faced on the job similar to those handled by the training program?

Protocol, cont.

19. Were all the trainers effective and knowledgeable?
20. Which training subjects were most/least relevant?
21. Is there any before/after data available on the trainees' performance?
22. Is there any training behavior evident. (e.g., observed performance, new management systems, increased responsibility by the agency or individual; training others)?
23. Is the supervisor supportive of the training?
24. How are the participants evaluated on the job?
25. Has the job changed as a result of the training?
26. Has the participant changed jobs as a result of the training?
27. Is there a need for additional training?
    a. Same training with different groups?
    b. Advanced training for the same groups?
    c. Other?
28. If training were offered on a regular basis, what needs should it respond to?
29. Is technical assistance rather than training needed?
30. What problems are evident that cannot be solved by training?
31. Is there a need for more specialized or more individualized training?
32. Would the training program have been more useful if it had dealt with problems and skills better suited to the participants' country or agency?
33. Has CEFPA followed-up with the participants?
34. How many participants are still on the job?
35. How many participants are performing the tasks they were trained for?
36. What is CEFPA's relationship with in-country and AID missions?
    a. Are the contacts seen as purposeful?
    b. How involved has the mission been during the training set-up, delivery, and evaluation?
    c. Was any of the training observed by AID staff?
    d. Have any of the training graduates been observed on the job by AID staff?
    e. What effect did the training have on the overall effort of the AID mission?
    f. Any recommendations? Have they been made to CEFPA?
37. Are there any reports from institutions that have benefited indirectly from the training?
38. What evaluation data exist in CEFPA files?
    a. How has that data been handled?
    b. What is the source of the data?
    c. What does the data measure?

# Appendix B

## LIST OF COMPLETED TRAINING EVENTS
(As of April 15, 1980)

Appendix B

LIST OF COMPLETED TRAINING EVENTS
(As of April 15, 1980)

| Program Year | Type of Training Event | Training Site | Number Trained | Number Days Trained | Representation | |
|---|---|---|---|---|---|---|
| | | | | | Countries | Agencies |
| Year 1 | BMPT | Central Nepal | 27 | 10 | 1 | 7 |
| | LTP | United States | 26 | 30 | 14 | 25 |
| Year 2 | BMPT | East Nepal | 20 | 11 | 1 | 4 |
| | BMPT | West Nepal | 22 | 11 | 1 | 2 |
| | TOT | Nepal | 4 | 3 | 1 | 3 |
| | BMPT* | Mauritius | 40 | 10 | 5 | 14 |
| | BMPT | Zambia | 42 | 10 | 1 | 5 |
| | LTP | United States | 26 | 30 | 12 | 23 |
| | TOT | United States | 5 | 40 | 2 | 3 |
| Year 3 | BMPT* | Liberia | 24 | 10 | 4 | 10 |
| | TOT* | Mauritius | 16 | 10 | 5 | 13 |

* Regional

Summary: 262 trainees (7 duplicates) participated in 11 training events covering 175 training days.

Note: Approximately 25 percent of the individuals trained were interviewed by the evaluation team.

# Appendix C

# PROJECT PAPERS EVALUATION PLAN

Appendix C

PROJECT PAPERS EVALUATION PLAN*

Evaluation Plan

All project activities directed toward institutionalizing management and supervisory training capabilities in high priority LDCs will be evaluated pursuant to AID policy. In addition to routine evaluation, which will focus on the effect of changes and improvements in training methodologies and materials used to train managers and supervisors, special evaluations of project accomplishments may be conducted.

1. Evaluation of managerial/supervisory training will be made using:

   a. Questionnaires filled out by participants.

   b. USAID and grantee observations.

   c. Recordkeeping.

2. Materials to be used in the various training workshops will be periodically updated and revised based on:

   a. Feedback from participants and staff.

   b. Availability of new material.

   c. Program modifications.

3. The institutionalization of management training capabilities overseas will be evaluated by:

   a. Annual reports submitted by host agency counterpart teams (previously trained) who will then serve as instructors for new teams.

   b. Periodic reports from key family planning agencies which will monitor the progress of institutionalizing management trainees in their respective countries.

   c. Reports from AID missions.

   d. Reports from other bilateral or multilateral organizations working in a particular country and/or region.

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*See pages 28-30 of the project paper.

4. The general success of the project will be evaluated in terms of:

   a. Specific outputs to be accomplished in each fiscal year.

   b. Reports from leaders in countries where teams have been trained indicating how managerial/supervisory training has helped them to move toward their organizational objectives.

5. Arrangements

   a. Host Country Collaboration

      The consent and cooperation of the host government will be obtained for every country in which routine and specific evaluation efforts are made.

   b. Project Baseline Data

      Some baseline data on priority LDCs will be collected by project staff. This will be done in Washington, by correspondence, and on overseas site visits. Data on all existing family planning resources and facilities are needed to help staff and host country officials recruit the most suitable candidates for each manager/supervisor training workshop.

   c. Periodic Evaluation and Review

      As indicated above, periodic evaluation and review will be conducted throughout the project. In-depth evaluations will be conducted in months 13 and 34.

# Appendix D

## LIST OF PERSONS AND AGENCIES CONTACTED

## Appendix D

## PERSONS CONTACTED

### Washington, D.C.

#### USAID Staff

Dr. J. Speidel
Dr. R. Ravenholt
Ms. B. Kennedy
Dr. B. Oldham
Mr. B. Haladay

#### CEFPA Staff

Dr. J. Romani, Chairman
Dr. P. Piotrow, Board Member
Mr. J. Scottice, Project Director
Mr. R. Nothstein, Project Administrator, Training Associate
Ms. M. Neuse, Senior Training Coordinator/Materials Development
Ms. K. Guhati, Director, Women's Project
Ms. M. Worstell, Training Assistant
Mr. D. Thompson, Training Officer
Ms. B. Peterson, Health Training Officer
Mr. R. Loudis, Training Coordinator
Ms. B. Tennent, Training Officer

### Mauritius

#### U.S. Embassy

Mr. J. Feeney, Officer-in-Charge, Population Programs
* Ms. G. Oodit, Public Affairs Officer

#### Mauritius Family Planning Association (MFPA)

Mr. R. Nyak, Board Chairman (Administrative Officer, MOH)
Mr. B. Ramena, Secretary Director
* Ms. M. Samjawon, Administrative Assistant
* Ms. R. Maudarum, Nursing Officer
* Mr. Y. Bissessur, Assistant, IE&C
* Mr. R. Utehanah, Community Based Program Officer
* Ms. B. Maistry, Social Worker
* Ms. S. Takoor, Board Member
Combined General Purpose and IE&C Committees

#### Ministry of Health (MOH)

Dr. B. Gharburun, Minister
Mr. Seeuuoonarain, Permanent Secretary
Dr. Wong, Chief Medical Officer
Dr. B. Radhaheeson, Principal Medical Officer, Family Planning
Mr. Rajoomar, Principal Demographer

Appendix D, cont.

## Nepal

### AID Mission

Mr. D. Mutchler, Special Assistant for Population Coordination
Dr. G. Van der Vogt, Health and Family Planning Officer
Ms. Segrid Anderson, Public Health Nurse

### FP-MCH

Dr. B. Pande, Project Chief
Dr. K. Vaidya, Deputy Project Chief
* Dr. A. Acharya, Chief, Services Division
* Mr. P. Shakya, Chief, Training Division
Dr. S. Bhattarai, Voluntary Surgical Contraception Coordinator
* Mr. H. Hamal, Chief, IE&C Division
* Mr. G. Ganeshmen, Chief, Supply Division
* Mr. S. Amatya, Chief, Administration Division
* Mr. R. Shrestha, Chief, Finance Division
* Mr. U. Karna, Section Officer, Administration
* Mr. G. Mishra, Section Officer, Administration
* Dr. S. Prodhan, Regional Medical Officer
* Dr. K. Pande, Regional Medical Officer
* Ms. S. Joshi, Clinic Supervisor
* Ms. C. Shrestha, Clinic Supervisor
* Mr. G. Shrestha, Section Officer, Supply
* Mr. J. Shrestha, Training Officer
* Mr. R. Shrestha, Section Officer, Communications
* Mr. S. Singh, Section Officer, Personnel
* Mr. M. Vaidya, Section Officer, Procurement
* Mr. S. Gautam, Section Officer, Supply
* Mr. G. Pradhan, Section Officer, Supply
* Mr. B. Singh, Family Planning Officer
* Mr. M. Bajaracharya, Family Planning Officer
* Mr. R. Singh, Family Planning Officer
* Mr. S. Shrestha, Family Planning Officer
* Mr. P. Shrestha, FAmily Planning Officer
Mr. K. Pathak, Intermediate Supervisor
* Mr. M. Bhurtel, Family Planning Officer
Ms. L. Pradhan, Family Planning Officer
Mr. G. Dhakar, Intermediate Supervisor
Mr. G. Ahcaryia, Intermediate Supervisor

### Community Health and Integration Project (ICHP)

Dr. R. Thapa, Project Chief
* Ms. M. Shrestha, Nurse, Family Planning
* Mr. S. Rai, Health Inspector

Ministry of Health (MOH)

Mr. Wong, Assistant Demographer
* Dr. Z. Hosaheb, Medical Coordinator, Family Planning
* Ms. P. Shaikhossen, Principal Supervisor, Family Planning
* Ms. K. Banymandhum, Senior Supervisor, Family Planning
* Ms. B. Peeroo, Senior Supervisor, Family Planning
* Ms. D. Venkataswmy, Senior Supervisor, Family Planning
* Ms. M. Moutou, Principal District Officer, Family Planning
* Ms. K. Rajh, Field Supervisor, Family Planning
* Ms. D. Dawotal, Field Supervisor, Family Planning
* Ms. F. Mansoor, Field Supervisor, Family Planning
* Mr. I. Gokolla, Male Field Officer, Family Planning
* Mr. W. Farzun, Male Field Officer, Family Planning
* Mr. D. Mohee, Male Field Officer, Family Planning
* Mr. S. Seejore, Male Field Officer, Family Planning
* Mr. S. Panchoo, Information Officer, Family Planning
* Mr. S. Hurry, Assistant Information Officer, Family Planning
* Ms. T. Mooloo, Assistant Information Officer, Family Planning

Ministry of Social Security

* Mr. P. Colimalay, Administrative Officer
* Mr. R. Dabysing, Administrative Officer

Ministry of Education and Cultural Affairs

* Mr. A. Foondun, Senior Education Officer

Action Familiale

* Mr. H. Juste, Information and Training Director
Mr. R. Stmarin, Information and Training Assistant

Sugar Industry Labor Welfare Fund

* Mr. L. Ramsaha

Prime Minister's Office

* Mr. C. Gunesh, Administrator

Ministry of Reform Institutions

* Mr. L. Deepehand

Private Travel Agency

* Mr. B. Gowrisunker

Nepal, cont.

Ministry of Health

Mr. D. Dawaiti, Administrative Assistant, Planning

Family Planning Association of Nepal (FPAN)

* Mr. J. Gimire, Acting Director
* Ms. L. Upadhaya, Acting Training Officer
* Ms. P. Singh, Assistant, IE&C

Women's Family Planning Project

* Ms. I. Aryal, Field Operations
* Ms. A. Pradhan, Evaluation Officer

UNFPA

* Mr. D. Lama, Program Officer for Health
Mr. M. Ledaird, Technical Assistant to FP-MCH

Kenya

IPPF

Mr. D. Lubin, Deputy Director
Mr. M. Sozi, Regional Director, Africa
Mr. L. Milas, Regional Research and Evaluation Officer
Mr. F. Nabwiso, Regional Education Officer
Mr. M. Mukuso, Senior Program Officer

Patherfinder Fund

Mr. H. Gray, President
Dr. M. Marasha, Regional Representative
Ms. F. Mugumbu, Program Officer

Family Planning Association

Ms. A. Gethy, Executive Director

Family Planning International Assistance

Mr. M. Okuna, Central and West African Regional Director
Ms. N. Harris, North and East African Deputy Director

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* Denotes CEFPA trainee.

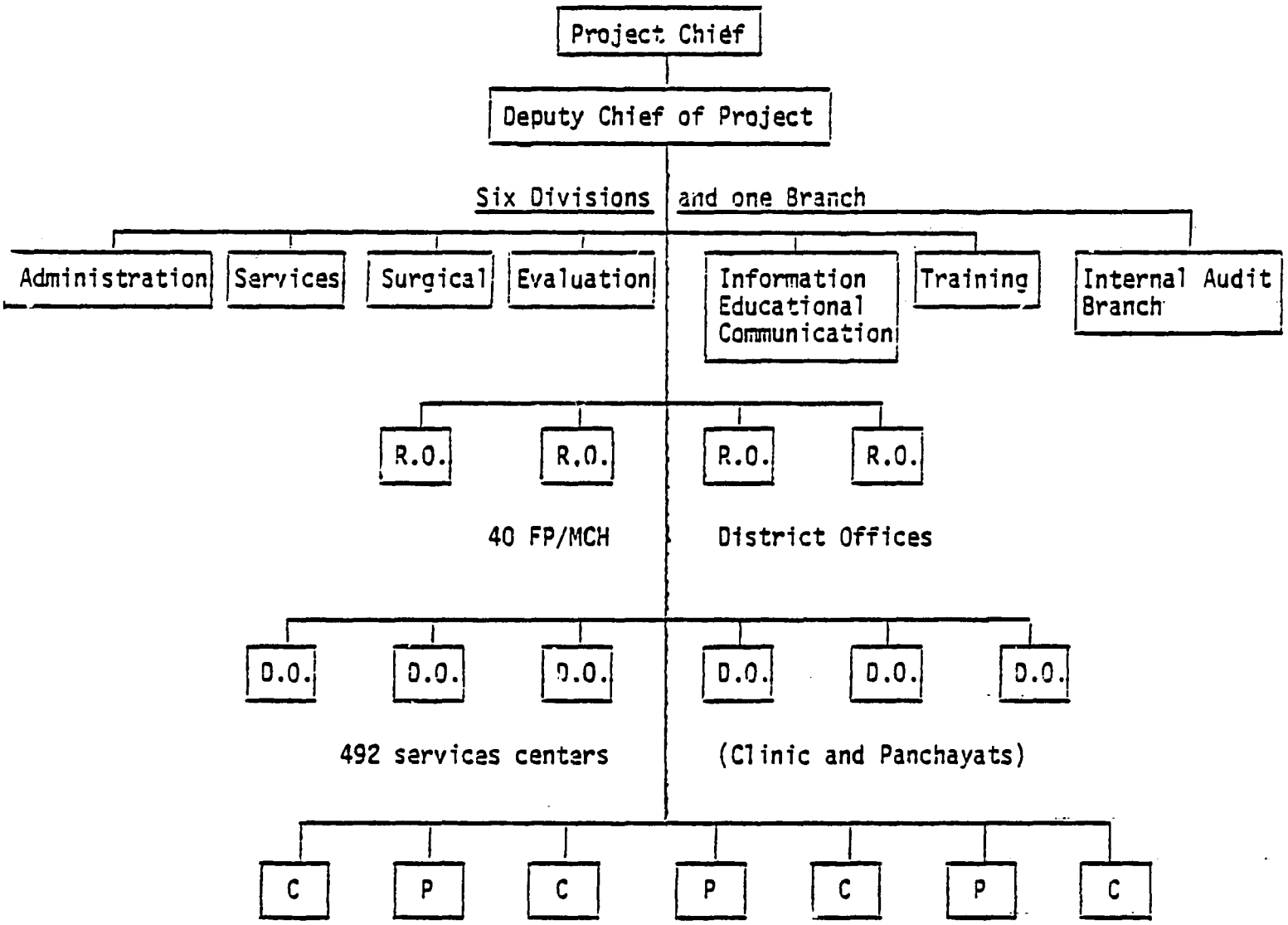
# Appendix E

## ORGANIZATIONAL CHART FOR FP-MCH

Appendix E

ORGANIZATION CHART OF THE
NEPAL FAMILY PLANNING AND MATERNAL CHILD HEALTH PROJECT (FP-MCH)

MINISTRY OF HEALTH




Key:

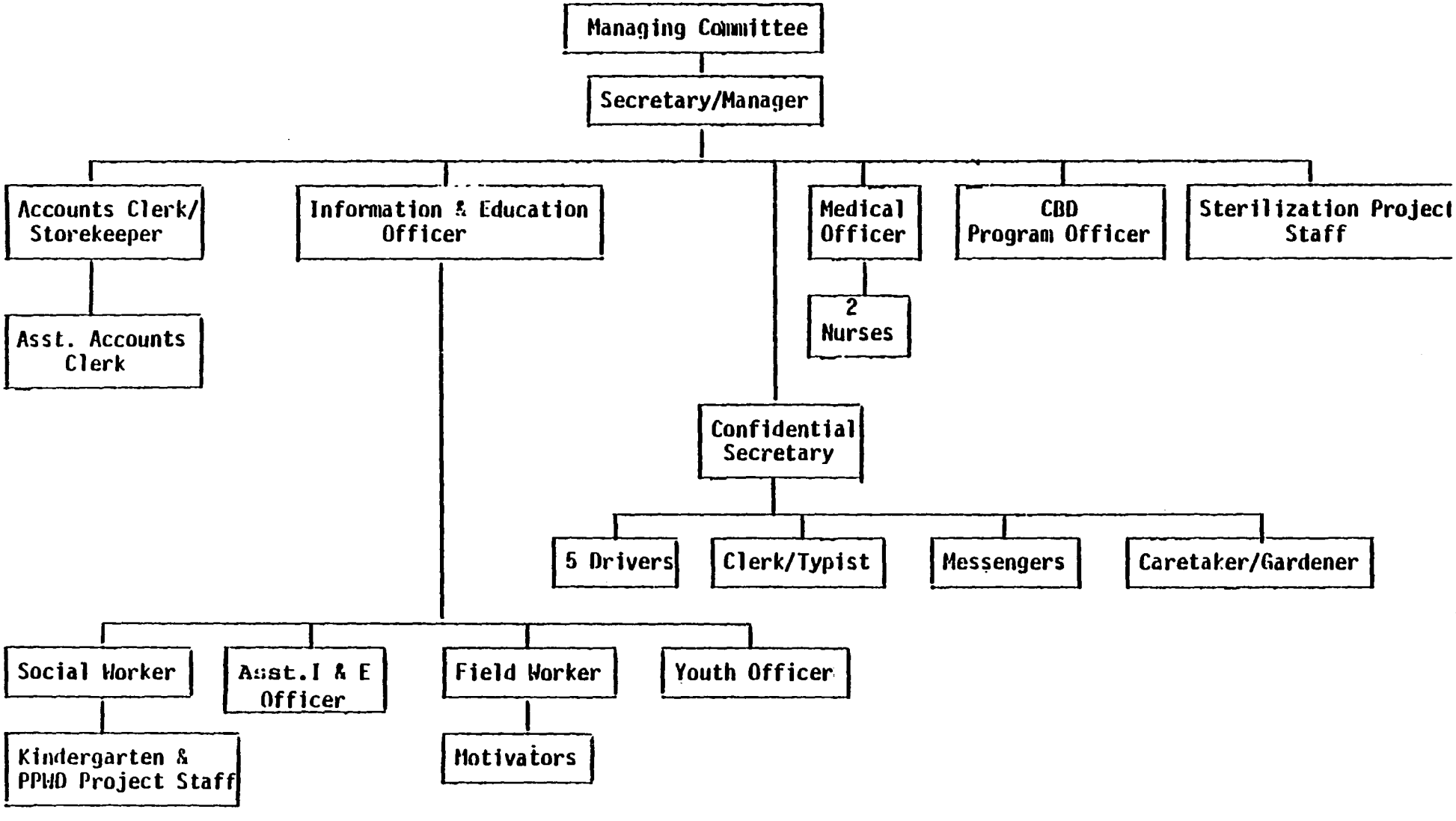
R.O. = Regional Officer
D.O. = Distric Officer
C = Clinic
P = Panchayats

# Appendix F

## ORGANIZATIONAL CHART FOR MFPA

Appendix F

ORGANIZATIONAL CHART FOR MFPA

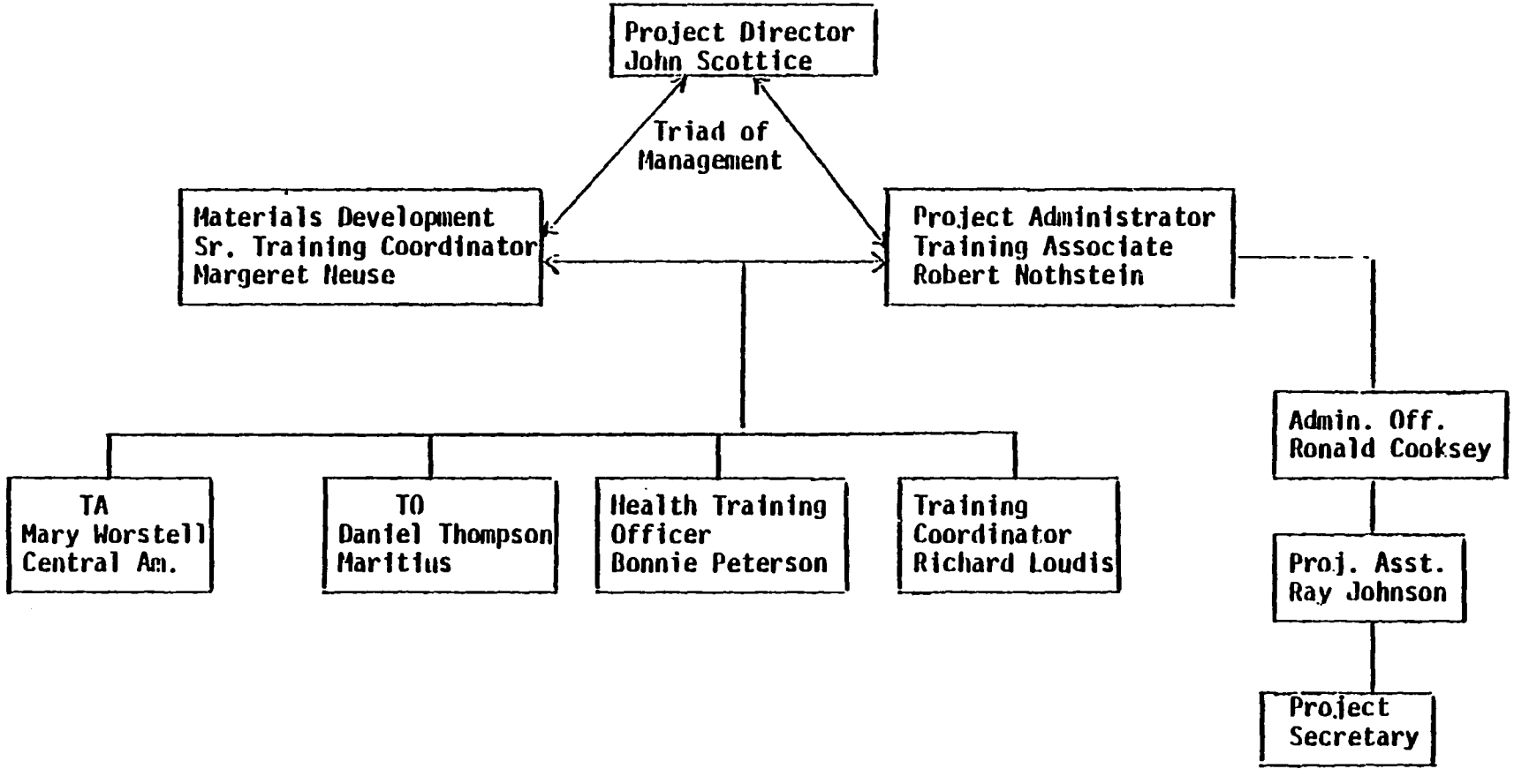


# Appendix G

## ORGANIZATIONAL CHART FOR CEFPA

Appendix G

ORGANIZATIONAL CHART FOR CEFPA



# Appendix H

## DOCUMENTS RECEIVED IN FIELD

Appendix H

DOCUMENTS RECEIVED IN FIELD

MAURITIUS

Evaluation Questionnaire, Center for Population Activities and Mauritius Family Planning Association, April 1979.

"Effective Management and Supervision--Second African Regional Workshop" (Brochure).

Confidential Report Form, Ministry of Health.

Revised Workplan Budget, 1980, Mauritius Family Planning Association.

Evaluation Reports, Pathfinder, FPEA.*

Family Planning and Demographic Year Book, 1978, MCH-FP.

Draft Annual Report, 1979, Mauritius Family Planning Association.

Nepal

Annual Report, 1977-1978, Nepal FP-MCH Project.

Annual Report, ICHP Project, 1978-1979, Ministry of Health, Nepal.

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ports written by CEFPA participants.