



Building the Capacity of IPPF Affiliates in West Africa: Use of a New Tool for Program Assessment

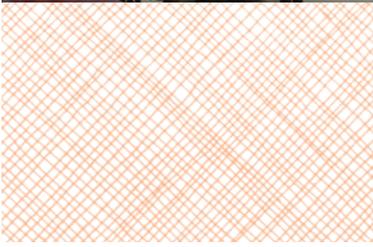
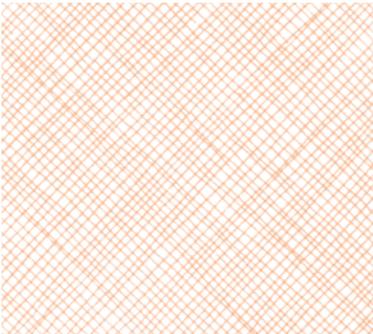
CONTEXT

While many African countries have made substantial increases in family planning use over the last few years, the use of modern methods in many franco-phone West African countries remains low. Among currently married women, only 6% in Benin (INSAE & Macro International, 2007), 7% in Mali (CPS/MS, DNSI/MEIC & Macro International, 2007), 13% in Togo (DGSCN & UNICEF, 2007), and 15% in Burkina Faso (INSAE & UNICEF, 2011) use a modern method of contraception. Combined with these low rates of contraceptive use are significant levels of unmet need for family planning. In these four countries, unmet need far exceeds current use: Among married women, 30% in Benin and 31% in Burkina Faso, Mali, and Togo (DGSCN & UNICEF, 2011) have an unmet need for family planning. Further, current family planning use largely consists of short-acting and traditional methods, with long-acting methods (intrauterine devices [IUDs] and hormonal implants) contributing only 2.4% of total family planning use in Mali, 6.5% in Benin, 8.3% in Togo, and 22.8% in Burkina Faso. The limited method mixes in these four countries suggest that client choice may be restricted and that couples may not be using the method best suited to their reproductive intentions.

As part of its support to strengthen the provision of long-acting methods of family planning in West Africa, the RESPOND Project is providing technical assistance over two years to the International Planned Parenthood Federation (IPPF) Member Associations (MAs) in these four countries. The aim is to build their capacity to expand access to contraceptive choice by providing long-acting methods of family planning through their network of clinics.

ASSESSMENT PROCESS

The initial step in the technical assistance process was a participatory organizational self-assessment. The executive director of each MA selected between eight and 11 participants from among the executive team and the staff, such as the program director, the evaluation and monitoring manager, clinic manager, and service providers. These participants met to reflect on their MA's work and reach a consensus on both the strengths and the weaknesses of their MA's performance. RESPOND's Organizational Capacity Assessment approach was used to help the MAs quickly



appraise their own capacity to improve access to and use of long-acting methods in the context of a state-of-the-art family planning program. The Organizational Capacity Assessment was developed using EngenderHealth's tested Supply, Enabling Environment, and Demand (SEED) framework for family planning programming (EngenderHealth, 2011). As this was an organizational-level assessment, a fourth element was included in the assessment tool—Programmatic Leadership and Management. For each element, a number of objectives are included, each with a range of capacities to be rated.

The tool focuses on systems and functions at the organizational level, rather than at the clinic or provider levels. It covers 20 objectives across each of the elements of capacity. For each objective, participants rated their organization's capacity in two stages. First, each participant rated the organization on his or her own; then, during country-level participatory workshops facilitated by RESPOND staff in May and July 2011, the participants developed consensus scores. The consensus scores were used to create an overview of each organization's strengths and weaknesses, which served as a starting point for organizational improvement planning.

OUTCOMES

Table 1 presents the 20 objectives identified by RESPOND as key programming components. It also shows the MAs' consensus scores for each indicator, which emerged from the discussions facilitated by RESPOND staff. The scores ranged from 8 (the organization is doing well on this objective) to 1 (the organization is doing poorly on this objective). Broadly, the scores highlight that the MAs are well-positioned to provide IUDs and implants, but they face some challenges, particularly in the areas of pricing, advocacy, service provider skills, and behavior change communication. The scores also reflect some weaknesses in monitoring and evaluation systems. Based on these scores, each MA designed a strategic plan to strengthen its weaknesses and build on its strengths.

The participants reported that they valued the exercise because they do not often have the opportunity to discuss the strengths and weaknesses of their organizations and to work together to map out future directions. The self-assessment tool and facilitated discussion also provided an opportunity to learn about up-to-date global thinking on how to best serve family planning clients.



Participants in the self-assessment process in Togo

TABLE 1: SUMMARY OF AGREED-UPON SELF-EVALUATION SCORES FOR IPPF MAS, APRIL AND JULY 2011

Objective	Description	ABPF BENIN	ABBEF BURKINA FASO	AMPPF MALI	ATBEF TOGO
1	Our organization ensures that IUDs/implants are included in the broad mix of family planning methods available at our clinics.	8	7	7	7
2	Our organization's clinics are adequately equipped, stocked, and organized to provide quality services for IUDs/implants.	7	7	7	7
3	Our organization ensures that its clinic-based providers have the skills needed to provide IUDs/implants with the highest standard of quality.	6	6	6	6
4	Our organization has established a referral system for sites at which IUDs/implants are unavailable.	N/A	6	4	N/A
5	Our organization's family planning services (including IUDs/implants) are integrated into other health care services	7	8	7	7
6	Our organization ensures that our clinics provide IUDs/implants and services that are appropriate for youth/adolescents/unmarried clients.	7	7	5	7
7	Our organization has a system to ensure that services are inclusive of men.	5	6	6	6
8	Our organization has quality improvement and quality assurance systems in place for the delivery of family planning services.	7	6	5	6
9	Our organization has the capacity to ensure that its clinics provide IUDs/implants at affordable prices.	3	6	5	4
10	Our organization has supportive, evidence-based policies and guidelines in place for IUDs/implants.	6	6	7	6
11	Our organization has a system to ensure commodity security for IUD/implant services.	7	6	7	7
12	Clients receive high-quality comprehensive counseling for IUDs/implants.	7	5	7	7
13	Our organization has incorporated a behavior change communication (BCC) strategy and BCC activities to educate the community about IUDs/implants.	4	6	6	6
14	Champions for IUDs/implants have been identified, their capacities have been improved, and they have received support in their advocacy activities.	4	2	3	4
15	Our organization's mission promotes the full range of family planning services (including IUDs/implants), and this mission is clearly understood by staff members and volunteers.	6	7	7	7
16	Our organization has a strategic or long-range plan in place to increase access to and use of IUDs/implants.	5	7	2	6
17	Our organization's programmatic decisions regarding IUDs/implants are made based on data from a management information system (MIS).	6	5	7	6
18	Our organization's supervision systems support IUD/implant service provision.	5	6	2	6
19	Working conditions at our organization's clinics are conducive to the provision of high-quality services for IUDs/implants.	6	6	6	6
20	Our organization a strong monitoring and evaluation system in place to support IUD/implant service provision.	6	6	6	4

Low score
 Moderate score
 High score

Note: ABPF stands for the Association Béninoise pour la Promotion de la Famille. ABBEF stands for the Association Burkinabé pour le Bien-Etre Familial. AMPPF stands for the Association Malienne pour la Protection et la Promotion de la Famille. ATBEF stands for the Association Togolaise pour le Bien-Etre Familial.

The SEED framework allowed each organization to examine its programs from a new, holistic perspective, which participants across the organizations found instructive. At the same time, the participants also felt that each MA faces individual constraints and must align its policies and programs with the health policy of its host country.

The participants and facilitators reported a few challenges that need to be addressed if the tool is to be used elsewhere:

- A few of the terms used in the English version did not translate well into French (for example, “champions”).
- The rationale for focusing on long-acting family planning methods rather than on the full range of methods needs to be explained better.
- Before the participants start their individual scoring, facilitators need to explain the evaluation criteria clearly, as well as what differences in each scoring level (e.g., between 1 and 2, or between 7 and 8) mean.
- The facilitators at the evaluation sessions need to guide the discussions among participants when they are developing a consensus score, by making clarifications when needed.

The self-assessments were the first step in a set of activities. The results were used by the MAs to develop action plans for their institutional, infrastructural, and training needs, to enable them to support contraceptive choice, expand access to long-acting methods, and increase the use of family planning services by the clients served by their clinics. The results were also used by RESPOND to determine the focus of a region-

al workshop held in September 2011. By the end of that workshop, each of the MAs had developed action plans, and RESPOND staff had identified key points along the way to target its training and/or technical assistance support over the next 12 months. Each MA will be provided with a small grant to implement a portion of its action plan.

The tool will also contribute to an evaluation of RESPOND’s West Africa Initiative. Each MA will use the tool again in 2013 to see where they have improved and where more persistent challenges may lie.

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