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**EVALUATION OF PHASE I OF
SOUTH PACIFIC REGIONAL FAMILY
PLANNING PROJECT (879-0019):
ASSISTANCE TO THE SOUTH PACIFIC
ALLIANCE FOR FAMILY HEALTH
(SPAFH)**

by

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List of Acronyms

A.I.D.	Agency for International Development
AIDAB	Australian International Development and Assistance Bureau
Excel	Expanding Country Effort at all Levels (project)
FSP	Foundation for the Peoples of the South Pacific
IEC	information, education, and communication
IPPF	International Planned Parenthood Federation
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
KAP	knowledge, attitudes, and practices
MCH	maternal and child health
MIS	management information system
NGO	non-governmental organization
PNG	Papua New Guinea
POPTECH	Population Technical Assistance Project
PVO	private voluntary organization
RDO/SP	Regional Development Office/South Pacific
SEATS	Family Planning Services Expansion and Technical Support (project)
SIPPA	Solomon Islands Planned Parenthood Association
SOMARC	Social Marketing for Change (project)
SPAFH	South Pacific Alliance for Family Health
SPC	South Pacific Commission
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development (mission)
WHO	World Health Organization

Project Identification Data

Project Title: South Pacific Regional Family Planning

Project Number: 879-0019

Cooperative Agreement: 879-0019-G-SS-0143-00

Critical Project Dates:

Cooperative Agreement Signed August 29, 1990
End Date September 30, 1993

Project Funding:

Authorized LOP Funding \$2.2 million (Phase I only)
Obligations through September 30, 1992 \$2 million

Scope: Ten South Pacific countries

Mode of Implementation: Cooperative Agreement between A.I.D. and Pathfinder International

Grantee: Pathfinder International, Watertown, Massachusetts

Major activities:

- Serve as a conduit of funds for South Pacific Alliance for Family Health (SPAFH)
- Provide technical assistance to SPAFH

Executive Summary

Introduction

The South Pacific Alliance for Family Health (SPAFH) is a non-governmental organization established in Tonga in 1986. It was conceived as a regional resource for family planning. Representatives of 10 member countries serve on its Board of Directors. It has received continuous Agency for International Development (A.I.D.) funding since 1987. Initially, funding was channeled through the Foundation for the Peoples of the South Pacific. In 1990, the A.I.D. mission (USAID) signed a three-year Cooperative Agreement with The Pathfinder Fund (now Pathfinder International) to serve as a conduit for A.I.D. funds and also to provide technical assistance to SPAFH in institutional development and programming. This was authorized through the South Pacific Regional Family Planning Project (879-0019). Phase I, covering the first three years, calls for primary emphasis on institutional development. Progress is measured according to five benchmarks established by USAID and Pathfinder. A sixth benchmark was added by the SPAFH Board of Directors in 1991. Phase II of the project calls for primary emphasis on family planning programming in the region.

This evaluation addresses Phase I to date and focuses on the following: (1) SPAFH's progress toward the benchmarks; (2) SPAFH's eligibility for registration with A.I.D. as a private voluntary organization (PVO) (one of the benchmarks); (3) Pathfinder's performance; and (4) recommendations for Phase II. It was conducted from November 14 to December 10, 1992 and involved visits to Tonga, Western Samoa, Papua New Guinea, Solomon Islands, and Fiji.

SPAFH has demonstrated its potential to help meet the critical family planning challenges in the region. Its major strengths are an increasingly active and committed Board comprising prestigious officials of the member countries, installation of viable management and operational systems, growing recognition as a major player in the family planning field, an impressive amount of programming given the emphasis of Phase I on institutional development, the ability to respond rapidly to regional needs, adherence to its implementation objectives as expressed by the benchmarks, and its significant contributions to family planning expertise in the region.

SPAFH's achievements are remarkable in the light of significant constraints, including institutional inexperience, a major turnover in senior staff midway through Phase I, the challenges associated with defining the organization's role, diverse demands for service, the complexity of the region, and the reduced level of inputs provided by the project as finally approved.

SPAFH's Performance against the Benchmarks

SPAFH's performance to date with regard to the benchmarks is mixed. Some have been exceeded, some met, and some not achieved, though additional progress is expected by the end of Phase I in September 1993. Two of the benchmarks which have not been achieved involve (1) the acquisition of demographic analysis capability and (2) the establishment of current contraceptive usage and inventory information for countries in which SPAFH supports strategy development and population policy activities. These activities are inappropriate for SPAFH and should not be pursued further.

Through no fault of its own, SPAFH is not yet registered as a non-governmental (NGO) in Tonga,

The location of SPAFH in Tonga needs reconsideration in the light of the registration problems and other factors.

SPAFH's Performance — an Integrated View

The framework established by the benchmarks is a useful mechanism for measuring certain aspects of both programmatic and institutional progress. At the same time, the framework lacks critical elements that need to be considered in evaluating the extent to which SPAFH has developed as an institution and is meeting the demands for service in the region.

SPAFH has demonstrated its viability as a regional family planning resource. It has attracted funding from other sources, including a large grant from the Australian International Development and Assistance Bureau (AIDAB), and merits continuing A.I.D. support. Nevertheless, many opportunities exist for improvement.

SPAFH and Pathfinder deserve full credit for strict adherence to the benchmarks. These benchmarks, however, effectively ignore some of the basic institutional development that must take place if SPAFH is to be a viable, long-term regional resource in family planning. SPAFH needs a strategic plan of its own. This may not have been necessary during SPAFH's early years, but it is the number one priority at the moment. The effectiveness of any donor-related inputs should be measured within this framework. SPAFH also needs a marketing plan to sell itself to donors and consumers of its services. This should be derived from the strategic plan. In addition, SPAFH should reconsider its home base location, particularly in view of the problems of registration in Tonga. The reasons for selecting Tonga in 1986 are no longer valid today. Careful study is needed to identify the critical factors in selecting a location and evaluate the viable options.

SPAFH has accomplished a great deal through its programming and its grant program, but more needs to be done and the focus redefined. Information, education, and communication (IEC) activities have received little attention, though this is a priority need and the demand is high. Project Excel, funded by AIDAB with components from Family Planning Services Expansion and Technical Support (SEATS) and Social Marketing for Change (SOMARC), challenges SPAFH to integrate this large program into its overall spectrum. Subgrants to date have been extremely small; it is up to SPAFH to stimulate an increase in grant applications and encourage applicants to consider larger, multi-phase, comprehensive programs. Also, programming in the smaller countries needs more attention. SPAFH's involvement in helping countries develop standards for service delivery are appropriate, given the expertise of its staff. Its involvement in developing standards for social marketing, as reflected in one of the benchmarks, is not appropriate.

Effectiveness of Pathfinder Performance

Pathfinder has excelled in providing a smooth flow of operational funding to SPAFH, and it has been instrumental in arranging appropriate foreign training. Its inputs to developing financial management systems, representing over one-third of its technical assistance services, have paid off. It has also helped SPAFH develop other internal management systems, such as project monitoring and tracking. In addition, it has recruited experts from both its own staff and the outside to help SPAFH in various institutional development and programming activities. Its assistance in management information system (MIS) development was unsatisfactory and wasted valuable resources.

Although Pathfinder was constrained by a reduced level of effort in the Project Paper as finally approved, it failed to recognize the basic needs of a new NGO for an organizational strategic plan and to provide the necessary assistance in this area. SPAFH's planning deficit was documented in a 1988 evaluation, and Pathfinder participated in development of the Project Paper in 1989. It is a viable NGO in its own right and should have helped SPAFH develop this asset. Its allocation of resources responded to the benchmarks, but not to the basic needs of an NGO slated to be an independent, A.I.D. registered PVO by the end of Phase I.

Phase II

SPAFH has proved that it can make an important contribution to meeting the region's continuing need for outside family planning assistance. Because of the staff turnover in late 1991 and early 1992, SPAFH still needs institutional development support, but Phase II should reflect an increasing emphasis on programming and on country-based rather than regional services. SPAFH will not be eligible for direct Phase II funding, so a conduit will be required.

Major Recommendations

1. SPAFH should develop a long-range organizational strategic plan within six months. Pathfinder and USAID's Regional Development Office (RDO) should assure that qualified technical assistance in strategic planning is made available to SPAFH.
2. A.I.D. should provide Phase II funding for continuing institutional support.
3. A.I.D. should provide Phase II funding for continuing programming support.
4. SPAFH's programming emphases in Phase II should flow from its strategic plan and from the needs as expressed by its member countries.
5. USAID should consult with SPAFH to develop a comprehensive list of technical assistance needs based on the implications of the strategic plan. It should then use this list in identifying and evaluating potential resources with the appropriate expertise.
6. After Phase II technical assistance requirements are defined, USAID's RDO should investigate the availability of appropriate resources and make its selection based on the merits. It should also use these requirements to determine the total amount of funding that should be allocated to Phase II.
7. Based on the strategic plan, SPAFH should reassess its location, considering ease of registration as well as other factors. Following this reassessment, SPAFH should achieve local registration within six months.

1. Introduction

1.1 Background

In 1985, there were few population programs in the South Pacific region. Although UNFPA was providing funding to governments of the island nations, much of this funding was returned unspent. A review sponsored by the United States Agency for International Development (USAID) revealed that fertility was high, and continued population growth seriously threatened the countries' abilities to provide housing, education, and appropriate health services. It also revealed the need for developing indigenous capacity in family planning rather than relying on long-term, continuing inputs from expatriates. The concept of developing an indigenous regional family planning institution as formulated by USAID was supported by donors such as UNFPA and WHO as well as by the region's governments.

As part of its first Regional Family Health Project, USAID began supporting the establishment of the South Pacific Health Federation, later named the South Pacific Alliance for Family Health (SPAFH). SPAFH was incorporated in Tonga in 1986, with a formal charter and by-laws. It became operational in 1987. Its Board of Directors consists of senior health officials from the ten member countries: Papua New Guinea, Solomon Islands, Vanuatu, Kiribati, Fiji, Tonga, Western Samoa, Tuvalu, Cook Islands, and Niue. According to the charter, SPAFH's mission statement is: "Community health and well-being is our number one concern." Its goal is: "SPAFH aims to provide quick and effective response to family health needs that will complement and supplement assisting agencies' activities in the development of appropriate indigenous capabilities to improve health in the Pacific region." The charter sets forth three objectives:

1. *To be responsive to the needs of South Pacific Island Nations in family planning/family health activities . . .*
2. *To provide a voice for the South Pacific Island Nations . . .*
3. *To develop and promote appropriate indigenous capabilities . . ."*

As SPAFH was not yet eligible in its own right to receive Agency for International Development (A.I.D.) funds directly, USAID signed a Cooperative Agreement (Grant No. 879-0001-G-88-6026) with the Foundation for the Peoples of the South Pacific (FSP) for \$446,000 to cover the period September 30, 1986 to September 26, 1988. This grant was extended to September 30, 1989 and ultimately totaled \$1,158,477. FSP managed the disbursement of funds to SPAFH, while USAID's Regional Development Office (RDO) in Suva provided technical support.

Continuing support to SPAFH was proposed in the Project Paper for the South Pacific Regional Family Planning Project (879-0019) drafted in 1989 but not approved until late 1990. The goal is to "reduce the economic burden of rapid population growth and improve maternal and child health." The purpose is to "increase promotion of family planning and birth spacing in the South Pacific." This is a five-year project with two phases. Phase I, covering the first three years, calls for primary emphasis on the institutional development of SPAFH. One of its primary objectives is to help SPAFH qualify as an independent, direct recipient of A.I.D. funding. Phase II calls for primary emphasis on family planning programming in the region.

The Project Paper noted the continuing problems associated with low contraceptive prevalence and with the scarcity of local family planning resources. It stated that "countries have major weaknesses in policy planning and execution, information, education and communications (IEC) capabilities and service delivery systems." These were the three programmatic areas designated for SPAFH, which was described as the "preferred channel for population assistance." The Project Paper also noted considerable headway made by SPAFH and the appropriateness of a regional non-governmental organization (NGO) resource. Because of delays in A.I.D./Washington, the Pathfinder Fund (now Pathfinder International), through the private voluntary organization (PVO) Co-Financing Project, provided "bridge" funding as well as technical assistance to SPAFH to finance activities until the project was approved. The bridge grant totaled \$215,000. Following project approval, Pathfinder was selected through a competitive procurement to provide funding and technical support to SPAFH. Cooperative Agreement 879-0019-G-SS-0143-00 between USAID and Pathfinder was signed August 31, 1990. It authorized \$1,900,000 for three years (Phase I), of which \$1,450,000 was earmarked directly for SPAFH. Although the Project Paper suggested a full-time expatriate advisor for two years, the project as finally approved contained insufficient funding to support this advisor.

1.2 Evaluation Scope of Work

The project design called for an evaluation near the end of Phase I to determine the feasibility and shape of continuing Phase II support. The evaluation scope of work developed by USAID/Regional Development Office (RDO)/Suva required the evaluation team to focus on: "(1) how well Pathfinder has fulfilled its Cooperative Agreement responsibilities and how effective has been Pathfinder's inputs provided to SPAFH; (2) the progress SPAFH has made toward the benchmarks described in Pathfinder's Cooperative Agreement dated August 31, 1990 . . . and in RDO/SP [Regional Development Office/South Pacific] letter with attached detailed implementation plan of August 29, 1990 to Pathfinder and SPAFH; (3) eligibility of SPAFH to be registered with A.I.D. as an indigenous PVO, per requirements in A.I.D. Handbook 3, Chapter 4, Annex 1 to Appendix 4C; and (4) the continuation of the project into Phase II, including changes in project design, if needed." The scope of work appears in Appendix A.

2. Performance in Terms of Phase I Benchmarks

This section documents SPAFH's progress toward the six Phase I benchmarks. In reviewing the following, it is important to remember that the evaluation was conducted over nine months prior to the end of Phase I. Therefore, benchmarks not achieved to date may be achieved by September 1993.

2.1 Benchmark #1: SPAFH's operational capability will have been improved sufficiently that it can be registered as an indigenous PVO/NGO and eligible to receive direct grants from A.I.D.

This benchmark has two dimensions as reflected by the six performance indicators discussed below. The first dimension is a technical one relating to SPAFH's official registration with A.I.D. and eligibility for direct funding. The second is broader and more substantive in scope, relating to SPAFH's overall management and operational capability, irrespective of its registration status.

2.1.1 Performance Indicator #1: SPAFH is registered as a non-profit NGO in at least one member country.

Findings

Local registration is a precursor to registration with A.I.D. There is no standard A.I.D. application form because there are significant differences among the world's indigenous NGOs. The basic submission requirements, however, as summarized by a representative of the A.I.D./Washington Office of Private and Voluntary Cooperation, are as follows:

- proof of local registration, including local government recognition of the organization's tax-exempt or special voluntary status
- annual report(s)
- audited financial statement(s)
- plans
- minutes of Board meetings.

Because of SPAFH's special nature (i.e., that its board is composed of government officials), letters of agreement from all 10 countries would probably expedite the approval process.

SPAFH is not registered as a non-profit NGO in any of its member countries. It has, however, been provisionally registered since 1988 with the Tonga Ministry of Labour, Commerce and Industries under the Incorporated Societies Act of 1984. It has retained legal counsel to move the process forward to full NGO registration status, but as yet to no avail. Several additional submissions have been made to the Ministry. The problem is not with SPAFH. Although the Act permits NGO registration, the government of Tonga has no standard procedures for registering NGOs. Thus, it

appears that neither SPAFH nor the government knows how to proceed. The SPAFH chairman represents Tonga on the Board and is now elevating negotiations to a higher level.

The Board member for Papua New Guinea (PNG) is also working to register SPAFH as an NGO in that country, and SPAFH plans similar efforts in other countries. These efforts serve two purposes. First, SPAFH needs local registration to qualify for direct funding from A.I.D. and perhaps from other donors. If any member country would permit the organization to register regardless of its physical location, or perhaps with a subsidiary or affiliate operation locally, then SPAFH could meet this requirement. Second, some donors give only to local NGOs, not international NGOs, and local registration in multiple countries would increase SPAFH's access to funding.

Discussion

Although SPAFH anticipates that registration in Tonga will be achieved in May or June of 1993, there is no real basis to support this estimate. Given the problems with registration in Tonga, it is advisable for SPAFH to consider other options. Moreover, even if SPAFH does register in Tonga (or any other country) within the next six months, it is unlikely that it could then register with A.I.D./Washington quickly enough to be eligible for a direct grant at the beginning of Phase II. The A.I.D./W Office of Private and Voluntary Cooperation states that registration processing normally takes about 6 to 10 weeks, provided all documentation is clear and complete. According to that office, that SPAFH's Board consists entirely of government representatives will not prohibit its registration, provided that the Board represents all the countries.

2.1.2 Performance Indicator #2: SPAFH diversifies its funding sources.

Findings

At its inception, SPAFH was wholly funded by A.I.D. In the past two years, there has been considerable diversification. The first non-A.I.D. funding was a small grant from a New Zealand foundation to procure materials for the Resource Center in 1991. SPAFH has received additional non-A.I.D. funding from the Australian International Development and Assistance Bureau (AIDAB), UNFPA, and the PNG Department of Health and Ministry of Education (see Table 1).

The current fiscal year (July 1992 through June 1993) is even more promising. SPAFH is on the verge of signing a five-year agreement with AIDAB for Project Excel (Expanding Country Effort at All Levels), totaling US \$2.6 million. Project Excel will fund family planning activities in SPAFH's member countries. The AIDAB project, plus a recent donation of \$5,000 from the government of the Republic of China and an additional pledge of \$10,000 from PNG, enables SPAFH in the near future to meet the A.I.D. PVO requirement regarding at least 20 percent non-U.S.-government funding, although there is no firm proof that this level can be maintained in the long run. SPAFH also has two-year agreements with Family Planning Services Expansion and Technical Support (SEATS) and Social Marketing for Change (SOMARC) (both centrally funded A.I.D. projects) for \$400,000 and \$300,000 respectively. The SEATS funding will support service delivery subprojects in Fiji, Tonga, Vanuatu, and the Solomon Islands. The SOMARC funding will support social marketing activities in the same four countries. SPAFH's ability to attract these new investments indicates its growing stature within the region.

Table 1

**SPAFH's Revenues by Source
July 1991 to June 1992
(U.S. dollars)**

Source	Amount
AIDAB (Fiji pharmacy project)	42,610
UNFPA (Indonesia policy tour)	28,678
SEATS (A.I.D.)	15,708
PNG Department of Health and Ministry of Education	10,454
A.I.D. (through Pathfinder)	316,173
Total	415,288

Source: SPAFH

Discussion

SPAFH has made excellent progress in diversifying its funding sources. This is the result of intensive marketing activities, many of which have been facilitated by USAID/RDO. AIDAB funding for Project Excel has significantly reduced SPAFH's reliance on A.I.D. funding, although it is earmarked in large part for activities that do not support SPAFH's general operations. Although efforts are continuing to attract additional unrestricted funding, it is unlikely that SPAFH's operational expenses can be met through other sources for some time.

2.1.3 Performance Indicator #3: SPAFH establishes internal program management systems.

Findings

With Pathfinder's assistance, SPAFH has regularized and documented many of its operating procedures related to financial management, subgrant management, project management, and office management. The financial management system is addressed separately under Performance Indicator #6. A policy and procedures manual has also been developed, and this is revised and approved annually by the Executive Committee of the Board. SPAFH maintains complete documentation on its activities and organizes it relatively well. Past problems with grant close-out are being resolved.

The development of the management information system (MIS) was not smooth. Given the extensive turnover of staff at Pathfinder as well as at SPAFH, it is difficult to reconstruct the process. Apparently, Pathfinder developed an MIS in Boston, with some input from SPAFH staff, and then brought the system fully compiled to Tonga. It never worked correctly, and plans to fix it were abandoned. A local consultant was identified to work with SPAFH staff to determine data needs and build a new system. This system has five components: (1) a contact/ mailing list; (2) a log for incoming and outgoing letters and faxes; (3) a SPAFH library catalogue; (4) a project tracking system to help manage activities and subgrants; and (5) a demographic database. Expansion to include other modules is possible. The system had just been installed at the time of the evaluation, and the

administrative officer was beginning to enter data. She must compete with others for computer time, however, and this is going to be a very slow process.

Discussion

Both SPAFH and Pathfinder have been diligent in attempting to establish basic management and operational systems that meet A.I.D.'s requirements and also facilitate SPAFH's ability to do the kind of work it is supposed to do.

The development and installation of the MIS has been unacceptably slow. The first system was apparently far too complicated and could not be managed by the staff. It was poor judgment on Pathfinder's part to design such a system. The new system appears to be workable, although it is still being tested. Although some of its modules, such as the project tracking system, were based on manual procedures established by Pathfinder, others are based wholly on inputs from SPAFH staff who admit that they do not feel entirely confident in determining their own data needs. Thus, although the system looks as though it will work, whether it meets true information needs is less clear. For example, the project management module does not now permit the entry of projects that are not approved for funding; thus, grant applications must still be tracked manually until they are approved, and there is no system record of those that are not approved. The library module is also a bit primitive, since SPAFH received no qualified assistance in this area.

In projects like this, the task of establishing basic management systems usually falls to a long-term resident advisor. The project as finally approved did not permit the assignment of such an advisor. The Michigan Population Fellow assigned to SPAFH attempted to fill this gap and made many contributions, but she did not have the skills or experience required. Pathfinder provided short-term technical assistance through site visits and by telephone, and much of this was valuable in helping SPAFH's managerial capacity grow. Many of the gains realized in the first year or two were wiped out, however, when SPAFH's three senior staff resigned during late 1991 and early 1992 and had to be replaced. Also, Pathfinder's senior contact with SPAFH retired in December 1991, and his replacement required time to become acquainted with SPAFH's management system needs and priorities.

Although many of the systems are in place, SPAFH needs continuing assistance in implementing them, assessing the need for additional systems and procedures, and developing the operating style necessary to make them work. For example, precedent exists for group review and evaluation of grant or project applications. Each staff member brings unique expertise to the organization, and all this expertise is useful in making programming and subgrant funding decisions. Collaborative approaches will be critical in enhancing SPAFH's growth.

2.1.4 Performance Indicator #4: SPAFH prepares an annual workplan for all of its activities and programs.

Findings

SPAFH prepared detailed workplans and budgets for 1991 and 1992, using a group discussion process. Pathfinder assisted in formulating and refining these plans, which were structured according to the benchmarks. The 1993 draft workplan recently presented for Executive Committee review was far less detailed. Each technical staff member was asked individually to prepare a plan of his or her proposed activities as they related to the benchmarks for integration by the secretary general. This

process permitted no exchange of information, nor did it permit consideration of new grants that might be expected and/or funded. Pathfinder plans to assist in refining this workplan.

Discussion

With regular Pathfinder assistance, SPAFH has met its obligations to produce annual workplans. Although they satisfy the technical obligations, the workplans suffer from the absence of a SPAFH strategic plan. The benchmarks identify what SPAFH must achieve, but they are diverse tasks. They do not represent a coherent organizational development or integrated programmatic strategy, nor do they constitute a strategic plan (see Chapter 3).

2.1.5 Performance Indicator #5: SPAFH signs country agreements with at least five member countries.

Findings

SPAFH has signed country agreements with Vanuatu, Tonga, Fiji, Papua New Guinea, and the Solomon Islands. Plans are under way for agreements with the other five countries.

Discussion

SPAFH has met this performance indicator. Despite the absence of agreements, the remaining five countries nonetheless participate on the Board and in various SPAFH activities. Additional agreements should be pursued with the other five countries both for formality's sake and to facilitate PVO registration with A.I.D.

2.1.6 Performance Indicator #6: SPAFH establishes a financial management system.

Findings

The financial management system, computerized with the assistance of a Tonga-based Pathfinder consultant, appears solid. It does not permit automatic conversion between currencies, however, which may become more of a problem as SPAFH continues to diversify its funding sources. The 1991 audit management letter pointed up a number of significant deficiencies, but most of these have been corrected, as reflected by the 1992 audit management letter. SPAFH's current accountant, who received financial management training in the U.S. arranged by Pathfinder, has recently submitted her resignation, however, and backsliding could potentially occur if a qualified replacement is not found.

Discussion

The financial management system appears to be working satisfactorily, although SPAFH asserts it needs continuing outside technical assistance in this area. Pathfinder has been very supportive in this process, not only arranging for the local consultant who assisted in automating the manual records, but also in providing direct guidance and identifying appropriate automation packages. The financial database is now so large that it exceeds the capacity of the existing hardware, and attention needs to be paid to identifying and procuring appropriate equipment to support this critical operation.

Adequate financial management is one of the key conditions required for eligibility as a direct A.I.D. grantee. SPAFH has audited financial statements and a system that satisfies most audit requirements.

2.2 Benchmark #2: At least two countries (in addition to the Solomon Islands) will have established national population policies.

2.2.1 Performance Indicator #1: SPAFH assists targeted countries with their efforts to establish population policies.

Findings

SPAFH has focused its efforts on PNG and Vanuatu from its first priority country grouping and on Western Samoa from its list of second priority countries. Activities, which included support for seminars, meetings and workshops, and a major study tour to Indonesia, were as follows:

- Vanuatu population policy seminar
- population policy assessment
- Waigani (PNG) population seminar
- PNG population policy launching meeting
- Indonesia population policy tour
- Western Samoa population policy workshops.

SPAFH was successful in securing co-funding for the Indonesia tour from UNFPA, thus increasing the number of participants and enhancing the potential impact of this activity. Pathfinder was instrumental in arranging the visit. In addition, Pathfinder assisted SPAFH in conducting an assessment and making recommendations on the population policies of PNG, the Solomon Islands and Vanuatu, an effort that involved 15 days of technical assistance.

Between September 1990 and June 1992, about half of the subgrant expenditures supported population policy. SPAFH'S involvement in population policy development was seen as appropriate and helpful by many of the individuals interviewed. Several government officials who participated in the Indonesia policy tour reported that the experience helped formulate plans for policy implementation. On the other hand, some interviewees have reservations about SPAFH's technical assessment and analysis capabilities in the policy arena.

2.2.2 Performance Indicator #2: The national governments of two countries formally issue a national population policy.

Findings

PNG formally launched its population policy in 1991. Although the country had already developed a population policy prior to the beginning of Phase I, SPAFH was credited with giving valuable assistance toward its implementation. Population-related activities appear to be increasing in PNG, and donor assistance to the country has increased significantly. Policy development is still under way in Vanuatu and Western Samoa.

Discussion (benchmark #2 as a whole)¹

SPAFH is halfway toward achievement of this benchmark. It has played an important role in contributing to population policy development in several countries, and indications exist that assistance is desired by others. This assistance should continue to be in the form of funding for seminars, meetings, and study tours, as SPAFH lacks the technical capacity for policy development or analysis. This type of work is best left to universities and other institutions with appropriate expertise.

A question arises as to whether policy-related activities should consume so large a proportion of subgrant resources, which are available for service delivery and IEC activities as well as for policy. It is true that some countries requested this kind of help. On the other hand, policy assistance was not a consistent high priority in all countries visited, and representatives of some countries state that the lack of a population policy is no hindrance at all. This may be particularly true in SPAFH's smaller member countries, where leaders may feel no need for formal or separate population policies.

The appropriateness of such a benchmark for an organization like SPAFH is questionable. Essentially, it makes SPAFH responsible for policy establishment in its independent member countries. SPAFH does not and should not control this process, nor should it be responsible for the outcome. The outcome is affected by a huge number of factors; the relatively small amount of support SPAFH can provide can be catalytic, but it is dwarfed by these other factors. If SPAFH continues to provide policy-related support, a better measure of SPAFH's performance is needed.

2.3 Benchmark #3: SPAFH will have the capability to analyze demographic data bases in population policy formulation.

2.3.1 Performance Indicator #1: SPAFH establishes a computerized data base system for demographic data.

Findings

The Population Fellow assigned to SPAFH spearheaded the effort to gather data from member countries, WHO, UNESCO, UNFPA, and other sources to establish the demographic data base. The data was initially stored in a Lotus program and is now being transferred to the MIS demographic data module. Thus, the demographic data base is a secondary source. It is compiled to create a simple chart that shows all data elements for each country.

¹The discussion covers the benchmark as a whole because performance indicators are not sufficiently distinct to allow for useful disaggregation of the comments. This approach is used for Benchmarks 3, 5, and 6, as well.

2.3.2 Performance Indicator #2: SPAFH assists member countries to collect demographic and health data.

Findings

There is no evidence that SPAFH has assisted member countries in demographic or health data collection. Rather, data was collected from member countries and international organizations and then compiled by SPAFH. SPAFH updates its data when visiting the member countries, relying on existing sources of primary data.

Several countries have much more detailed data systems of their own. In the Solomon Islands, for example, the Maternal and Child Health (MCH) Division has recently devised a new system for gathering data about family planning users served. PNG has a system that gathers data on new acceptors of family planning and total visits. Neither expressed an interest in changing its system, and SPAFH has received no requests for data system services.

2.3.3 Performance Indicator #3: SPAFH establishes a system for reporting to member countries, Pathfinder, and RDO/SP.

Findings

SPAFH does not have a formal system for distributing its demographic data. It does, however, compile the statistics into a simple chart and distribute this chart at various workshops, training sessions, and other meetings. It also uses the data in preparing funding proposals and provides copies of the chart to Pathfinder and USAID.

Discussion (benchmark #3 as a whole)

The three performance indicators listed above do not add up to demographic **analysis** capability. Rather, they provide SPAFH (and potentially others) with a centralized, uniform set of statistics about the 10 member countries. SPAFH does not have demographic analysis capability, and such capability is not an appropriate objective for SPAFH. It would be a very expensive undertaking, with minimal rewards. Member countries are not seeking this service from SPAFH, nor do they mention it as a high priority. Other organizations, such as the South Pacific Commission (SPC) and various educational institutions, perform this kind of work and have a well-established capability already.

The existing system of data gathering and reporting is simple and, with minimal resource expenditure, can continue. The data compilation may be useful in promoting greater awareness of the need for family planning programs in the region. It may also help SPAFH in establishing priorities for services to countries.

2.4 Benchmark #4: SPAFH will have assisted at least three countries to establish national guidelines and country strategies for family planning service delivery and social marketing.

2.4.1 Performance Indicator #1: SPAFH prepares standards, protocols, and guidelines for countries' family planning service delivery, including social marketing of services.

Findings

An assessment of service delivery was conducted in the Solomon Islands, Vanuatu, Fiji, and Tonga in January-March 1991. The survey was designed and conducted with the assistance of a consultant provided by Pathfinder. A physician from Tonga's Ministry of Health and a SPAFH staff member served with the consultant on the team.

The team's report documented major deficiencies in family planning service delivery in all four countries, including the absence of written standards, procedures, or protocols. The assessment revealed a multitude of problems, such as inconsistent and often incorrect patient management, dingy surroundings with poor infection control, and staffing by personnel with little or no training in family planning. In many instances, staff were supervised by professionals who also lacked knowledge and positive attitudes about family planning as well as basic staff development skills.

SPAFH supported a series of meetings and workshops in February through September 1992 to assist health care professionals recruited from the respective countries to develop country-specific standards. PNG had already established standards and guidelines for service delivery with assistance from the Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO). SPAFH arranged for the coordinator of this project to provide technical assistance to the writers from Vanuatu.

Draft manuals have been completed by the Solomon Islands and Fiji and are scheduled for field testing. The Vanuatu manual is nearing completion. Development of a standards manual for Tonga is scheduled for 1993.

No standards, protocols, or guidelines have been prepared for social marketing. Activities have been focused solely on service delivery.

Discussion

SPAFH has done outstanding work in meeting the service delivery aspect of this performance indicator. An effective process was designed, involving in-country evaluations, training for manual writers, and support for writing and publication. The decision to invest in the development of country-specific service delivery standards should increase the likelihood that they will be adopted. Once written, the standards will be a tool for training and follow-up. This is an area in which SPAFH has technical expertise as well as the resources for funding support. Moreover, SPAFH has the capacity for all-important follow-through involving country-specific training sessions for health care personnel who will be responsible for implementing the standards.

Conscious or unconscious, SPAFH's choice to focus on clinical service delivery standards rather than social marketing was correct. Neither SPAFH nor Pathfinder has well-developed skills in this area.

Moreover, social marketing is a new concept to the South Pacific and presents different challenges. Demand created by IEC and social marketing activities will only result in frustrated consumers in the absence of quality services.

2.4.2 Performance Indicator #2: SPAFH executes a "country grant" for a service delivery or social marketing project with each of the selected countries which have established guidelines and strategies.

Findings

Since none of the guidelines has been completed, this performance indicator is still premature. Also, there is no clear documentation that any comprehensive country strategies have been developed. Thus, no "country grants" as originally conceived have made been for service delivery or social marketing projects.

In May 1992, however, SPAFH signed a two-year agreement with SEATS to expand service delivery in Fiji, Vanuatu, the Solomon Islands, and Tonga. This will result in four country grants, supported by SEATS rather than SPAFH's own country grant program, even though guidelines and strategies are not yet completed. The first stage of the SEATS project involved needs assessments in all four countries during June and July of 1992. A one-year agreement was also signed with SOMARC for social marketing programs in the same four countries. Neither agreement contributes to SPAFH's operations or staffing.

Although SPAFH has been slow to implement country grants, it has conducted a number of other activities (all workshops) that are related to service delivery improvement and that do not fall under any other performance indicator:

- family planning workshop (Fiji)
- contraceptive technology update (regional)
- contraceptive technology (Niue)
- project development
- nurses' workshop (Tuvalu)
- social marketing for Fiji pharmacists (Lautoka, Suva, Labasa)
- contraceptive social marketing and program management (regional).

It conducted the contraceptive technology update in May of 1991 after the service delivery assessment revealed major knowledge and attitude deficiencies on the part of family planning providers in the four countries later targeted by SEATS. Pathfinder arranged for the consultant who conducted the assessment to assist in delivering the workshop. Besides the update, the workshop included a training-of-trainers segment. Participants were expected to report on training they conducted in their respective countries. Project files contain follow-up reports from a number of the participants detailing their successes and problems. SPAFH also funded follow-up workshops at the request of Tuvalu and Niue.

The three workshops on social marketing of contraceptives for staff of private pharmacies in Fiji were supported by SOMARC and AIDAB as well as SPAFH. SOMARC provided a consultant to present theories of social marketing, and AIDAB provided funds to meet the workshop expenses.

Although it has not actually awarded any country project service delivery grants, SPAFH has an application form for funding developed with Pathfinder technical assistance. It also has detailed procedures on processing, evaluating, and monitoring projects. For the subgrants it has made, SPAFH has a separate binder which contains all related documents. Other than a workshop held in July of 1991, it appears that little assistance has been given to countries in how to access SPAFH funds. News of SPAFH activities is communicated mainly by a quarterly newsletter. A review of newsletters revealed no requests for proposals, and the organization's mailing address was not given. Providers (especially NGOs) appear confused about SPAFH's role in supporting direct service delivery. Better marketing is needed to attract proposals from SPAFH's consumers.

Discussion

Although SPAFH was constrained from meeting this performance indicator because of the absence of guidelines and strategies in the member countries, it did provide valuable workshops in service delivery and social marketing, both regional and national. With the advent of SEATS and SOMARC, the prospects for four country projects are excellent, although these are not exactly what the original benchmark contemplated.

There is no reason why SPAFH should not become more aggressive in seeking service delivery proposals under its own grant program during the remaining Phase I period, particularly from those countries in which guidelines testing is already under way. This is one of the challenges associated with integrating Project Excel into the overall SPAFH spectrum. One of the potential problems is that participants in many of the guidelines development activities are not in a position to initiate proposals. SPAFH's Board members are in such a position, however, and they could assist in the process.

As SPAFH shifts its focus from regional to country-based programming (see Section 4.4 below), it may also want to shift its focus from contraceptive technology (which is the subject of numerous training programs offered by other organizations such as IPPF and UNFPA) to improving supervisors' development skills and staff counseling skills. This is one area in which SPAFH could establish a unique niche.

2.4.3 Performance Indicator #3: SPAFH conducts comprehensive information, education, and communication (IEC) programs in three countries and partial programs in other countries.

Findings

SPAFH has awarded very small grants for IEC projects in Tonga, Vanuatu, and Western Samoa. The countries have been slow to implement the grants. The Tonga Family Planning Association used the funds to produce, pretest, and distribute posters. It reported that the reaction to the materials was positive and the client load increased. Vanuatu was to have produced posters, booklets, and T-shirts, but no samples of these materials were available for review. Western Samoa has received a no-cost extension to complete its plans to produce posters, pamphlets, and calendars, and it also has made arrangements to air a radio spot. Implementation was delayed due to the departure of staff from the Health Education Unit. In addition, SPAFH funded a knowledge, attitudes and practices (KAP) survey on the Solomon Island of Guadalcanal in January 1992 (see Section 4.1 for discussion of results). Pathfinder assisted in data analysis.

Probably the most consistent request heard during the visits to member countries was for IEC materials appropriate to each country. The region lacks expertise in both design and testing as well as publishing capability. For example, although many providers want flip charts, they have been unable to locate a printer capable of producing them. SPAFH appears to have no system for organizing and storing samples of materials produced through its grants, nor has it been successful in obtaining samples of materials produced elsewhere.

Discussion

This performance indicator calls for "comprehensive" IEC programs in three countries and "partial" programs in others. None of the projects funded can qualify as comprehensive; to call them partial might also be an overstatement. Despite the high priority accorded to IEC assistance by countries visited, IEC has been one of SPAFH's least vigorous activities. SPAFH will need to develop greater expertise in IEC: More grant requests can be anticipated because IEC funds are not readily available from other sources. Moreover, SPAFH can make a big difference in this area, even with relatively small inputs, and responsiveness to countries' IEC requirements will go a long way toward helping SPAFH establish its reputation as a major family planning regional resource.

2.5 Benchmark #5. SPAFH will have established ongoing and up-to-date contraceptive usage and inventory information for the countries in which it will support strategy development and population policy activities.

2.5.1 Performance Indicator #1: SPAFH designs a model usage/inventory system for its member countries.

Findings

SPAFH has not designed a model contraceptive usage/inventory system for its member countries, nor does it plan to do so. Both SPAFH and Pathfinder, with USAID/RDO approval, have interpreted this performance indicator to mean that SPAFH should develop competence in inventory management issues so that it can assist member countries on request.

A team comprised of SPAFH staff, Pathfinder representatives, and a regional consultant conducted an assessment of contraceptive supply management from January through March 1991 in PNG, the Solomon Islands, Fiji, and Tonga. This assessment documented deficiencies at both provider and supplier levels. Instead of developing a model system, SPAFH and Pathfinder chose as a reference an inventory management manual that had been developed for use by much larger countries.

2.5.2 Performance Indicator #2: SPAFH sponsors a regional workshop on the usage of contraceptives and the logistics of their distribution.

Findings

SPAFH held a regional contraceptive supply management workshop in September 1991 for family planning program managers, warehouse personnel, and supervisory field staff. Feedback from

participants was mixed. Most reported learning some useful concepts such as supply forecasting, but many expressed the opinion that the examples used in the workshop were not applicable to their respective situations. It appears that the curriculum was not specifically tailored for this event.

2.5.3 Performance Indicator #3: SPAFH makes an effort to get the selected countries to install and use the contraceptive usage and inventory system.

Findings

This is related to performance indicator #1 and was not achieved because no model system was developed. In fact, systems have been set up in many countries already, and there is little interest in change. For example, the family planning associations in selected countries report that they use an inventory supply system developed by IPPF and have no plans to modify it. PNG was already developing its own guidelines under JHPIEGO sponsorship. In the Solomon Islands, a section on contraceptive supply management was written into the standards manual under development with SPAFH assistance. Fiji is undertaking a similar initiative.

Discussion (benchmark #5 as a whole)

Like benchmark #3, the designated performance indicators do not add up to the benchmark. The objective, or benchmark, was for SPAFH to have accurate contraceptive usage and inventory information for countries it assists. The performance indicators call for developing a model system for countries (interpreted as indicated above), training in logistics, and installation of the model system. Even if the performance indicators had been met, they would not necessarily provide SPAFH with the accurate information targeted in the benchmark.

The activities conducted certainly have some value. Most interviewees, however, do not look to SPAFH for system improvement assistance for their continuing supply problems. Instead, they would like to see SPAFH help them obtain emergency supplies when they experience periodic shortages. These shortages are the result of problems at both central supplier and provider levels, with each blaming the other for its woes. It is not unusual for countries to prefer commodity support over technical assistance to improve basic system deficiencies, but SPAFH should now be in a marketing and image-building mode and it must be seen as responsive to the problems its consumers rate as priorities. This does not mean that SPAFH should get into the supply business, but it does mean that SPAFH should stay away from major system concerns, at least in the near future.

SPAFH has had limited success in resolving system problems. Despite diligent efforts to work toward the benchmark, SPAFH is wasting its resources on this area. Other organizations have expertise in contraceptive supply management systems and numerous manuals exist on the subject. Many of these organizations have been supported by A.I.D., and many of the manuals are in the public domain. It would be much more effective and efficient to limit SPAFH's efforts to helping providers develop simple inventory management procedures at the clinic level. Despite the interest of member countries in SPAFH's serving a supply function, or providing funding for emergency supplies, it is not recommended that SPAFH become involved in such activities at this time. This issue arose as early as an evaluation undertaken in 1988, and the recommendation has been consistent that SPAFH avoid becoming involved in commodity supply.

2.6 **Benchmark #6: SPAFH will liaise with other regional and international NGOs (such as the SPC, UNFPA, and ILO).**

This benchmark was added by the Board during the June 1991 Board meeting.

2.6.1 **Performance Indicator #1: SPAFH attends at least two regional meetings of other NGOs.**

Findings

The former SPAFH secretary general attended the SPC Health Administrator meeting in Caledonia in 1991. This individual was one of the three senior staff members who left SPAFH at the end of 1991. The new secretary general has been on board only since May 1992 (see Section 2.1.3).

2.6.2 **Performance Indicator #2: SPAFH co-sponsors at least one regional event with other NGOs.**

Findings

SPAFH was successful in soliciting co-sponsorship by UNFPA for the Indonesian population policy tour in August 1991.

Discussion (benchmark #6 as a whole)

That the Board developed this benchmark reflects its recognition that SPAFH can and should coordinate with others. The benchmark begins to introduce a needed organizational, strategic element absent until now. Due to the change in leadership and the five months required to select and hire a new secretary general, SPAFH is not surprisingly a bit behind in this area. It continues its outreach program, however, and is likely to meet or exceed this benchmark in the future.

2.7 **Summary**

SPAFH's performance to date with regard to the benchmarks has been mixed. Some have been exceeded, some met, and some not achieved. Additional progress on some is expected before the end of Phase I, September 30, 1993. Benchmarks #3 and #5 are not likely to be reached, in part because the performance indicators established for them were not as well conceived as they might have been. Also, as discussed below in Chapters 3 and 4, serious questions exist as to whether or not these activities merit continuing attention by SPAFH.

In general, progress has been impressive, considering the staff turnover that took place midway in Phase I. SPAFH and Pathfinder deserve credit for this progress. As indicated in Chapter 3, any benchmarks or goals established for the future need to be derived from a more strategic framework. Nevertheless, SPAFH's achievements to date have been valuable inputs to the region's family planning challenges and indicate the organization's potential to become an even stronger force in the future.

3. Phase I – An Integrated View

It became clear during the evaluation that the framework established by the benchmarks was useful in measuring certain aspects of both programmatic and institutional progress. At the same time, that framework lacked critical elements that need to be considered in evaluating the extent to which SPAFH has developed as an institution and is meeting the demands for service in the region. This chapter takes an integrated view of Phase I from both institutional and programmatic perspectives. It describes major accomplishments, constraints faced and solutions found, and opportunities for improvement. It also discusses the effectiveness of Pathfinder's performance. In addition, it contains recommendations for the remainder of Phase I.

3.1 Major Accomplishments

SPAFH has had a largely successful Phase I to date, despite the far fewer inputs than projected in the original Project Paper. This success reflects the commitment of SPAFH's Board and staff and of Pathfinder and USAID/RDO. The following are the major accomplishments to date:

- **Board participation** — SPAFH's Board consists of high-level MCH officials from each member country. Although all are government employees, they have also facilitated SPAFH's introduction to the NGO sector. It is to their credit that they are gradually developing a sense of ownership in SPAFH and demanding greater powers and authorities.
- **Institutional development** — Financial, information, and project management systems are in place, and documentation exists for funded projects. SPAFH has succeeded in attracting funds from sources other than A.I.D., including contributions from one member country. Project officers with diverse skills have been recruited, enhancing clinical and training expertise.
- **Recognition** — SPAFH is recognized as a player by both the international family planning organizations in the region and the member countries. It has been acknowledged by major donors as a channel for funds and a provider of services to countries.
- **Programming** — Despite the projected emphasis on institutional development during Phase I, SPAFH has undertaken an impressive quantity and array of programs, ranging from in-country assessments to regional workshops and funding for policy development. Moreover, its work has been generally of high quality.
- **Responsiveness** — SPAFH was conceived as an organization that could respond quickly and appropriately to local and regional needs. By responding quickly to requests and cooperating with and strengthening existing initiatives, SPAFH has been able to maximize the impact of its resources and build credibility.
- **Representation** — Despite its focus on larger countries such as PNG, Fiji, and Tonga, SPAFH's regional workshops and direct programming have in the aggregate touched every member country. This has helped SPAFH strengthen its image as a

truly representative institution, able to respond sensitively to regional and national needs.

- **Adherence to the implementation objectives** — SPAFH and Pathfinder have focused conscientiously on the benchmarks established at the outset of Phase I, achieving many in a relatively short time. Although another framework might have been more suitable to helping SPAFH develop, SPAFH and Pathfinder have been very attentive to their obligations.
- **Contribution to family planning expertise in the region** — One of the original concepts behind the formation of SPAFH was that it would help develop local expertise in family planning. It was understood that in some respects SPAFH would be a training ground, and that some of its staff would move on to other influential positions. This concept has been realized. By maintaining the good will of these individuals, SPAFH has created advocates for family planning who now sit in other organizations with the potential to work collaboratively with SPAFH and/or participate in its programs.

3.2 Major Constraints and Solutions

SPAFH has been challenged by a number of significant constraints and, with Pathfinder's assistance, has overcome many of them. The principal constraints and solutions are as follows:

- **Institutional inexperience** — SPAFH became operational in 1987 and was still very young at the beginning of Phase I. It had little in the way of management infrastructure, limited skills, and little recognition. With assistance from Pathfinder, it has built management systems and developed the family planning expertise of its staff. Pathfinder has secured experts to provide leadership in specific project development.
- **Major staff turnover** — Although staff turnover was expected, SPAFH lost its three senior personnel in late 1991 and early 1992, and this caused many problems. Also, there was a long gap before a new secretary general was hired. In short, midway through the project, SPAFH had to start over in many respects, building a team and following through on old initiatives as well as developing new ones. That SPAFH survived relatively unscathed is to its credit and to Pathfinder's.
- **Defining its role** — As a new organization, SPAFH needed to define its role. Instead of competing with older, larger institutions such as IPPF and UNFPA, SPAFH has attempted to complement their efforts where possible and work in areas in which SPAFH's regional nature would be an advantage. Policy development is one example. SPAFH still has a lot of work to do in defining and building its image, but the steps taken to date have responded well to the challenge.
- **Responding to diverse demands** — As a new, unknown organization, SPAFH faces many demands, not all of which it can meet. It has begun to recognize the need to refine its program spectrum, represent itself as a particular kind of resource rather than an all-purpose organization, and narrow its market.

- **Complexity of the region** — The 10 member countries are widely dispersed, with multiple languages and cultures. An organization of SPAFH's size cannot possibly serve the needs of every special interest group in the region. It has begun by providing financial support to bring together providers from different countries in regional workshops and conferences, hoping to focus on common themes. Recent programming has addressed individual country needs such as guidelines development. Thus, SPAFH is slowly developing a strategy to respond to the complexities (and their associated costs) and still maintain reasonable programming objectives.
- **Coping with fewer inputs** — The level of support proposed in the original Project Paper was reduced in the Washington review process. There was insufficient funding for Pathfinder to provide a long-term resident advisor. The Michigan Population Fellow was a useful resource but did not fill this gap. Both Pathfinder and SPAFH have been constrained by limited resources.

3.3 Opportunities for Improvement

3.3.1 **Measuring SPAFH's Progress**

Both SPAFH and Pathfinder have been driven by the benchmarks established in the Cooperative Agreement. Both deserve credit for rigorous, conscientious adherence to planning and monitoring along the benchmark lines. These benchmarks, however, are more appropriate to a project than to an organization, since they effectively ignore some of the basic institutional development that must take place if SPAFH is to be a viable, long-term regional resource in family planning. Also, they tend to fragment attention on specific tasks without providing an overall framework in which these tasks take place and can be prioritized. Although such a framework may have been premature prior to Phase I, it is critical for an organization that was slated to be an A.I.D.-registered PVO with diverse funding sources in Phase II. The benchmarks do provide an appropriate way for A.I.D. to track the outputs and impacts of its funding, and this is important. Now, however, a broader view is needed, providing a uniform theme to help SPAFH assess options, make decisions, and track its own growth.

It is far too late in Phase I to revise the benchmarks or provide an alternative system. What can be done is to develop a strategic plan for SPAFH (see discussion immediately below) and adopt an alternative measurement approach in Phase II, as recommended in Chapter 4.

3.3.2 **Institutional Development and Management**

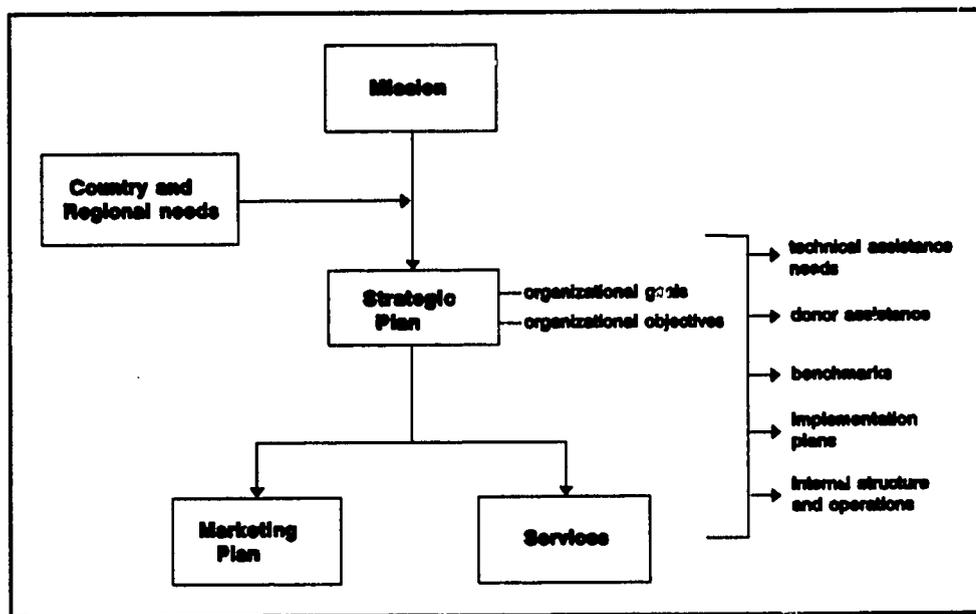
With Pathfinder assistance, SPAFH has made major gains in basic management systems and is stronger than it was at the beginning of Phase I. Its staff has diversified, bringing new skills and experience into the organization. As shown earlier, SPAFH is slowly gaining recognition in the region as a major family planning player, and new funding sources have been tapped. Nevertheless, Phase I thus far has focused on the trees rather than the forest. Without a clearer picture of where it wants to go, SPAFH runs the risk of becoming highly fragmented and losing control of its development. Immediate attention is needed to the following:

- **Development of a strategic plan** — Figure 1 provides a schematic illustration of the relationships between missions, strategic plans, marketing plans, and services.

It also shows that technical assistance needs, donor assistance, structure and operations, benchmarks, and implementation plans should be **end results** rather than determinants of the strategic plan. To some extent, the arrows have been reversed in the past. With the advent of Project Excel and the potential for Phase II and other activities, SPAFH needs a clear vision of where it wants to be in 5 or 10 years and how it proposes to get there.

Figure 1

The Key Role of the Strategic Plan



Source: Evaluation Team

- **Development of a marketing plan** — Once SPAFH knows where it is going and why, it will be in a better position to market itself both to donors and to consumers of its services. SPAFH cannot be a full-service family planning resource, providing every possible kind of support to the region's family planning programs, and it cannot represent itself as such to donors. It also needs to provide a clear message to local governments and other family planning service providers regarding its nature and character as well as the kinds of help it can provide. The strategic plan will tell SPAFH what its image should be. A marketing plan is needed to help articulate that image.
- **Reassessment of SPAFH's location** — As shown in Chapter 2, registration as an NGO in Tonga continues to be problematic. This alone would merit consideration of relocation, but there are other more substantive reasons as well. USAID reports that Tonga was selected as SPAFH's home in 1987 because its royal family was highly supportive of family planning (although the government did not have and still lacks a formal family planning policy), transportation and telephone facilities in Tonga were superior to those of other countries, and physical distance from USAID/RDO was desirable. Clearly, Tonga no longer has the same competitive advantage. It is much

less accessible than several other member countries; other countries have favorable environments and policies related to family planning; and contemporary phone and fax communications permit USAID to be as active as it wishes in SPAFH's operations.

Several Board members, staff members, and others question the wisdom of continuing to base SPAFH in Tonga. The registration problem is one factor. Others include the relative difficulty in attracting qualified staff, the desirability of being closer to other major donors and family planning players in Fiji, and the accessibility of the home base to consumers of SPAFH services. The team was not asked to explore this question and did not analyze the various issues involved, such as cost, convenience, ease of recruitment, potential for closer coordination with other agencies, and better access to funding sources. These questions need to be studied closely before additional resources are expended on pursuing registration in Tonga and other countries.

- **Structure and organization of staff** — SPAFH has already reorganized once, based on its experience in programming. The broader perspective provided by the strategic plan will help make sounder decisions about what kind of staffing is needed and how that staffing should be arrayed. These decisions must take into consideration the organization's strategic objectives. SPAFH is now a very small organization and is likely to remain so for some time. In considering structure and organization, it must look at what it wants to achieve, what resources it has, and how those resources can best be used. It must also look at the attitudes of its consumers. Many country representatives report that it is difficult to relate to a different staff person for each activity. Even before the strategic plan is in place, it appears that SPAFH should carry out its plan to assign specific countries and areas of expertise to each program officer.

- **Role of the Board** — SPAFH's Board contains prestigious, well-informed representatives of its member countries. Although the Board and its Executive Committee have played a role in the organization, that role has been neither strong nor well defined. As the organization has grown, some of its Board members are beginning to chafe, wondering if their job is to rubber-stamp decisions made by USAID and Pathfinder or other donors or whether it is to provide true direction and establish the basic parameters in which decisions are made. At this point in its development, SPAFH needs terms of reference for Board members, and the Board's participation must become more substantive.

Recommendations in Priority Order

1. **SPAFH should develop a long-range, organizational strategic plan within six months. Pathfinder and USAID should assure that qualified technical assistance in strategic planning is made available to SPAFH.²**
2. **Pathfinder should supply model terms of reference from other organizations so that SPAFH and the Board can develop terms of reference for Board members within six months.**

²Recommendations in boldface type are the major recommendations in this report.

3. Based on the strategic plan, SPAFH should develop a long-range, organizational marketing plan defining what image it wishes to present to funders and consumers of its services as well as the strategies it will use to sell itself to these sources. Pathfinder and USAID should assure that qualified technical assistance in marketing plan development is made available to SPAFH.
4. Based on the strategic plan, SPAFH should review its implementation plans and revise them as necessary. The revised plans should be completed within nine months.
5. Based on the strategic plan, SPAFH should reassess its location, considering ease of registration as well as other factors. Following this reassessment, SPAFH should achieve local registration within six months.
6. Based on the strategic plan and the implementation plans developed subsequently, SPAFH and Pathfinder should determine the organization's MIS needs, review the existing MIS, and revise it as necessary.
7. Pathfinder should assist SPAFH management in facilitating implementation of the strategic plan and ensuring that all of the agency's talent is brought to bear on its challenges.

3.3.3 Programming Emphases

Although SPAFH has made credible progress toward meeting the benchmarks, their number and variety presented a special challenge to a fledgling organization, with the result that a number of programmatic areas deserve additional attention. Although little time remains to make significant programming changes during Phase I, SPAFH could improve its near-term programming in the following areas:

- **Information, education, and communication** — As noted in the discussion of IEC programs (see Section 2.4.3), this is an area to which SPAFH has directed very little attention. The reasons are unclear. Almost all countries have identified lack of IEC-related materials as a problem, yet they have not requested much IEC funding or assistance from SPAFH. Also, SPAFH has not developed expertise in this area and Pathfinder has provided no IEC assistance. Several opportunities could be explored, however, for SPAFH to fund innovative IEC programming. For example, PNG has a cadre of grassroots theater groups in 16 of its provinces, sponsored by FSP/PNG. The executive director expressed a strong interest in obtaining funds to incorporate information about family planning. Opportunities may also exist to fund model approaches to incorporating family planning concepts into primary and secondary schools, as suggested by interviewees in Fiji and Western Samoa.
- **Integration of Project Excel** — This project represents SPAFH's first step in diversifying its funding sources and attracting major support from a donor other than A.I.D. Its size and potential scope are both a blessing and a challenge. It has the potential for flexible programming in all member countries, yet much of the funding is essentially earmarked for four countries as a result of the necessity to follow up on the SEATS and SOMARC components. Neither SPAFH nor Pathfinder has significant expertise in social marketing, and the proposed SEATS projects are larger and longer-term than other projects supported by SPAFH in the past.

SPAFH's agreement to become involved in social marketing through SOMARC and multiple new projects with SEATS has the potential for diverting the organization in directions over which it has little control. Some participants in the SOMARC workshops felt the presenter was promoting an approach that had been developed for another country and culture. If SPAFH's strength is its regional nature, it must be careful to control its own agenda and continue to respond to needs as expressed by its members. SPAFH should heed the plea to help countries follow through on the projects they have started before taking on additional challenges.

- **Communication and coordination** — As SPAFH becomes a major player in the growing community of family planning funders, it needs to improve its communication with its grantees and potential grantees. Some NGOs are confused about SPAFH's willingness to award grants to expand or improve direct service delivery. Strengthening its links with the international organizations such as IPPF, UNFPA and others will help SPAFH avoid unnecessary duplication. It will also increase SPAFH's awareness of successful projects that might benefit from supplemental SPAFH funding; this is consistent with the initial philosophy behind the formation of SPAFH, which indicated that SPAFH would aim to provide assistance that would "complement and supplement assisting agencies' activities" (see Section 1.1). Further, in some countries, a significant amount of health care is delivered by the religious community. Opportunities exist for improved communication and coordination with church-sponsored family planning and maternal health projects. Although some denominations may be reluctant to establish formal ties, the church groups are an important part of the network of providers and should be informed about training and funding opportunities.

- **The subgrant program** — SPAFH has apparently discouraged governments and private providers from requesting large or multi-year grants. As a result, it is coping with monitoring a large number of small grants, while under-utilizing its program-directed funds. Because the number of requests will increase as SPAFH becomes better known, the amount of paper work could overwhelm the technical staff. In many respects, a \$3,000 grant is as time-consuming to manage as one ten times its size. Moreover, larger, phased grants might encourage both beneficiaries and SPAFH to engage in more comprehensive programming.

- **Appropriateness of participation in SPAFH workshops and other events** — SPAFH has little control over who attends its workshops and participates in its other activities. As a result, some of the individuals directly involved in SPAFH activities cannot apply new skills or knowledge to their jobs and/or cannot influence programming decisions that might result in SPAFH grants. Some improvement may be possible if SPAFH describes more carefully its training events and their content, makes stronger suggestions about the level and types of people that might benefit, and communicates regularly with service providers. For example, several NGOs expressed concern that they heard second-hand about training events and were under the impression that they needed to get permission from government officials to be accepted as trainees. SPAFH also could make better use of its Board members in disseminating information locally and ensuring that SPAFH's services are made available to those who can use them best.

- **Prioritizing resource allocation** — As indicated in Chapter 2, it seems futile for SPAFH to pursue the acquisition of demographic analysis expertise or to continue its strong focus on major logistics system improvements. There is also a serious question as to whether SPAFH should concern itself with the development of standards for social marketing, particularly since these already exist through SOMARC. These strategic issues cannot be resolved in the absence of a strategic plan. Nevertheless, the rest of Phase I should be examined and a decision made as to which program activities have the best potential and deserve the lion's share of the remaining resources.

Recommendations in Priority Order

1. SPAFH should reassess its Phase I priorities, especially with regard to benchmarks 3 and 5, and reallocate resources accordingly.
2. With assistance from Pathfinder, SPAFH should investigate organizations that act as clearinghouses for IEC materials and obtain technical assistance in IEC production.
3. SPAFH should intensify its efforts to publicize the availability of grants to all segments of the family planning community, along with its willingness to fund larger, multi-phase projects. It should provide assistance in proposal preparation to those who need it.
4. SPAFH should clarify its publicity regarding workshops and other events to assist countries in nominating appropriate candidates for participation.

3.3.4 External Relations

Through its programs and coordination initiatives, SPAFH has made concerted efforts to develop recognition in the region. These efforts have paid off. More work needs to be done to increase recognition and provide better information to potential donors, consumers, and peer and collaborating organizations. The following are opportunities for improvement:

- **Clarifying SPAFH's image** — SPAFH is not as well known as it should be if it is going to become a major resource in regional family planning. Many people in member countries do not know what SPAFH's mission is, and thus they do not see what SPAFH can do for them. They do not understand its programming spectrum. More important, some do not even know the nature of the organization, believing that it is an intergovernmental group rather than an NGO because of the composition of its Board. The prospects for both donor support and participation by national and regional groups will improve with a clearer organizational image and a well-structured marketing plan to promote it.
- **Increasing the proportion of national programs** — SPAFH has effectively used regional programs to enhance the efficiency of its resources, advertise its existence and services, and address common regional problems. This approach had strategic advantages in Phase I, which was to focus more on institutional development than on programming and required efficient ways to introduce SPAFH in the region. Countries are now looking for tailored, specific, national programming directly responsive to their own unique needs.

- **Better communication on how to access services** — SPAFH's subgrant program is still very small, and the number of grant applications submitted is disproportionate to the need as well as the demand for assistance services. SPAFH has prepared informational materials and given workshops on grant applications. Nevertheless, many interested governmental and NGO representatives still do not know that SPAFH can provide funding and/or technical assistance and training services or how to access them. Broader knowledge of these mechanics would enhance SPAFH's network as well as its image. It would also help funnel resources towards the region's critical family planning needs.

Recommendations in Priority Order

1. SPAFH's marketing plan should clarify the institution's image. Marketing and promotion should be followed up by specific information on how to access services.
2. SPAFH should increase the proportion of national programs without abandoning regional programming, as appropriate.

3.4 Effectiveness of Pathfinder Performance

According to the Cooperative Agreement between Pathfinder and A.I.D., Pathfinder was responsible for "(1) providing technical assistance and training to SPAFH and countries family planning organizations, and (2) serving as a conduit for A.I.D. funds to be used for SPAFH's operating costs and matching country grants."

Pathfinder has done an outstanding job in maintaining a timely flow of operational funds to SPAFH. The forecast-advance-reconciliation process has worked well, and SPAFH reports no instances of cash shortfalls.

Pathfinder has also been instrumental in arranging appropriate foreign training for SPAFH staff. Although two of the four individuals receiving such training have left and a third has recently submitted her resignation, the training was well selected, and the trained individuals have made contributions to SPAFH's programs as well as its growth.

In terms of technical assistance and in-region training, Pathfinder's accounting shows 341 person-days of services, all but 35 of which were in-region, during the first two years (September 1990 to September 1992). This accounting further shows that the preponderance (nearly one-third) of this effort was devoted to establishing the financial management system, including audit review. Only about half that much was devoted to general management development, and over 60 percent of the general management assistance was provided off-site through telephone, faxes, and memos. The development of workplans consumed 22 days (6 percent of total). An equal amount of time was devoted to staff and project development. The MIS, demographic database, and administrative procedures consumed 18 days (5 percent). A total of 80 days (23 percent) was devoted to program assessments and training workshops, with over 50 percent of that concentrated on commodity/logistics systems, 25 percent on service delivery, and 18 percent on policy. There was no programmatic assistance in the IEC area. (See Table 2 and Appendix B.)

Table 2

**Pathfinder's Time Allocation for Technical Assistance and
In-Region Training ¹
(September 1990 - September 1992)**

Task	Percentage of Time
Establishing financial management system	33.1
General management development	16.7
Development of work plans	6.5
Staff and project development	6.5
MIS, demographic database, admin. procedures	5.2
Program assessments and training workshops	23.5
Other	8.5
Total	100.0

Source: Evaluation team

¹Based on 341 person days, 306 of which were in-country.

It is difficult to evaluate the quality of Pathfinder's training and technical assistance inputs since there have been significant staff changes at SPAFH as well as in the key Pathfinder personnel. In addition, some of the representatives from the countries visited who participated in assessments or attended training sessions that benefited from Pathfinder's inputs have left their agencies. Documentary review never quite provides a full picture, yet some conclusions can be drawn.

In terms of training, the sessions have generally been well received by SPAFH as well as by country representatives. Pathfinder has reached out beyond its full-time staff to find experts suitable for SPAFH-related assignments. It has also recruited regional consultants to participate in selected activities, thus helping achieve the goal of developing regional expertise. Given the discussion above concerning programming emphases, it is questionable whether or not the commodity/logistics area rated the comparative level of attention it received, particularly since some of the activities did not reflect sufficient adaptation of the approach to meet the region's needs. The focus of the commodity/logistics services on manual development is also questionable. As noted in Chapter 2, manual development in this area does not seem to be a wise investment for SPAFH or Pathfinder. Many countries report logistics problems, but there are equal concerns regarding quality of care. It is true that the SEATS program and Project Excel in general are devoting attention to this dimension, and perhaps SPAFH and Pathfinder made a conscious decision to rely on SEATS in this area.

Consultations with country representatives reveal a strong interest in SPAFH support for IEC. If SPAFH is truly responsive to its constituency, the number and diversity of IEC subgrants will grow. While country organizations report that much of the support they require is financial rather than technical, SPAFH's capabilities in this area are weak, and it is not clear that SPAFH can evaluate IEC proposals sufficiently well. Also, SPAFH lacks expertise in the qualitative research aspect of IEC materials development and would be unable to provide direct technical support or even advise subgrantees adequately. Pathfinder apparently made a conscious decision not to provide IEC training

because it was not needed. Even if this assessment was correct at the time, it is no longer correct. Pathfinder has not yet recognized this need and has no immediate plans to meet it.

In terms of technical assistance, the efforts to establish a viable financial system have certainly paid off, and staff report that project design and management assistance have been valuable. There have been some complaints that Pathfinder comes in for too short a time and provides more assistance than can be digested at one time, but this is a function of the funding limitations imposed by the project as finally approved. Pathfinder is trying to make the most of what it has available, and complaints such as these are not at all unusual in organizations receiving short-term technical assistance.

The weighting of the technical assistance services was clearly influenced by the benchmarks. Adequate financial management is certainly one of A.I.D.'s main considerations in deciding whether or not to fund an organization directly, and Pathfinder responded by devoting 113 days to developing SPAFH's financial management capacity, all but 10 of which were on-site. This contrasts with 57 days devoted to other aspects of management, only 22 of which were on-site. As described in Chapter 2, the MIS technical assistance was both meager and unsatisfactory, resulting in SPAFH contracting with a local consultant to develop a second system. This system is still in the testing phase and may require additional work.

The absence of any long-range strategic planning assistance has been problematic. It is true that strategic planning is not reflected in any of the benchmarks or performance indicators. Nevertheless, Pathfinder participated in the project design and was aware of the 1988 evaluation that pointed out the planning deficit. While that evaluation refers to five-year country plans, SPAFH has never engaged in long-range strategic planning. It has no solid framework in which to assess priorities, evaluate program options, and make programming or resource allocation decisions. Driven by externally imposed benchmarks, it has not focused attention on where it wants to be as an institution in five or ten years. This has been a constraint. The whole concept behind this project was to create a dynamic, viable NGO with an independent identity and a future. Pathfinder is such an NGO and knows what it takes to be one. It understands the need for strategic planning and has engaged in the process itself. Therefore, it was incumbent on Pathfinder as part of its institutional development responsibilities to bring this perspective to SPAFH, help the Board and staff understand it, and provide technical assistance in this fundamental, critical area.

Recommendations in Priority Order

1. USAID/RDO and Pathfinder should assist SPAFH in identifying appropriate assistance for strategic planning.
2. Pathfinder should consult with SPAFH in determining the organization's key institutional development and technical assistance needs for the remaining Phase I period and reallocate its remaining resources as appropriate. Particular attention should be paid to anticipated programmatic emphases.

4. Strategies for Phase II

4.1 Continuing Need for Outside Assistance to Family Planning in the South Pacific Region

As in 1989 when Phase I was designed, the South Pacific continues to have one of the world's highest population growth rates. With a total population of just under five million, national total fertility rates vary from three to over seven. Almost all countries are experiencing difficulties associated with growth rates that are outstripping economic development and further taxing already limited education and health resources.

Over the past two decades, both government and donor family planning assistance has met with limited success. Funds awarded to government health care services were often absorbed into other maternal and child health programs. Service provision by NGOs has not offered a reasonable alternative, as the NGOs in many of these countries have been plagued by organizational problems affecting their stability and limiting their effectiveness.

Contributing to the South Pacific's slow response is the region's widely scattered, largely rural population, isolated by geographic, language and cultural barriers. Education levels are low, especially among women who suffer from low status in many of the Melanesian societies.

In the past several years, however, there are clear indications that both governments and NGOs are becoming aware of the growing urgency of the situation and the implications of continued unchecked population growth. For example, education authorities on the Solomon Islands report that in 1993, there will be over 8,000 students competing for acceptance in secondary schools which can accommodate only 2,000. In PNG, the movement for free education is being resisted by teachers who claim that students will flood the present system which is struggling to accommodate the existing demand.

There is further evidence of changing attitudes and increased awareness on the part of governments and the general public as well. In the Solomon Islands, the evaluation team witnessed the Minister of Health, once reported to be hostile to family planning, standing in front of a family planning booth at a market place fair celebrating National Health Week while he extolled the importance of planned families. That evening one of the local newspapers prominently displayed a public service AIDS advertisement featuring a large, unrolled condom. The results of the SPAFH-funded KAP survey on the Solomon Island of Guadalcanal showed that contraception is more widely practiced in both urban and rural areas than previously believed. They also showed that almost all respondents had a positive attitude toward family planning and were interested in learning more about modern contraceptive methods. When queried about their reasons, almost all respondents indicated that limiting family size was necessary for economic reasons. A surprising 37 percent of rural respondents reported that they were using a method of family planning.

There are indications of increased activity on the part of both government and NGOs. In PNG, the family planning association has been asked by the Department of Health to provide outreach and promotional activities for the Department's clinics, which have recently increased accessibility by offering family planning services during all clinic hours. In a clinic visited, family planning posters were prominently displayed and clients were informed of the availability of the service, regardless of

their purpose for visiting the clinic. The clinic flow was arranged to shorten waiting time for brief supply visits. The family planning association in the Solomon Islands has opened branch clinics on several outlying islands and has begun a community-based distribution project. Providers in the Solomon Islands, Vanuatu, and Fiji demonstrated their willingness to improve quality and accessibility by developing country-specific standards of practice. With SPAFH's assistance, these standards will be field tested, published, and used as a source of training and monitoring in their respective countries.

Despite a recent increase in donor interest, with an AIDAB representative identifying family planning as "the number one problem in the region," the South Pacific countries are still woefully lacking in resources to meet the increased demand for services. Support is needed for staff training, especially on how to create accessible, client-oriented services. SPAFH's workshops on contraceptive technologies have reduced misinformation and introduced providers to the new contraceptives such as the copper IUD and the subdermal implant. This exposure has sparked increased demand by physicians and nurses for training in these modalities. Facilities need to be upgraded and equipment added so that the longer-acting methods can be made available. Country-specific IEC materials need to be developed for community-based workers as well as health care providers. Some governments need help in formulating and implementing family planning policies.

4.2 Relationship between Phase II and the SPAFH Strategic Plan

As indicated in Section 3, the benchmarks provided discrete targets toward which SPAFH could work but did not constitute a coherent strategic plan for organizational development. Further, they were not developed by SPAFH as part of its own long-term strategy. Effectively, they were developed by A.I.D. with SPAFH's concurrence. That approach needs to be reversed in Phase II, with A.I.D. support contributing to achievement of the organization's strategic objectives rather than dictating them. Since it is highly likely that SPAFH's overall objectives will coincide with those of USAID/RDO in the region, this should not be a problem.

Recommendation

1. USAID/RDO should consult with SPAFH in designing Phase II so that inputs contribute to the strategic plan. Measurement of progress and accomplishments should be stated in the same terms used in the strategic plan rather than in a set of independent benchmarks.

4.3 Phase II Institutional Support

SPAFH has made considerable progress in the area of institutional development but still needs institutional support. The change in technical and executive leadership that occurred in late 1991 and early 1992 was a serious setback, requiring much rebuilding. Sensitive, appropriate inputs are still needed to help SPAFH strengthen itself and increase its viability and independence. Moreover, since it is highly unlikely that SPAFH will be eligible to receive direct A.I.D. funding by the end of Phase I, a conduit is still required.

Recommendation

- 1. USAID should provide Phase II funding for continuing institutional support.**

4.4 Phase II Programming Emphases

Although future programming emphases must flow from SPAFH'S strategic plan, SPAFH should be cautious about extending into areas in which it lacks expertise. It must continue to listen carefully to needs as expressed by its member countries and fulfill its intentions to assist countries in following through with the implementation of service delivery standards that have been developed in Phase I. Even in the absence of a strategic plan, the following directions seem clear given SPAFH's mission and its past experience:

- **Repeating successes** — Some successful projects, such as the standards development, bear repetition in other countries. SPAFH has already established itself as a credible source of training and has the staff expertise in place to assist countries in building their own training capabilities. Successes from Project Excel could also be replicated in countries not covered by this grant. Successful community-based distribution programs could be expanded and supported.
- **Enhancing the IEC component** — The widely expressed desire for IEC materials offers SPAFH an opportunity to enhance its credibility as an organization capable of responding quickly and effectively to regional needs. As stated in Chapter 3, however, it will be important to obtain technical assistance from experts in materials development.
- **Focusing on improving quality and access** — Assuring client access to a range of effective contraceptive methods is an important part of quality family planning service delivery. SPAFH can support this standard by encouraging the introduction of new contraceptive technologies to the region by arranging or supporting training for providers. Many of the nurses working in family planning clinics lack the skills to insert the newer, longer acting IUD. Few physicians or nurses in the South Pacific are trained to insert the subdermal implant, even though long-acting contraceptives are an attractive option for women living in remote areas. These contraceptives also offer an alternative for women who feel they are too young for sterilization. Where feasible, training could be conducted to expand the skills of community-based distribution workers so they can distribute a wider range of contraceptives.
- **Limiting population policy support to financing** — Investing staff resources to develop population policy or demographic analysis expertise would unnecessarily divert SPAFH's resources from other program areas. SPAFH's support in the policy arena should be limited to funding rather than policy development or demographic analysis. Funding could go toward repeating the successful study tour, mounting awareness campaigns, or developing curriculum materials.
- **Caution in social marketing** — SPAFH should proceed cautiously with its social marketing projects, testing out the applicability to this region of approaches developed

for other parts of the world. The development of social marketing standards is best left to organizations such as SOMARC.

- **Shifting to a higher proportion of country-based services** — Although Phase I appropriately used regional activities and services to build SPAFH's reputation and address common needs, more attention is needed in Phase II to specific country issues, rather than regional ones.
- **Allocating increased resources to the smaller countries** — Although SPAFH's Phase I programming has touched all member countries, it has focused primarily on the larger countries. These countries are more accessible, easier to work in, and generally appear to offer a greater return on investment. In addition, they have larger family planning infrastructures and are better prepared to submit proposals for assistance. Nevertheless, SPAFH is a regional organization with an obligation to serve the needs of all ten members. It is not reasonable to expect Board members from the smaller countries to maintain enthusiastic participation in SPAFH if their countries do not share equitably in SPAFH's resources. Although a formal, per capita resource allocation plan may be inappropriate, Phase II should reflect an increase in small country programming.

Recommendations

1. **A.I.D. should provide Phase II funding for continuing SPAFH programming support.**
2. **SPAFH's programming emphases in Phase II should flow from its strategic plan and from the needs as expressed by its member countries.**
3. **SPAFH should increase the level of its services to individual countries, reducing the proportion of regional activities.**
4. **SPAFH should aggressively seek greater participation by the smaller countries, offering assistance as needed in project design and proposal development.**

(Also see related recommendations for Phase I in Chapter 3.)

4.5 Technical Assistance Requirements

SPAFH's technical assistance requirements should be derived from its strategic plan. Therefore, it is difficult at this point to determine exactly what will be needed. It does, however, appear that SPAFH will need outside technical assistance in at least the following:

- institutional development from the strategic standpoint
- refinement of operational and management systems needed to implement the strategic plan
- organizational image-building and marketing
- strategic, implementation, and marketing planning
- networking and coordination with donors, consumers, and peer organizations
- long-term, comprehensive project planning and design

- IEC, with special emphasis on preliminary qualitative research as well as materials design and testing
- quality of care in service delivery.

Other programmatic needs will emerge from the strategic plan, especially in terms of technical direction.

Although Phase I would have benefited from the long-term resident advisor originally proposed in the draft Project Paper, such assistance is not recommended for Phase II. The AIDAB grant will provide a long-term expatriate advisor for oversight of Project Excel. This individual will not be tasked with the more general management, developmental, and technical responsibilities envisioned for the Phase I advisor. Nevertheless, he or she will provide an expatriate presence, and SPAFH is too small at present to accommodate two expatriate advisors. Such an expatriate presence would overpower the staff and effectively retard SPAFH's growth. Phase II outside assistance needs can be met on a short-term basis if inputs are properly selected, planned, and integrated.

Recommendation

1. **USAID should consult with SPAFH to develop a comprehensive list of technical assistance needs based on the implications of the strategic plan. It should then use this list in identifying and evaluating potential resources with the appropriate expertise.**

4.6 Funding Mechanisms

A funding conduit will continue to be necessary when Phase II begins, and probably throughout the phase. SPAFH's local registration problems will not likely be resolved soon. Even if they are, SPAFH's registration with A.I.D. will require additional work, and it is questionable when SPAFH will satisfy all the requirements.

Pathfinder has proved an effective pass-through funding mechanism in Phase I. In Phase II, USAID has several options: (1) continue to provide both technical assistance and a funding conduit through Pathfinder; (2) continue to use Pathfinder to channel funds and identify a separate organization or set of organizations to provide technical assistance; or (3) identify a new organization to provide both services. The key to making this decision is the technical assistance requirements. A number of U.S. PVOs operate within the region and others could do so. The critical issue is finding the right organization with the right set of skills, expertise, and experience.

Recommendation

1. **After Phase II technical assistance requirements are defined, USAID should investigate the availability of appropriate resources and make its selection based on the merits. It should also use these requirements to determine the total amount of funding that should be allocated to Phase II.**

Appendices

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Appendix A

Description of Evaluation

Attachment 1 - Scope of Work

Attachment 2 - Contact List

Attachment 3 - Documents Reviewed

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Appendix A

Description of Evaluation

This evaluation was conducted by a team of two who visited the region from November 14 to December 10, 1992. It was funded and arranged through the Population Technical Assistance Project (POPTECH). Both team members reviewed relevant documents prior to the trip. The team traveled directly to Tonga and received an extensive briefing by SPAFH. SPAFH also provided the team with a detailed submission describing past activities. The team then met individually with selected staff members and reviewed numerous documents. A draft evaluation report outline was submitted to USAID/RDO after the second work day in-country. USAID/RDO provided comments within three days of receipt of the outline.

SPAFH had arranged extensive meetings with people on other islands. After reviewing and revising the schedule with SPAFH staff and receiving concurrence from USAID/RDO, one team member proceeded to the Solomon Islands and Papua New Guinea, while the team leader spent additional time in Tonga with SPAFH personnel and individuals who had been involved with SPAFH activities. The team leader then went to Fiji and Western Samoa, receiving a briefing from USAID/RDO at the end of the second week. Both team members were accompanied by Board members. Interviews were held on the target islands with former staff members, current and former Board members, individuals who had participated in SPAFH activities, and representatives of other donor agencies. Various documents were also reviewed during these visits. In addition, discussions were held with three Pathfinder staff whose visits to Tonga coincided with the those of the team.

The team returned to Tonga at the beginning of the third work, conducting additional staff interviews, reviewing documents, and conferring with available Pathfinder staff. The team briefed the Executive Committee of the Board, the staff, a USAID/RDO representative, and the Pathfinder representatives regarding the major findings, conclusions, and recommendations.

The report was prepared in Fiji. Based on information developed during the evaluation and the form and content of the SPAFH Executive Committee briefing, the team revised the outline and submitted the revision for USAID/RDO approval on December 7. Approval was received the same day. The draft report was submitted by fax to USAID/RDO on December 9. The team leader presented major findings, conclusions, and recommendations to USAID/RDO at a briefing on December 10.

Attachment 2 contains a list of persons interviewed. Attachment 3 contains a list of documents reviewed.

Appendix A - Attachment 1

Scope of Work

REGIONAL FAMILY PLANNING PROJECT (879-0019)

Benchmarks and Implementation Plan
September, 1990 - September, 1993

Introduction: This document consists of five benchmarks to be achieved within 2 1/2 years after project's initial obligations. Each benchmark has several performance indicators. The actions necessary to achieve each indicator are described, followed by project inputs that might be needed for the action. Project inputs are not needed for every action or indicator. Since the project is financing SPAFH's operating costs during the Project's Phase I, travel and other routine costs of SPAFH and Pathfinder are not mentioned as project inputs for this is a given through this plan. The project inputs will be provided by Pathfinder unless otherwise indicated.

The actions will be carried out by SPAFH unless otherwise indicated. However, Pathfinder's general assistance and advice will help SPAFH with many of the actions. The Population Intern assigned to SPAFH will be assisting SPAFH also with some of the actions. Project inputs will be provided by Pathfinder unless otherwise indicated. The time schedule for the actions will be prepared jointly by SPAFH and Pathfinder as part of the project's first year's work plan.

BENCHMARK NO. 1: SPAFH'S OPERATIONAL CAPABILITY WILL HAVE BEEN IMPROVED SO THAT IT CAN BE REGISTERED WITH A.I.D. TO RECEIVE DIRECT GRANTS.

Performance Indicator No. 1 - SPAFH is registered as a non-profit NGO in at least one member country.

Actions: SPAFH (a) makes formal request to Government of Tonga; (b) assists GOT in preparing legislation to permit PVO registration; and (c) explores with Fiji and perhaps Vanuatu about registering as a NGO if difficulties/delays continue with GOT.

Project Inputs: None

Performance Indicator No. 2 - SPAFH diversifies its funding sources.

Actions: SPAFH (a) prepares an up-to-date brochure specifically for donor agencies; (b) has its records audited to establish a certified indirect cost rate (overhead); (c) submits at least 20 grant proposals to different donors; (d) visits about ten non-AID donor agencies about funding possibilities; (e) obtains at least three grants totalling at least US\$300,000 from non-A.I.D. donors with a portion of the grants going to SPAFH for overhead or management fees; and (f) includes in its quarterly progress reports information about progress made in securing grants.

Project Inputs: Population Intern to assist SPAFH in writing proposals. Pathfinder home office to assist in identifying possible funding sources.

Performance Indicator No. 3 - SPAFH establishes internal program management systems.

Actions: SPAFH (a) establishes systems for receiving, evaluating, approving, implementing, monitoring and evaluating programs (both those carried out by countries under country grants and those carried out by SPAFH, such as regional workshops); (b) regularly collects information on the status of country grants; and (c) prepares quarterly progress reports for RDO/SP, Pathfinder and its board of directors within 30 days after the end of each quarter.

Project Inputs: Pathfinder to provide short term technical assistance, with the first trip being about 2-3 months followed by regular followup trips of about two weeks each.

Performance Indicator No. 4 - SPAFH prepares an annual work plan for all of its activities and programs.

Actions: SPAFH (a) drafts the work plan within the first 30 days of each fiscal or calendar year that includes its strategies and plans for making country grants, carrying out regional activities, continuing its staff development, and improving its office management and internal procedures; and (b) sends the work plan to its board members, RDO/SP and Pathfinder.

Project Inputs: Pathfinder to assist SPAFH through short term trips to Tonga as well as assist from Boston by fax and telephone.

Performance Indicator No. 5 - SPAFH signs country agreements with the governments of at least five member countries.

Actions: SPAFH (a) writes to all countries that have not yet signed country agreements; (b) discusses the need for this action with appropriate government officials when they travel to these countries on other matters; and (c) enlists the help of its board members to obtain agreements.

Project Inputs: None.

Performance Indicator No. 6 - SPAFH establishes a financial management system.

Actions: (a) SPAFH's accountant receives insitu and short term third country training in the use of computer in financial management system; (b) other SPAFH members receive some training in financial management; and (c) SPAFH converts its manual financial management systems to a computerized system.

Project Inputs: Pathfinder to provide short term TA trips to Tonga to assist SPAFH. Training for the accountant in a third country is provided. Needed financial software is obtained.

BENCHMARK NO. 2: AT LEAST TWO ADDITIONAL COUNTRIES (BESIDES SOLOMON ISLANDS) WILL HAVE ESTABLISHED NATIONAL POPULATION POLICIES.

Performance Indicator No. 1 - SPAFH assists targetted countries with their efforts to establish population policies.

Actions: SPAFH: (a) establishes criteria for the first four countries to be targetted for concentrated help in establishing policies; (b) approaches appropriate persons and groups in the selected countries (both government and non-government) to elicit support for the formulation of national policies; (c) provides information and data to officials and agencies; (d) holds a national population policy seminar in each of the top two priority countries to assist in formulating guidelines and obtaining support;

Project Inputs: Pathfinder to provide SPAFH with data, information and short term technical assistance as needed.

Performance Indicator No. 2 - The national government of two countries formally issues its national population policy.

Actions: The national governments take actions as needed by their political/legal systems to issue the policies. No actions are needed by SPAFH and Pathfinder as this is the responsibility of the governments and their local supporters.

Project Inputs: None.

BENCHMARK NO. 3: SPAFH WILL HAVE THE CAPABILITY TO ANALYZE DEMOGRAPHIC DATA IN POPULATION POLICY FORMULATION.

Performance Indicator No. 1 - SPAFH establishes a computerized data base system for demographic data.

Actions: SPAFH (a) obtains appropriate software; and (b) puts all available and relevant data into the data base system.

Project Inputs: Pathfinder to assist SPAFH in locating appropriate software and provides training, as needed, in basic data gathering, compilation and interpretation. (note: training in use of software might be available locally)

Performance Indicator No. 2 - SPAFH establishes a system in as many member countries as possible for obtaining and updating data. Priority will be given to those countries selected for population policy actions.

Actions: SPAFH members (a) designs a simple data gathering and reporting system for member countries to use; and (b) visits selected countries to explain and help install data systems.

Project Inputs: Pathfinder to assist SPAFH as needed to design the data gathering and reporting system for member countries to use.

Performance Indicator No. 3 - SPAFH establishes a system for reporting data to member countries, Pathfinder and RDO/SP.

Actions: SPAFH designs and implements a simple system for periodically reporting data on regional demographic matters.

Project Inputs: None.

Actions: SPAFH (a) prepares criteria for selecting the three countries; (b) obtains information about present status of service delivery in the selected countries; (c) prepares general guidelines for service delivery and social marketing in member countries; (d) prepares specific strategies for the three selected countries; and (e) assists the three selected countries to prepare their guidelines, strategies and implementation plans.

Project Inputs: Pathfinder to provide technical assistance as needed.

Performance Indicator No. 2 - SPAFH executes a "country grant" for a service delivery or social marketing project with each of the selected countries which have established guidelines and strategies .

Actions: SPAFH makes a grant, following its established procedures, to each country (preferably to non-governmental organization) after it has established guidelines/strategies to carry out a service delivery or social marketing activity. SPAFH provides its usual assistance, as needed, for the design and implementation of the country grant.

Project Inputs: Funds for country grants.

BENCHMARK NO. 5: SPAFH WILL HAVE ESTABLISHED ONGOING AND UP-TO-DATE CONTRACEPTIVE USAGE/INVENTORY SYSTEMS IN SELECTED COUNTRIES (COUNTRIES IN BENCHMARKS 2 AND 4). (note: "in Phase II of the project, the systems can be extended to the other countries and a regional data system installed in SPAFH to process data generated by the countries' systems.)

Performance Indicator No. 1 - SPAFH designs a model usage/inventory system for its member countries.

Actions: SPAFH (a) carries out or makes a grant to carry out a survey in one member country to assess the contraceptive usage patterns and distribution networks; and (b) designs, based on the survey, a standard method or system for periodically gathering data on usage and updating information on contraceptive in the local distribution system (inventory).

Project Inputs: Pathfinder to provide technical assistance, as needed, for this exercise.

Performance Indicator No. 1 - SPAFH designs a model usage/inventory system for its member countries.

Actions: SPAFH (a) carries out or makes a grant to carry out a survey in one member country to assess the contraceptive usage patterns and distribution networks; and (b) designs, based on the survey a standard method or system for periodically gathering data on usage and updating information on contraceptives in the local distribution system (inventory).

Project Inputs: Pathfinder to provide technical assistance, as needed, for this exercise.

Performance Indicator No. 2 - SPAFH sponsors a regional workshop on the usage of contraceptives and the logistics of their distribution.

Actions: SPAFH makes all arrangements for the workshop.

Project Inputs: Pathfinder to provide assistance and outside consultants, as needed, for the workshop. Project funds to finance the workshop.

Performance Indicator No. 3 - SPAFH makes efforts to get the selected countries to install and use the contraceptive usage and inventory system.

Actions: SPAFH presents the model system to the selected countries and assists them, as needed, to install and operate the system.

Project Inputs: None.

Appendix A - Attachment 2

Contact List

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Project Development Advisor
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Comptroller

Appendix A - Attachment 3

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Appendix B

**Pathfinder International Management
and Technical Inputs to SPAFH
Period September 1990 - September 1992**

Appendix B

**Pathfinder International Management
and Technical Inputs to SPAFH
Period September 1990 - September 1992**

Benchmarks:	Number of Person Days		
	Project Start-up (Sep-Dec 90)	Project Yr 1 (Jan-Dec 91)	Project Yr 2 (Jan-Sep 92)
1. Institutional Development			
Strengthen EXCEL document			2
Introduce computerized MIS		3	
Revamp admin procedures		7	
Streamline admin procedures			1
Assist in preparation of Year 1 workplan	11		
Assist in preparation of Year 2 workplan		10	
Assist in preparation of Year 3 workplan			1
Conduct TOT [training of trainers] for staff/staff development		11	
Provide TA in project dev't		11	
Set up financial mgt systems	5		
Computerize financial mgt systems		35	63
Review audit findings			10
Assist in recruitment of new staff			3
2. Establishment of Population Policies			
Participate in pop. policy assessment team		15	
3. Establishment of Demographic Data Bases			
Install demographic data base		7	
4. Establishment of Service Delivery Guidelines			
Participate in service delivery assessment team		15	
Conduct contraceptive update workshop		5	

5. Establishment of Commodity/Logistics Systems			
Participate in contraceptive supply assessment team		20	
Conduct contraceptive supply management workshop		25	
Other: Management Technical Support to SPAFH			
Board Meetings		5	5
Executive Committee Meetings	5	5	4
On-site inst'l/program mg't support		7	15
Ongoing management support (phone, fax, memos)	5	20	10

Source: Pathfinder International, 11/92

Note: Names of technical staff have been deleted.