PD-AAP-318 42 ISN = 35966

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE: A (A = Add, C = Change, D = Delete) — Amendment Number

DOCUMENT CODE: 3

2. COUNTRY/ENTITY: Worldwide

3. PROJECT NUMBER: 936-3030

4. BUREAU/OFFICE: S&T/POP — 36

5. PROJECT TITLE (maximum 40 characters): Strategies for Improving Service Delivery

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM 09 DD 30 YY 95

7. ESTIMATED DATE OF OBLIGATION (Under "B." below, enter 1, 2, 3, or 4)
A. Initial FY 84 B. Quarter 4 C. Final FY 88*

8. COSTS ($000 OR EQUIVALENT $1 =)

A. FUNDING SOURCE	FIRST FY B. FX	C. L/C	D. Total	LIFE OF PROJECT E. FX	F. L/C	G. Total
AID Appropriated Total	7,600		7,600			97,624
(Grant)	(7,600)	( )	(7,600)	( )	( )	(97,624)
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S. 1.						
Other U.S. 2.						
Host Country						
Other Donor(s)						
TOTALS	7,600		7,600			97,624*

9. SCHEDULE OF AID FUNDING ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE 1. Grant	2. Loan	D. OBLIGATIONS TO DATE 1. Grant	2. Loan	E. AMOUNT APPROVED THIS ACTION 1. Grant	2. Loan	F. LIFE OF PROJECT (FY 84 - FY 88) 1. Grant	2. Loan
(1) PN						36,842*		36,842*	
(2) HE						2,812		2,812	
(3)									
(4)									
TOTALS						39,654*		39,654*	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)
A. Code
B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

Improve, through operations research, the quality, accessibility and cost-effectiveness of family planning and maternal and child health (FP/MCH) service delivery systems. Support the institutionalization of operations research in LDC FP/MCH programs. .

14. SCHEDULED EVALUATIONS
Interim MM 06 YY 87 MM YY Final MM 06 YY 91

15. SOURCE/ORIGIN OF GOODS AND SERVICES
☐ 000 ☐ 941 ☐ Local ☒ Other (Specify) 935

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a ____ page PP Amendment.)

*LOP cost over ten year period FY 84-93 is $97,624,000, of which $73,218,000 is expected to come from S&T/POP (includes $63,846,000 of population funds and $9,372,000 of health funds). The remaining $24,406,000 is expected to come from contributions from Regional Bureaus ($9,762,000) and USAID Missions ($14,644,000). Authorization of S&T funding of $36,842,000 (PN) and $2,812,000 (HE) is requested for the first five years with this action.

17. APPROVED BY
Signature: [signature] for Steven W Sinding
Title: Steven W. Sinding, Director, S&T/POP
Date Signed: MM 02 DD 27 YY 84

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
MM DD YY

AID 1330-4 (8-79)

PROJECT AUTHORIZATION

Country: Interregional

Project: Strategies for Improving Service Delivery

Project No.: 936-3030

1. Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize the centrally funded project, Strategies for Improving Service Delivery, involving planned obligations not to exceed $36,842,000 in Population and $2,812,000 in Health grant funds during FY 1984 - FY 1988. Funding during this five-year period will be in annual increments, subject to the availability of funds in accordance with the A.I.D. OYB/allotment process, to help in financing foreign exchange and local currency costs for the project.

2. The purpose of the project is: (a) to improve the quality, accessibility and cost-effectiveness of family planning and maternal and child health (FP/MCH) service delivery systems; and (b) to strengthen LDC institutional capabilities to use operations research as a management tool to diagnose and solve service delivery problems.

3. The agreements which may be negotiated and executed by the officer(s) to whom such authority is delegated in accordance with A.I.D. regulations and Delegations of Authority shall be subject to the following terms and conditions, together with such other terms and conditions as A.I.D. may deem appropriate.

4. Source and Origin of Commodities, Nationality of Services.

a. Commodities financed by A.I.D. under the project shall have their source and origin in the cooperating country* or the United States, except as A.I.D. may otherwise agree in writing. Except for ocean shipping, the suppliers of commodities or services shall have the cooperating country or the United States as their place of nationality, except as A.I.D. may otherwise agree in writing.

---

*Each cooperating country where research, training, technical, or other assistance takes place under the project shall be deemed to be a cooperating country for the purpose of permitting local cost financing.

b. The aggregate cost of all goods and services procured under each contract in a cooperating country from A.I.D. Geographic Code 935 countries (Special Free World) may not exceed $750,000.

c. Ocean shipping financed by A.I.D. under the project shall, except as A.I.D. may otherwise agree in writing, be financed only on flag vessels of the United States.

for M. Peter McPherson
Agency Administrator

June 6, 1984
Date

Clearances:

S&T/POP/R, JDShelton JDS
S&T/POP, SWSinding SWS
S&T/PO, GEaton
S&T/HP, JESarn
S&T, NCBrady
GC/CP, JClyne
GC/CP, HFry
AA/PPC, RADerham JUN 1 1984

Drafted by: ST/POP/R:ESMaguire:vle:2/21/84:x59686:1868V
Revised: 5/15/84:vle

AGENCY FOR INTERNATIONAL DEVELOPMENT
WASHINGTON, D.C. 20523

JUN 4 11 22 AM '84
AID
EXECUTIVE SECRETARIAT

SENIOR ASSISTANT ADMINISTRATOR

APR 25 1984

ACTION MEMORANDUM FOR THE ADMINISTRATOR

THRU: AA/PPC, Richard A. Derham

FROM: S&T, N. C. Brady

SUBJECT: Strategies for Improving Service Delivery (SISD) Project, 936-3030

Action: Your approval is requested to authorize S&T Bureau funding in the amount of $39,654,000 for the first five years of the Strategies for Improving Service Delivery (SISD) Project, 936-3030.

Discussion: The right of individuals in the developing world to choose voluntarily the number and spacing of their children is too often circumscribed by geographic, financial, bureaucratic, cultural and communication barriers. For the past ten years, A.I.D.'s family planning operations research (OR) project has served as the principal mechanism to test innovative approaches to overcome these barriers. The OR project has assisted LDC leaders in 32 countries to design and improve policies and delivery systems which make family planning and maternal-child health (FP/MCH) services more widely available, at reasonable cost, to the urban and rural poor.

The new project, Strategies for Improving Service Delivery, will continue A.I.D.'s pioneering role in working with LDC administrators to develop the empirical information they need to implement important policy and programmatic decisions concerning the delivery of family planning and basic health services. The project purpose is two-fold: (1) to improve the quality, accessibility and cost-effectiveness of FP/MCH service delivery systems; and (2) to strengthen LDC institutional capabilities to use operations research as a management tool to diagnose and solve service delivery problems. Over the next ten years, the project will: support the design and implementation of country OR studies; provide extensive technical assistance to LDC researchers, policymakers and family planning administrators; and ensure widespread dissemination of project findings at the country level, internationally and throughout A.I.D.

84 4478
(128)

This project will address the following priority issues for A.I.D.'s population program: the acceptability and cost-effectiveness of natural family planning; alternative approaches to deliver family planning services as well as oral rehydration therapy and other primary health care interventions; strengthening private sector initiatives; alternative financing schemes and efficient allocation of resources; program management and supervision; contraceptive method choice and continuation; and effective communication between service providers and family planning clients.

Each study and technical assistance activity will be tailored to respond to the specific needs of individual countries to improve FP/MCH services.

The Strategies for Improving Service Delivery project has an estimated total cost of $39,654,000 for the period FY 84-FY 88, reflecting the increased demand from LDC administrators to use operations research to strengthen family planning services and program management. In FY 84, $5,587,000 is planned for obligation under the new project while an additional $2,013,000 will be spent on operations research under the current project authorization (project 932-0632). Given a total funding requirement of $7.6 million in FY 84, the proposed five-year funding level of $39.6 million allows for only a limited expansion of activities after inflation. Funding will be from both the population and health accounts since the project is designed to improve the design and implementation of family planning as well as basic health services throughout the developing world.

In continuing this worldwide effort to test alternative approaches to effective service delivery, central management of the SISD project is very important. The central staff provides outstanding technical skills and promotes coordination of research activities as well as broad dissemination and application of findings and improvements in technology. The project will continue to be implemented through a variety of grants and contracts. Building upon a decade of experience, the new SISD project provides the framework for a program which is flexible, innovative and responsive to A.I.D. and host country needs.

Justification to Congress: An Advice of Program Change has been drafted and sent to Congress, using the original project title Family Planning Operations Research. The name of the project has since been changed to Strategies for Improving Service Delivery, which describes more clearly the project objectives. This title change will be included in the next Congressional Presentation.

Clearances Obtained: A ten-year Project Paper (FY 84 - FY 93) was prepared in close collaboration with regional bureau staff and has been reviewed and strongly endorsed at all levels of the Agency. However, we are only requesting authorization for the first five years at this time. This five-year authorization a) reflects no commitment on your part to go beyond five years and b) will encompass activities which can be accomplished in five years.Comments from the regional bureaus, S&T Bureau, GC, CM and PPC have been solicited and incorporated into the PP as appropriate. The Population Sector Council review was held on January 12, 1984 and suggested modifications have been made. Minutes of that review are attached.

Recommendation: That you sign the attached Project Authorization.

Attachments:

1. Project Authorization
2. Project Paper (936-3030)
3. Minutes of the Population Sector Council Meeting, January 12, 1984

Clearances:

ST/POP/R, JDShelton
ST/POP, SWSinding
ST/PO, GEaton
ST/HP, JESarn
GC/CP, HFry
PPC/PDPR, EHullander

Drafted by: ST/POP/R:ESMaguire:vle:2/21/84:x59686:1868V
Revised: 4/3/84:vle

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Project: Strategies for Improving Service Delivery

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For M. Peter McPherson
Agency Administrator

June 6, 1984
Date

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S&T/POP, SWSinding SWS
S&T/PO, GEaton (for)
S&T/HP, JESarn
S&T, NCBrady (for)
GC/CP, JClyne
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AA/PPC, RADerham JUN 1 1984

Drafted by: ST/POP/R:ESMaguire:vle:2/21/84:x59686:1868V
Revised: 5/15/84:vle

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17. APPROVED BY
Signature: [signature] for Steven W Sinding
Title: Steven W. Sinding, Director, S&T/POP
Date Signed: MM 02 DD 24 YY 84

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION
MM DD YY

AID 1330-4 (8-79)

STRATEGIES FOR IMPROVING SERVICE DELIVERY

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C. Country and Research Priorities for Operations Research Projects
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XI

I. Executive Summary

A.I.D.'s family planning operations research (OR) project has been the primary means to test and improve delivery systems which seek to make family planning and maternal and child health services more widely available at reasonable cost to the rural and urban poor. In the developing world it is clear that family planning and health services based in clinics and hospitals are not sufficient to meet either the people's needs or the government's goals.

Since 1973 the OR project has been a major force in the design and assessment of alternative approaches to service delivery such as household and community-based distribution of contraceptives and primary health care services and products. OR studies demonstrated in a wide variety of settings that these systems originally considered controversial were acceptable, feasible and cost-effective. Now most less developed countries (LDCs) have adopted outreach delivery systems as part of their national family planning/maternal child health (FP/MCH) programs. This experience demonstrates some important points about the operations research project approach. First, the project has developed methodology and technical assistance resources that make it possible to obtain empirical data on the impact of alternative policies and service delivery modes in a variety of LDC settings. Second, such data can contribute to the design and adoption of improved programs and policies. And third, the design and implementation of field-based research can often serve as an important first step in demonstrating in a developing country the acceptability and effectiveness of new approaches and new services.

In the past ten years A.I.D. has supported 82 operations research projects in 32 countries serving more than 35 million people. Currently there are 52 active OR projects in 26 countries in Africa, Asia, Latin America and the Caribbean, and the Near East. The majority are conducted in countries without bilateral population programs. Annual project funding has risen from approximately $5.7 million in the late 1970's to $7.6 million in 1984 as increased success with the operations research approach results in an escalating demand from the LDCs for such assistance.

The new ten-year project will continue A.I.D.'s pioneering role in working with LDC leaders and managers to develop the empirical information they need to make important decisions on family planning service delivery and management. Operations research will continue to be an important vehicle to test the acceptability and effectiveness of alternative delivery systems for all family planning services including natural family planning as well as for oral rehydration therapy and other primary health care interventions.

The project purpose remains two-fold: to improve the acceptability, accessibility and cost-effectiveness of FP/MCH service delivery systems and to develop LDC institutional capabilities to design and carry out operations research so that they can use this tool more broadly for the improved design and management of programs.

Each of the studies and technical assistance activities supported under the OR project will have actionable implications for family planning program managers and policymakers. They will be tailored to respond to the specific

needs of individual countries to improve family planning service delivery. Major programmatic issues for the OR project and for A.I.D.'s population program in general include: worker motivation and performance; management and supervision of family planning programs; recurrent costs, financing schemes and cost-effectiveness; private sector initiatives; integration of family planning with health and community development activities; contraceptive method choice and continuation rates; acceptability and cost-effectiveness of natural family planning; and effective communication between service providers and family planning clients. The perspective of the contraceptive user will be carefully considered in the design and evaluation of each study.

The new project outlines regional strategies as well as country and operations research priorities over the next several years. These priorities have been developed in coordination with A.I.D. Regional Bureaus and in response to opportunities and needs identified by USAID representatives and by host country officials. The projected number of OR activities reflects the increased level of effort established during the past two years in response to growing demand in the field. An important new funding development is the anticipated increase in bilateral support for the project as more and more countries implement bilateral programs. We expect that buy-ins from Regional Bureaus and Missions will contribute approximately 25 percent of the total OR project budget for the ten-year period.

Similarly the estimated ten-year cost of $97.6 million reflects the increased demand on project resources as more and more LDC program administrators use OR to improve the design and implementation of family

planning services. Compared to this year's funding requirement estimated at $7.6 million, the proposed ten-year funding of $97.6 million is only a limited expansion of activity when inflation is taken into account.

Central resources will of course continue to be important to support this worldwide effort to test alternative approaches to effective service delivery. Central management of the OR project not only supports the development of an exceptional technical resource base but also fosters coordination of research activities and the sharing of research findings and improvements in technology.

The project will continue to be implemented through a variety of grants and contracts which draw on academic and private sector resources to meet LDC needs. To the extent feasible, we will seek to broaden the base of OR expertise by maximizing subcontracting opportunities for minority firms and historical black colleges and universities (HBCU's).

II. Background

A. Role of Operations Research in A.I.D.'s Population Program

An underlying tenet of A.I.D.'s population program is the right of individuals in the developing world to choose voluntarily the number and spacing of their children. Yet this basic right is too often circumscribed by geographic, cost, bureaucratic, cultural and communication barriers. Thus, a key component of A.I.D.'s support of voluntary family planning (FP) services is the development of innovative approaches to overcome these barriers. Through its family planning operations research project, A.I.D. has been a

leader in assisting LDC program administrators to design and improve systems that make family planning services more acceptable and accessible to rural and urban poor and that are, at the same time, more cost-effective.

For a decade now, A.I.D. has used operations research as a tool for host-country officials to make critical policy and programmatic decisions to improve family planning service delivery. Operations research (OR) is any systematic investigation concerned with the acceptability, effectiveness and/or cost of a family planning delivery system. OR is a strictly practical approach to addressing service delivery issues for which conventional management and evaluation techniques are inadequate.

B. Evolution of the OR Project

The development and evolution of the family planning operations research project is an important chapter in the history of A.I.D.'s population assistance program. Over the past ten years, there has been an impressive increase in both the size and the scope of the OR project. Appendix A provides an overview of the history, objectives, principal characteristics and impact of the operations research project.

Since the OR project was launched in 1973, a total of 74 country studies have been developed - 12 in Africa, 24 in Asia, 12 in the Caribbean, 18 in Latin America and eight in the Near East. In addition, there have been eight umbrella OR projects, ranging from regional support activities to OR studies on important substantive issues such as natural family planning (NFP) and management and supervision. Currently, A.I.D. has 52 active OR projects in 26 countries throughout the developing world (see Appendix C).

Paralleling the expansion in number of new country studies have been important changes in the nature and scope of the OR project. The initial focus of the project was to test the acceptability, feasibility and cost-effectiveness of "community-based distribution" (CBD), where non-professionals were trained to provide family planning information and supplies along with referral for clinical contraceptive methods. Many of these projects included an initial, systematic canvass of every household in the study area to furnish contraceptive information and services to eligible couples, a strategy known as household distribution. Others were village-based distribution projects where a contraceptive service point was established in the community.

Within three years, the OR project expanded the community-based contraceptive distribution strategy to include a selected set of health measures (e.g., oral rehydration therapy, immunization and anti-parasite drugs for young children, nutrition surveillance and simple household drugs, etc.) and, in some cases, community development activities as well. The impact and cost-effectiveness of these more complex delivery systems became a major focus of the OR project.

Another important development in the OR project has been the shift in emphasis from testing primarily broad service delivery strategies to increased focus on specific components of the delivery system. A wide range of service delivery issues have been examined. These include: appropriate mix of contraceptive and health services; types of distributors; length and type of training; pricing policies; alternative approaches to management and

supervision; impact of different information, education and communication messages; acceptability, use and cost-effectiveness of natural family planning; and the impact of different levels of community investment incentives on contraceptive prevalence.

As the scope of the OR studies has broadened, so has the range of research designs employed. The OR project portfolio includes both diagnostic and simple demonstration studies as well as projects with experimental and quasi-experimental designs. More recently, increased emphasis has been placed on process evaluation, qualitative assessment and cost-effectiveness analysis.

The documentation and dissemination of project findings have occurred through a variety of mechanisms - conferences/workshops, project reports and summaries, as well as articles published in the scientific literature. In Appendix F is a bibliography containing 281 citations of conference presentations and publications derived from the A.I.D.-supported OR projects in the field of family planning operations research over the past decade.

C. Lessons Learned

The OR project, considered as a whole, has had a substantial impact on the population field. It provides a legitimate and respected mechanism to test alternative delivery systems and components. It provides empirical evidence for questions which, heretofore, were answered with opinions rather than facts. The OR project has helped establish the expectation that the scientific approach will be used to improve family planning service delivery programs.

Ten years of experience in family planning operations research in a wide variety of socio-cultural settings have generated important lessons concerning effective approaches to family planning service delivery and insights into specific components of the delivery system. Principal findings are summarized below. More detailed information is provided in Appendix A and in a separate document which describes preliminary or final results of 45 OR studies.

Key lessons learned from the operations research project include:

- Community-based distribution of contraceptives and basic health services by nonprofessionals is acceptable, safe, feasible and cost-effective.

- CBD results in a doubling, on average, of contraceptive prevalence rates within one to two years, particularly in areas with previous low levels of modern contraceptive use and where family planning is a priority intervention. (See Table in Appendix A.)

- A program offering a broader mix of contraceptives will result in higher levels of contraceptive acceptance and use.

- There is no clear evidence that the addition of health interventions in a FP delivery system improves contraceptive acceptance and use; conversely, providing family planning services and supplies does not impede the acceptance and use of other health services.

- An integrated health and family planning program which limits the number of activities to a few high priority interventions will generally be more effective than one which provides a much wider range of services.

- Charging a small fee for contraceptives has been shown in a number of studies to have little or no effect on contraceptive acceptance and use.

- Distributor characteristics such as age, sex and marital status are generally not related to distributor performance, according to the results of several studies.

- Non-literate workers can be trained to provide family planning and basic health services.

- A sequential approach to training of community health workers and to the introduction of FP/MCH services has been shown to be effective.

- Mini-surveys can be a useful mechanism to obtain quick feedback on particular aspects of a service delivery system.

- Information on the process of service delivery is essential to the interpretation of impact data.

Operations research has proven to be a useful vehicle in many countries for changing policy as well as for improving the delivery of family planning and maternal and child health services. To date, a total of 19 projects have been replicated or expanded. In Bangladesh, Egypt, Haiti, Morocco and Tunisia, A.I.D.-supported OR projects demonstrated for the first time the feasibility and effectiveness of community-based contraceptive distribution and resulted in major shifts in government policy. The successful Moroccan OR project, for example, led to the development and implementation of a national strategy to increase contraceptive availability and use.

USAID Missions in Bangladesh, Egypt, Guatemala, Haiti, Morocco and Thailand have taken over the funding of innovative projects which were initiated under the OR project. These initial operations research efforts demonstrated the feasibility of delivery systems which were then expanded with Mission support. In these instances, the OR project provided seed money and testing of projects which were seen as too risky for major support by the Missions.

OR projects in sub-Saharan Africa (Kenya, Nigeria, Sudan, Tanzania and Zaire) are helping to open the door for expanded initiatives in FP/MCH service delivery. Based on the results of OR projects in Colombia, the government allowed primary health care workers nationwide to provide contraceptives during home visits, and the private family planning association has reduced substantially the costs of their rural service delivery. In Brazil, the OR project showed that large savings could be gained from revisions in the family planning supervision system alone. Preliminary results from an OR study in Bolivia have revealed a strong demand for family planning services among labor union members in La Paz. This initiative could lead to increased availability of family planning in a country where access to contraceptives has been very limited. In Sri Lanka, under an operations research study, new commercial contraceptive marketing schemes have been tested and implemented.

D. Future Needs in Operations Research

While much has been learned from A.I.D.'s family planning operations research project over the past ten years, there remain many unanswered questions about the design and implementation of effective family planning delivery systems. More insights are needed into specific components of the delivery system in order to identify those which are functioning poorly and to determine how to strengthen them. Improved process information is critical to future OR efforts.

In the years ahead, A.I.D. must continue its pioneering role in service delivery research and its efforts to increase the empirical basis of

family planning delivery systems. A.I.D.'s Population Sector Strategy provides strong justification for operations research at each level of population and family planning program development.

For countries at the initial stage of family planning program development, OR is needed to help increase the acceptability and accessibility of family planning services. Pilot demonstration projects can be effective in paving the way for expanded and strengthened family planning service delivery programs. For countries receiving broad family planning program assistance, operations research is essential to improve the effectiveness and efficiency of FP service delivery in both the public and private sectors. For countries entering a "phase-out" stage of external assistance, OR efforts must be directed at improving program management and ensuring an efficient allocation of resources. The goal is to strengthen host country capabilities to use operations research as a tool for achieving desired levels of contraceptive prevalence and fertility decline, at a cost which is consistent with local human and financial resources.

The major programmatic issues of the OR project will include: worker motivation and performance; management and supervision of family planning programs; financing service delivery systems through charging for services; community-based insurance schemes, etc.; recurrent costs and cost-effectiveness; price elasticity; commercial social marketing; the advantages and disadvantages of public and private sector programs; the phased introduction of various primary health care interventions and technologies into the training and delivery of services; contraceptive method choice and

switching; the acceptability and cost-effectiveness of natural family planning; improved communication with contraceptive users to manage side effects and to increase continuation rates; and the use of microcomputers to improve program management. These priority areas of research will be adjusted to meet regional and country-specific needs.

The strategies which will be used to address LDC family planning program needs, through operations research, over the next ten years are detailed in the sections which follow.

III. Detailed Project Description

A. Purpose

The purpose of this new, ten-year operations research project is to improve the acceptability, accessibility and cost-effectiveness of family planning programs. Many but not all of the family planning programs will be integrated with other primary health care services. The project will attempt to develop country-specific groups of people who are experienced in the use of operations research. The project will assist them to incorporate operations research techniques as part of their normal management functions.

Family planning service delivery programs can be improved through an iterative process where changes in some aspect of the training, management, supervision or delivery of the services are made, outputs are measured, effects are analyzed and judgements about the value of the changes are made. Then the process is repeated. Each iteration of this operations research process provides an answer or answers to a practical service delivery strategy. The specific answers should lead to improvement in the service

delivery system by making it more efficient and effective. As administrators gain more experience and confidence in this approach, they will be more likely to use operations research. Indeed, improved service delivery and more able family planning managers should reinforce each other and result in the continued use of empirical data and increased contraceptive prevalence.

B. Major Project Outputs

The project will achieve its objectives by: (1) supporting the design and implementation of operations research projects; (2) providing extensive technical assistance to LDC researchers, family planning administrators and policymakers; and (3) ensuring widespread dissemination of project findings at the country level, internationally and throughout A.I.D. (See the Logical Framework in Appendix B.)

1. Design and Implementation of Operations Research Projects

The operations research projects will have one invariable characteristic: each will have actionable implications for family planning program managers. The projects will be practical. Each will provide an answer to a question on which the program manager can act to improve the service delivery system.

Studies supported under the operations research project will use a wide variety of research designs and approaches. In each instance, the written research design will be reviewed by a technical staff member of the Research Division and, where appropriate, the Research Review Committee (see Section IV for a complete description of the review procedures).

Three types of projects will be supported: diagnostic projects, demonstration efforts and projects concerned with components of the delivery system. Some projects will be diagnostic or evaluative. The focus of diagnostic projects will be evaluating and assessing which actionable component in a delivery system could be modified to improve service delivery. A diagnostic study will almost always be followed by a project which would test the impact of a change in the delivery system.

In a demonstration type of operations research effort, the emphasis is on the overall delivery system. These projects would test, for example, the acceptability, feasibility and cost-effectiveness of an innovative service delivery system. Projects of this type comprised the bulk of the initial operations research project. The previous project tested the effect of a delivery system which provided contraceptives through household and community distribution schemes. As mentioned earlier, the tests demonstrated that these approaches to service delivery were culturally acceptable in a wide variety of locations, they were feasible to organize and administer, and were cost-effective.

The third type of operations research is primarily concerned with specific components of the delivery system. Components which may be studied include training, supervision, client-provider interaction, the management information system, etc. Rather than studying the entire service delivery system, one or more aspects or components will be analyzed. The majority of the operations research efforts will be of this type. Research topics will be highly focused. The problem component(s) of the delivery

system will be carefully identified, perhaps through a diagnostic or evaluation type of operations research effort. An alternative approach will be designed, implemented and tested.

An illustrative example is the diagnosis that distribution post managers do not have the skills to perform their jobs. The problem could be solved through retraining under two different curricula. The effect of the retraining would be tested by monitoring the subsequent productivity of the distribution post managers. This is an example of focusing on a specific component of the delivery system. An operations research project which modifies the frequency and style of the supervision of field workers and then compares the field workers' productivity under the new supervision component with the previous efforts is another example of a highly focused research strategy.

The World Fertility Survey and the Contraceptive Prevalence Surveys have confirmed that in the developing world there is a substantial unmet need for family planning services and supplies. The operations research project is based on the assumption that services and supplies can be made more accessible to people who want to use them and that the services can be made both more acceptable and efficient.

An understanding of how users (and non-users) view contraceptives and the service delivery system is an important and often neglected aspect of program design and implementation. In the operations research project the user's perspective will be fully included in the design

of alternative service delivery components. If, for example, the problem is that family planning acceptors have low contraceptive continuation rates, the approach would be to ascertain from the users why this is the case. Based on this understanding of the user's perspective, the information and education component of the service delivery system may be changed and evaluated.

The operations research program will focus principally on the delivery system. All too often service delivery research indicates the program inputs (training, technical assistance and supplies, for example) and the outputs (number of new or unexpected acceptors, the new contraceptive prevalence rate, etc.) without sufficient attention to the service delivery process itself. Inputs are put into the program and outputs are measured. A priority research area of the operations research project will be to describe and understand how the service delivery program functions. The amount and type of information (or lack thereof) exchanged between the service provider and the client will be of primary interest in many of the studies under this project.

Another facet of how family planning programs actually operate concerns management and supervision. The effect of different management styles and approaches will be the focus of a number of studies in this project. The use of service statistics information, the effect of different supply and logistics systems, and changes in the supervision system will be key components in studies which are concerned with how service delivery systems function. A generalized priority of the project will be to understand the effects of various components of the service delivery system.

Many of the studies will have a cost-effectiveness component. These data will be used to assess the relationship between the cost of the inputs of the service delivery system or some component of it and the measurable outputs which could be new acceptors, couple years of protection, or increased contraceptive prevalence. The complexity and detail of the cost-effectiveness analyses will vary according to the specific need of each project. The cost-effectiveness analysis will be an important factor in the decision by managers and administrators concerning the adoption or rejection of the service delivery alternative.

In the operations research setting, it is often not possible to randomly assign individuals to an experimental or control group to create true experimental designs. Thus, a majority of the studies will be a quasi-experimental design which is the most powerful design in this applied field. This design will allow the researchers to make reasonable inferences about causality.

Many of the studies will be quantitative. For example, inputs will be carefully measured in units of dollars and months of effort. The outcomes will be quantified in the number of acceptors or the percentage increase in contraceptive prevalence. This has been the method of measuring used in nearly all of the operations research projects to date.

Qualitative studies will also be conducted in this project. Some areas of research such as training, management and supervision, which do not lend themselves easily to quantitative measurement will be assessed

through qualitative means. These measures include focus group interviews, ethnographic case studies, critical incidents, participant observation, and simple, straight-forward descriptions of the service delivery process. The general point is that the project will utilize research methods that are appropriate for the task rather than only focusing on service delivery components which are amenable to investigation through quantitative measures and techniques.

In the realm of research methodology and research instruments, the project will build on the previous experience. There is a need to standardize acceptor records, questionnaires, training curricula, etc., where there are program and research similarities. This project will strive to create standardized forms and procedures which will help minimize research costs and effort in the future for both the operations research and other projects.

Where appropriate, new methodological studies will be conducted. It is difficult, for example, to describe the process through which family planning services are delivered. One of the key points in this process is the interaction between the service provider and the client. Efforts to develop new methodologies to understand the service delivery process and the client-provider interaction may be implemented. New methodologies to study the impact of service delivery programs on fertility levels may also be undertaken. In these ways the project will build a base from which others may depart.

Regional Strategies: Within the overall strategy of the operations research project, there will be distinct emphasis in each of the major geographic regions. In Africa, the primary concerns are acceptability of family planning programs and contraceptive methods as well as ease-of-access to services. Community-based distribution programs offering family planning and other basic health services will likely be emphasized. Demonstration projects of CBD programs will be appropriate. Studies which focus on increasing the efficiency of clinic services will also be included. Training programs for service providers and outreach workers will be designed and evaluated. Natural family planning projects are being tried and implemented in Africa and they will be the focus of some operations research studies.

In Latin America, technical assistance will be a major emphasis. There are many skilled researchers in the region who, with technical assistance and funds, can conduct high-quality operations research. The private sector, which includes the family planning associations and the commercial sector, is crucial to the delivery of family planning services and supplies. The private sector will be a high priority in Latin America and the Caribbean for operations research. In Latin America, the countries of Colombia and Mexico are a high priority for operations research because they do not have bilateral population assistance. The analysis of service delivery costs in these countries will be given extra consideration.

In the Near East region, expanded operations research activities are needed. In Egypt, operations research should focus on the private sector as well as help diagnose why the national family planning

program has not been more successful. In Morocco, the operations research project will be helpful with the expansion of the VDMS project to identify weaknesses in family planning service delivery and to test corrective actions. As the family planning effort increases in Yemen, Jordan and Algeria, the operations research project will be used to understand how specific service delivery strategies function. Operations research will play an important role in Turkey and Tunisia where there are no bilateral population programs.

Many of the family planning programs in Asia are well established. They have adequate physical and training facilities. The primary emphasis in Asia, therefore, will be on the management, supervision and long-term financing of programs. The important issue is how to improve the acceptability and cost-effectiveness of the programs rather than improving access to services. In Nepal, Pakistan and Bangladesh, the family planning programs are less mature and the operations research efforts will be directed at improving the delivery systems.

Appendix C provides a list of priority countries in each region for A.I.D. population program assistance, indicating the number of completed and ongoing OR projects for the 1973-1983 period as well as projected activities for the next ten years. The proposed number of new country studies and umbrella projects is an illustrative list which has been developed in coordination with A.I.D. regional bureaus and in response to opportunities and needs identified by USAID health and population officers and by host country officials. Each country has also been classified by potential type of

operations research study, according to a three-category typology. The country and research priorities will be updated periodically in close cooperation with other Divisions in the Office of Population, with Regional Bureaus and with the USAID Missions.

The projected total number of new OR country studies (200) for the period FY 84 - FY 93 represents merely a continuation of current trends. In the past two years with the introduction of regional umbrella mechanisms, there has been a significant increase in the number of smaller, more focused subprojects which can be completed within an average of 24 months. Since the beginning of FY 82, the number of OR studies has nearly tripled, increasing from 18 to 52 active projects. During FY 83 alone, a total of 25 new country studies and umbrella projects were added to the OR program portfolio.

2. Technical Assistance

Technical assistance is a crucial element of all operations research studies. The amount and type of technical assistance will depend on each study and the needs at that time. Where possible the operations research project will use people from the country or the region where the study is being conducted. The technical assistance must have a training component which will help the recipients to become more self-sufficient.

Professionals who work for the contractors under the operations research project and the staff of the Research Division will provide technical assistance. This guidance will be used to design, prepare and implement operations research studies. The technical assistance may be provided by a

resident advisor or by a specialist who makes a periodic visit, which could be as short as one day or as long as several weeks. The timing and means of technical assistance will be flexible to meet the local needs and circumstances.

The long-range goal of the technical assistance is to increase the capability of people associated with family planning service delivery. The providers and receivers of technical assistance will work together, often in a tutorial arrangement, to solve actual operations research problems as they arise. The practical learning process will ensure that host country professionals will become more skilled and better able to conduct operations research projects without outside assistance.

Typically, technical assistance has been provided to family planning service delivery or research personnel working on an operations research project. This will continue under the new project. In addition, the project will offer technical assistance to other projects supported by the Office of Population. These projects include the service delivery efforts by the major intermediaries. The project will also provide assistance to intermediaries providing support for information, education and communication (IEC) and to other A.I.D.-funded organizations whose primary function is to train service providers. Under this component of the operations research project, research efforts whose costs are beyond the scope of the contract with the intermediaries could be pursued.

The central support for technical assistance and research efforts to a wide range of intermediaries will result in the accumulation of common lessons or findings. This information will benefit the entire A.I.D. population program through central planning and dissemination throughout the agency.

The following are specific, illustrative examples of how this assistance might work. Under the project Family Planning Training for Paramedical, Auxiliary and Community Workers (PAC) there is a contract to train African midwives to provide family planning and maternal-child health care. The contract does not contain funds to assess the impact of this training. The operations research project could be used to provide technical assistance to the contractor and the collaborating African organizations to design a project which would evaluate the impact of the training. The resulting study could then be supported by the operations research project. A project like this would only be designed and implemented if the Training Division of the Office of Population, the Africa Bureau and the contractor were interested in jointly planning it and cooperating in its implementation.

Another type of technical assistance might be provided to an organization like the Association for Voluntary Sterilization (AVS). If AVS were interested in testing whether small group meetings or pamphlets or a combination of both were most effective to promote sterilization services for male factory workers, the operations research project would provide technical assistance to design the study. Funds from the operations research project could be used to pay for the research portions of the AVS project. Research

activities are not generally authorized under either AVS or other contracts which are designed to support IEC, training and family planning service delivery.

Similar efforts could be implemented with other projects supported by central and bilateral population funds. There is often an unmet need to evaluate family planning service delivery systems. The operations research project has had and will continue to have personnel to perform these functions. The concept is that research efforts would be added to evaluate and assess the family planning IEC, training and service delivery projects that are funded by A.I.D. but where insufficient research support is available directly from the project. The specialized skills that are available from operations research contractors and Research Division staff are essential to generate common family planning lessons which will be useful to the entire A.I.D. population program.

3. Documentation-Dissemination of Findings

Operations research study results will be available in various forms at three levels: within the country where the study is done, internationally and within A.I.D. The most important is the documentation within the country since this is where the study is most relevant and where it is most likely to influence how family planning services are delivered. Project personnel will document the process of service delivery and implementation of the study. Where appropriate, project development, administration and training manuals will be developed. Projects will have progress reports and a final report (available in the local language as

needed). Workshops, seminars and media presentations will also be budgeted and conducted. The highest priority of the studies under the operations research project is that all of the in-country documentation will be oriented toward the utilization of study results. To facilitate the in-country documentation, the project will seek to develop and use standardized formats wherever appropriate.

Documents about the operations research studies are of considerable use internationally. Lessons learned in one country may be applicable to another and one way to facilitate this cross-fertilization is to make the results available in the international sphere. The operations research project will sponsor workshops, seminars and conferences to provide an international forum for the dissemination of results. Investigators will be encouraged to publish research results in national and international professional journals. Operations research study results will be entered into the POPLINE system for ease-of-access. The feasibility of a Family Planning Operations Research Newsletter will be explored along with a compendium of research findings. In general, the dissemination of international experience in operations research will be accorded higher priority than it received under the initial operations research project.

The operations research studies will continue to be part of the internal A.I.D. Management Information System. The Research Division also prepares capsule summaries of each project. These capsule summaries are widely distributed and provide a convenient, up-to-date overview of the program's studies. More detailed information is available in the longer study summaries which are usually two to five pages in length and are updated

annually. Staff members of the Research Division and study personnel frequently conduct seminars within A.I.D. to discuss progress, results and problems of operations research studies. The project will increase these training efforts, based on an expanded data base and a wider experience with different research methodologies.

IV. Implementation Plan

A. Project Implementation Mechanisms

The new project builds on the successful features of A.I.D.'s family planning operations research effort over the past ten years. A major strength of the OR project has been its innovative and diversified portfolio. Under one Project Paper, A.I.D. has supported a wide variety of OR activities through a number of different funding and implementing mechanisms. The single authorization document for the OR program has allowed a more efficient, coordinated approach to project development, monitoring and evaluation. Moreover, it has enabled a high degree of flexibility and responsiveness to A.I.D. and host country program needs.

There are thirteen contracts and cooperative agreements, authorized under the previous OR Project Paper, which are still ongoing. Four are scheduled to end in FY 84, seven in FY 85, and one each in FY 86 and FY 88. Appendix D provides a description of each of the ongoing OR contracts and cooperative agreements with a summary of project objectives, progress to date and funding information. The U.S. institutions presently conducting OR projects are: Columbia University, Johns Hopkins University, Tulane University, the University of Michigan, the Population Council, the National

Academy of Sciences and the International Federation for Family Life Promotion. In addition, there are three agreements (one in Guatemala and two in Haiti) which are funded through USAIDs with host country institutions.

The new family planning operations research project will continue to have a large, diversified and well-coordinated portfolio of activities. Appendix E provides a conceptual framework for implementing the new project, including a classification scheme for the different types of OR activities. The ongoing projects, together with those which will be initiated under this Project Paper, are divided into four categories: country-specific OR projects, regional umbrella OR projects, interregional umbrella OR projects and technical umbrella OR projects.

The first category of projects are country-specific. Several are currently active. They test innovative approaches to improving family planning service delivery in Bangladesh, Colombia, Guatemala, Haiti and Zaire. Activities in several of these countries will continue in addition to a limited number of other countries which may submit unsolicited proposals.

Another mechanism, established in FY 82, is the regional umbrella OR project. Two regional projects are currently ongoing - one in Asia with the Population Council and the other in the English-speaking Caribbean with Tulane University. Each agreement supports a number of subprojects (nine in the Caribbean and 12 in Asia) designed to improve family planning service delivery and to test cost-effective approaches to increase contraceptive prevalence.

Over the next ten years, it is anticipated that regional umbrella OR projects in Asia and the Caribbean will continue and new ones will be established in Latin America, Africa and the Near East. These projects will include the following components: OR project design, implementation and analysis; short- and long-term technical assistance to host country researchers and program administrators as well as to USAID Missions; and dissemination of research findings through workshops, conferences, media presentations, publications and project summaries. Where appropriate, the regional umbrella projects will be selected by competitive bid, through Requests for Proposals (RFPs).

A third implementation mechanism is the interregional umbrella OR project. There are currently two of these projects. Columbia University's Center for Population and Family Health (CPFH) has provided core support for A.I.D.'s family planning operations research program since its inception in 1973. Following an initial series of task orders, Columbia University was awarded a four-year contract (7/75-6/79) and a five-year cooperative agreement (7/79-6/84) to provide technical assistance in operations research for family planning programs. The Center has had a unique, long-term role in operations research because of its multidisciplinary and multilingual staff.

The current cooperative agreement with CPFH has three broad objectives: to design, implement and evaluate FP/MCH operations research projects, with special focus on Latin America and Africa; to provide long- and short-term technical assistance in operations research and program evaluation;

and to improve the availability of information on family planning operations research. A total of 13 subprojects have been initiated to date and resident advisors are currently stationed in five countries. Under its operations research program, the Center has also provided extensive short-term technical assistance, training and information dissemination activities. Recently, CPFH hosted a special workshop for representatives of A.I.D. and key organizations involved in operations research to discuss lessons learned, research methodologies and operations research priorities in the future.

A comprehensive external evaluation of the Center's OR program was undertaken in April 1983. The final report was very positive. It noted the staff's "broad base of geographic experience in family planning and health services and in operations research" as well as the "number of projects where findings have been applied to larger programs." The report cited CPFH as a "unique resource in the field of operations research" and recommended continued A.I.D. support. Indeed, A.I.D. has made a major investment in CPFH over the past decade, and the Center will continue, under a successor cooperative agreement, to play a dominant role in the Office of Population's operations research program in the years ahead.

The new five-year successor cooperative agreement with CPFH is expected to be more specific than previous agreements about country and research priorities and the deployment of resources. It will incorporate the ideas and recommendations outlined in the evaluation report aimed at further strengthening the Center's OR program. The focus of the new agreement will be predominantly Africa, and the scope of activities will be similar to those of

the regional umbrella OR projects. A limited number of additional activities will be approved on the basis of their innovative character, priority need and contribution to the field of operations research. In view of its many years of experience in this area, the Center may also play an increasingly important role in three areas: (1) the development of more standardized approaches to OR project design, implementation and analysis; (2) training in operations research; and (3) the documentation and dissemination of OR findings, including case studies and cross-project syntheses of program results and applications.

The other interregional umbrella OR project is a contract with Johns Hopkins University (JHU) for "Family Planning Service Improvement through Operations Research." JHU was awarded a contract in September 1979 on the basis of an RFP. Activities to date have included: a review of field experience in community-based distribution programs, two international workshops on cost-effectiveness analyses and FP/MCH interventions in CBD programs, several OR issues papers, OR projects in Kenya and Brazil, and resident advisors in Egypt and Kenya. The current agreement with JHU terminates in FY 86 and will likely be followed by a new interregional umbrella OR project through a cooperative agreement or another contract. A second interregional umbrella project is considered important in order to provide maximum flexibility and responsiveness to A.I.D. and host country program needs.

The fourth major implementation mechanism for the proposed ten-year project is the technical umbrella OR project (see Appendix E). This category was established in FY 83 to respond to two important Office of Population

initiatives - operations research in natural family planning and family planning management/supervision. An unsolicited proposal from the International Federation for Family Life Promotion (IFFLP) resulted in the signing of a five-year (FY 83-FY 88) cooperative agreement for a "Natural Family Planning/Demonstration and Evaluation Project for Africa." The agreement provides for: natural family planning demonstration projects in at least two African countries (Liberia and Zambia are the first to be selected); systematic evaluation of a well-established natural family planning program (Action Familiale/Mauritius); and the provision of NFP technical assistance in the region.

Under the new family planning operations research project, NFP will continue to be an important research area. Key OR issues include: effective integration of NFP services within mainstream public and private sector FP programs; recruitment and training of NFP providers; impact of different service delivery mechanisms on the number of acceptors, continuation of use, pregnancy rates and cost-effectiveness; user perspectives towards NFP; and the applicability of NFP methods to women who are in the post-partum period, lactating phase, or who are premenopausal, etc. These issues will be addressed through several mechanisms: regional umbrella projects, the cooperative agreement with the IFFLP, unsolicited proposals and possibly an RFP.

In the critical area of management and supervision, two new OR projects were launched in FY 83 - one with the University of Michigan and another with the National Academy of Sciences (See Appendix D). Both projects

will examine ways in which improved management and supervision can contribut to increased family planning program effectiveness. With the completion of these projects in FY 85, there will probably be an RFP for a technical umbrella project to provide support and technical assistance in the organization, management, supervision and financing of family planning programs. Since this is a priority area for the OR project over the next ten years, there will likely be a series of unsolicited proposals dealing with management, supervision and financing issues as well as one or more RFPs.

Other technical umbrella projects or special studies may be implemented during the life of the Project Paper. Among the topics under consideration are: management information systems, logistics, IEC, training, short-term evaluations of ongoing family planning service delivery programs, cost-effectiveness analysis, and the state-of-the-art of family planning operations research.

B. Project Implementation Schedule

The intended implementation schedule for the major components of the project during the period FY 84 to FY 93 is presented in Appendix E. New five-year activities will be phased in during the first several years of the project. In FY 84, plans include a new regional umbrella project for Latin America, and a new interregional umbrella project with primary focus on Africa. It is expected that a regional umbrella project for the Near East will be added in FY 85 along with follow-on projects for Asia and the Caribbean. In FY 86, there are plans for a new technical umbrella project in management/supervision as well as another interregional umbrella project.

The number of country-specific contracts will be kept to a minimum. Rather, the emphasis will be on umbrella projects since these have proved to be a highly efficient and effective way to implement a variety of OR studies and technical assistance activities.

These major program thrusts will continue over the ten-year period. Two international conferences on family planning operations research are also scheduled for FY 87 and FY 91 along with comprehensive, external project evaluations.

C. Procurement under the OR Project

New procurement under the ten year OR project will be done primarily through a series of RFPs and unsolicited proposals. Operations research on FP/MCH service delivery systems is a highly specialized and technical field with only a few U.S. institutions trained to work in this area. The ongoing OR contracts and cooperative agreements (see Appendix D) are with most of the U.S. institutions which have specific academic training, expertise and broad field experience in family planning operations research. The organizations with OR expertise are: Columbia University, Johns Hopkins University, Tulane University, University of Michigan, the Population Council, Family Health International, University Research Corporation and the East-West Center. Moreover, the need for such specialized skills and experience will be even greater under the new OR project as increased emphasis is placed on the study of specific components of the service delivery system.

We will nevertheless make a concerted effort to broaden the base of OR expertise by using wherever possible the services of minority and disadvantaged firms and HBCU's. This will be most feasible in the subcontracting process. Prime contractors will be encouraged to be responsive to the provisions of the Gray Amendment by, for example, drawing upon minority institutions for the hiring of staff and consultants, procurement of microcomputers and other equipment and services, data processing, translation, printing of publications, and workshops, etc. Unsolicited proposals which are received from minority or disadvantaged organizations will be given the same consideration as any of contractors specializing in operations research. The proposal will be submitted for consideration by the Research Review Committee and judged on the basis of technical merit, programmatic and policy implications as well as financial and administrative considerations.

D. A.I.D. Monitoring and Coordination

The responsibilities of the Research Division and the involvement of each of the relevant A.I.D. offices in the planning, implementation and monitoring of the family planning operations research project are outlined below.

S&T/POP/R: Primary technical and administrative responsibility for all OR project activities is with the Research Division. Staff will define country and research priorities in close consultation and cooperation with the Regional Bureaus and USAID Missions. Each research proposal will be reviewed by at least one member of the Research Division and submitted, as appropriate, to the Research Review Committee (RRC) and the USAID Mission(s) for approval. The Research Review Committee is comprised of representatives from other Divisions in the Office of Population as well as PPC and the Regional Bureaus.

Research Division personnel will provide continual guidance to contractors/grantees and will closely monitor progress in implementing project activities. This will include making site visits, providing technical assistance as necessary and conducting management reviews. Important articles, progress and final reports as well as significant findings in operations research will be shared with S&T/POP, S&T/HEA, PPC, Regional Bureaus and USAID Missions. The Research Division will also organize, for interested A.I.D. personnel and representatives from other agencies, special presentations by host country and/or contractor staff on OR techniques, project results and implications. Another important activity will be to promote regular discussions among OR contractors on lessons learned and future directions in operations research. In addition, OR projects will be carefully coordinated with other Research Division activities.

S&T/POP: Throughout the life of the project, there will be frequent discussions with other Divisions in the Office of Population to review country activities and to identify where an operations research or

evaluation component could be added to an ongoing project. (See the Technical Assistance section of the Detailed Project Description.) Likewise, OR projects can be an effective follow-on activity to population policy development efforts, particularly in Africa.

S&T/HEA: Efforts to exchange information and ideas with S&T/HEA and contract staff of the primary health care operations research (PRICOR) project will continue under the new family planning OR project. Similarly, we will follow closely the developments of the new PRITEC project and explore possibilities for collaborative efforts.

PPC and Regional Bureaus: Research Division and contractor staff plan regular meetings with A.I.D. Bureau personnel to review country priorities and new family planning developments as well as to identify special needs in operations research. Bureau representatives will be consulted during the preparation of RFPs and will generally participate in the review of unsolicited OR proposals for cooperative agreements and contracts. Moreover, the innovative, flexible nature of OR projects and their ability to provide timely information to program administrators and policymakers on important family planning service delivery issues provides a useful vehicle for both Bureau and S&T/POP funding.

USAID Missions: There will be frequent exchange with the Missions throughout the life of the project. An initial cable will describe the new family planning OR project and its major components - project design, implementation and analysis; technical assistance; and information

dissemination. The Missions will be asked to identify future needs in the area of operations research and to provide suggestions concerning important service delivery issues to be studied, possible sites and host country researchers and institutions. All project proposals and contractor-related travel will, of course, be submitted to the appropriate Mission for approval. Under the umbrella OR projects, Missions will be able to receive technical assistance in the area of operations research or related diagnostic studies dealing with the delivery of family planning services. Indeed, in many cases, a Mission may wish to jointly or fully fund an activity or may wish to pay for technical assistance from a S&T/POP/R contractor or grantee.

Coordination With Other Donors: As a leader in the field of family planning operations research, A.I.D. will continue to work closely with IPPF, WHO, UNFPA and other agencies involved in service delivery research. The Research Division has been and will continue to be a major participant in the periodic meetings sponsored by WHO on "Coordination of Research on the Service and Psychosocial Aspects of Family Planning."

E. Contractor/Grantee Responsibilities

Using an A.I.D.-approved scope of work, contractors and grantees under the OR project will have the following responsibilities:

- Recruitment and organization of staff
- Identification of operations research study possibilities with host country and USAID officials
- Development and approval of the study design
- Negotiation and approval of a subagreement with the host country institution (government, university, research institute or private sector)

- Monitoring of the implementation of OR activities
- Technical assistance
- Documentation and analysis of results
- Dissemination and utilization of findings

The major components of an operations research study proposal include:

- Identification and definition of the service delivery problem(s)
- Study objectives and hypotheses
- Operational definitions
- Study design - including service interventions to be tested, research strategies, personnel, training, supervision, logistics, etc.
- Sampling procedures
- Data collection and analysis
- Reporting of research findings
- Qualifications of host country researchers
- Adequacy of institutional facilities
- Administration and budget
- Evaluation
- Implementation plan

AID/W (S&T/POP/R and the RRC as appropriate) and USAID will review each proposal for such issues as: technical merit, relevance to A.I.D. priorities, appropriateness and feasibility of the study in light of local administrative and institutional capabilities, financial considerations and, finally, policy and programmatic impact.

V. Financial Plan

A. Project Authorization and Obligations to Date

The original umbrella project paper for family planning operations research had an approved authorization level of $8.3 million for the period FY 76 - FY 80. Within three years, however, it was apparent that both the need and demand for operations research had been grossly underestimated and that an amended project paper was required to provide for a greatly expanded program. A revised project paper was approved for the five-year period FY 79 - FY 84 at a level of $50.4 million. A subsequent amendment extended the PACD from FY 85 to FY 88 to allow for completion of activities initiated up through FY 83.

Between FY 76 and FY 83, obligations under the family planning operations research project paper totalled $31 million. Since FY 79, annual budget allocations for operations research have been at a level of $5 million to $5.7 million. Nevertheless, even at this level the steadily increasing demand for operations research studies, technical assistance and information dissemination activities has not been fully satisfied.

B. New Project Budget

Total expenditures for the new ten-year OR project (FY 84 - FY 93) are estimated at $98 million. Although this figure is large, it does not represent a significant increase in project funding levels. In FY 84 alone, obligations for family planning operations research are expected to total $7.6 million. It is important to underline that the $98 million allows for only a modest expansion of activities over the ten-year period.

The estimate of $98 million is based on the following calculations: (1) analysis of the cost data of all projects implemented to date to determine average annual costs for the various types of OR activities; and (2) projection of costs for each activity listed in the Project Implementation Schedule (Appendix E). An inflation factor of five percent is included in the annual budget totals. The proposed level of funding will enable implementation of the new project activities as well as increased buy-ins from the Regional Bureaus and Missions. The financial plan has been carefully prepared to ensure that the family planning operations research project over the next ten years is fully responsive to A.I.D.'s.

Specific financial goals of the family planning operations research project for FY 84 through FY 93 are presented in Tables 1, 2 and 3. In Table 1, estimated expenditures are broken down by project activities. Major operational and output categories are shown in Table 2. In Table 3, major inputs by line item and fiscal year are summarized.

Priorities of the new project are reflected in the budgetary allocations in Table 1. The regional umbrella projects, an effective funding mechanism to administer a wide variety of OR activities, receive the highest priority, with an allocation of 45 percent ($44,401,000). Two other priorities are the continuation of interregional umbrella projects (e.g., Columbia University's Center for Population and Family Health), and the technical umbrella projects which cover topics such as operations research in natural family planning as well as family planning management and supervision. These categories receive 24 percent of the total budget

($23,166,000) and 18 percent ($17,374,000), respectively. For country-specific OR projects, 12 percent of project funds ($11,583,000) are allocated.

As shown in Table 2, 67 percent of the total budget ($65,408,000) is being allocated to the first major project output, the design and implementation of OR projects in the developing world. Technical assistance, which remains an important component of the new project, receives 23 percent ($22,453,000) of the proposed budget. The third project output, documentation and dissemination of fundings, receives ten percent ($9,763,000) of the total funds.

Major operational categories projected over the ten-year period are shown in Table 3. The budget for the family planning operations research project is projected on the basis of a level of $7.6 million for FY 84, followed by approximately a five percent increase each succeeding year to allow for inflation. Because many of the OR studies and technical assistance activities deal with integrated FP/MCH delivery systems, it is expected that the new project will continue to be supported by funds from both the Health and Population accounts.

Host country subcontractors (government or private sector) will provide in-kind contributions to all operations research projects. While the total amount cannot be estimated, these contributions may include local professional staff salaries, administrative support, office space, use of vehicles, contraceptives and selected medicines, computer and data processing costs, etc.

C. Projected Bureau and Mission Contributions

As indicated in the footnote in Table 3, the amount budgeted estimates a 75 percent contribution from the S&T Bureau ($73,218,000) and the remaining 25 percent from Regional Bureaus ($9,762,000) and Missions ($14,644,000). This breakdown assumes a very significant increase in direct buy-ins from non-S&T sources, particularly in the later years of the ten-year project as more A.I.D. bilateral population programs are implemented. Currently, the majority of OR activities are being conducted in non-bilateral programs.

An overall funding level for the OR project of approximately 75 percent from the S&T Bureau is important for a number of reasons. Central management has been and will continue to be a key factor in the success of the OR project. The Research Division's multidisciplinary and multilingual staff have broad academic and practical experience in operations research together with strong administrative skills. More importantly, the central focus of the OR project is necessary to ensure continued close coordination with other parts of A.I.D. (in Washington and overseas), with OR contractors and with international donors involved in service delivery research. Finally, the family planning operations research project serves as the Office of Population's principal vehicle for testing alternative approaches to service delivery and then applying the lessons learned to LDC family planning programs. The OR project is essential to achieving A.I.D.'s objectives of improving the acceptability, use and cost-effectiveness of family planning services throughout the developing world.

Table 1. Estimated Expenditures by Project Activities
FY 84 - FY 93
(In thousands)

I.	OR Studies, Technical Assistance and Information Dissemination Activities	
	A. Country-Specific Projects	$11,583
	B. Regional Umbrella Projects	44,401
	C. Interregional Umbrella Projects	23,166
	D. Technical Umbrella Projects	17,374
II.	Interregional Conferences	1,000
III.	Major Evaluations	100
	TOTAL	$97,624

Table 2. Estimated Expenditures by Major Operational and Output Categories: FY 84 - FY 93 (In thousands)

	TOTAL	Design, Impl. & Eval of OR Projects	Technical Assistance	Document. & Dissemination of Findings
Personnel	$29,151	$19,707	$ 6,765	$2,941
Consultants	$ 949	635	218	96
Travel & Per Diem	$13,283	8,900	3,055	1,328
Subagreements*	$24,783	16,605	5,700	2,478
Publications, IEC Materials, Workshops and Conferences	$ 5,475	3,668	1,259	548
Other Direct Costs	$ 2,846	1,907	655	284
Indirect Costs**	$ 20,875	13,986	4,801	2,088
TOTAL	$97,624	$65,408	$22,453	$9,763

* Covers all in-country project costs.

** Covers a proportion of all project costs, excluding Subagreements.

Table 3. Estimated Expenditures by Major Operational and Output Categories: FY 84 - FY 93
(In thousands)

	TOTAL	1984	1985	1986	1987	1988	1989	1990	1991	1992	1993
Personnel	$29,413	2,356	2,474	2,598	2,728	2,864	3,069	3,159	3,317	3,481	3,367
Consultants	$ 949	76	80	84	88	92	99	102	107	112	109
Travel and Per Diem	$13,283	1,064	1,117	1,173	1,232	1,294	1,386	1,427	1,498	1,572	1,520
Subagreements*	$24,783	1,824	1,915	2,271	2,377	2,495	2,765	3,883	4,015	2,375	863
Publications, IEC Materials, Workshops and Conferences	$ 5,475	380	399	419	740	462	495	510	965	562	543
Other Direct Costs	$ 2,846	228	239	251	264	277	297	306	321	337	326
Indirect Costs*	$20,875	1,672	1,756	1,844	1,936	2,033	2,178	2,242	2,354	2,471	2,389
TOTAL*	$97,624	$7,600	$7,980	$8,640	$9,365	$9,517	$10,289	$11,629	$12,577	$10,910	$9,117

* This level of funding presumes substantial buy-ins from Regional Bureaus and Missions. It is estimated that the Office of Population will provide approximately 75 percent of the total project costs. Over the ten-year period, it is projected that Regional Bureaus will provide ten percent and Missions 15 percent of the total cost of the OR project.

VI. Project Analyses

A. Technical Analysis

Many characteristics of the operations research project enhance its technical feasibility. These factors were instrumental in the technical success of the previous operations research project. The iterative process of problem identification- resolution-evaluation ensures that the project will be grounded in reality. Family planning service delivery systems will be modified and the impact of the change will be measured empirically. In general, the resulting change, if any, will be related to the cost of the modification. If the changes are not sufficient or other modifications are considered desirable to test, a new operations research study will be implemented. This second iteration will be based on the results of the initial study. The empirical grounding of each study will keep the project focused on practical problems with measurable outcomes. The operations research project through the iterative process will be self-correcting. Mistakes will occur in some of the studies but they will be discovered in the empirical assessment of the study and then corrected.

Another characteristic which adds to the technical feasibility of the project is that the specific operations research studies do not have to fit into a preconceived model or set of concepts. The studies will be developed individually by researchers and policymakers-administrators in the country where the research will be conducted. This makes it highly likely that the problems and the solutions will be real. Similarly, the individual formulation of the studies ensures that enormous mistakes will not be made. Some studies will not be successful but there will not be a preconceived reason for the failure.

In this project the research methods will be adapted to the practical research needs. Where there is a need and a means to measure study inputs and outputs in quantitative terms, this will be done. Where qualitative measures are more appropriate and feasible, they will be used. Both qualitative and quantitative measurement of study variables will be used when a combination is appropriate. Similarly, there is no preconceived desire to use a particular research design. Many studies will be quasi-experimental, a few will be true experiments and others will be case studies. Each study will use a study design which is appropriate to the purpose of the research and which is reasonable from a cost point-of-view.

B. Economic and Financial Analyses

The principal objective of the operations research project is to improve the efficiency of family planning service delivery programs. Most of the project's resources will be devoted to improving the cost-effectiveness and acceptability of delivery systems. The empirical data gathered and analyzed under this project will test the relative cost-effectiveness and acceptability of different ways to deliver family planning services. When more efficient systems are adopted, this will result in considerable short-term and long-term economic and financial savings for the host country governments and to A.I.D.. Thus the essence of the project, its primary rationale, is to improve the economic and financial aspects of population programs through a more efficient use of resources.

The research costs of the operations research project are one-time, non-recurrent expenditures. These costs are necessary to generate valid and reliable information which will be used to ascertain which components or what service delivery system is more efficient.

C. Social Soundness Analysis

The establishment of a new delivery system or the improvement of an existing one addresses an unmet need for family planning services. In many cases, the project's strategy is based on the utilization of non-professionals to provide family planning and other services. Extensive baseline and evaluation surveys have shown that this approach is not only feasible from socio-cultural and other perspectives, but that operations research projects consistently increase the level of utilization of services.

Implementation of experimental delivery systems and other operations research studies requires sensitivity to local customs and values. In addition to making cultural sensitivity an important consideration in U.S. contractor selection, subprojects are implemented by LDC organizations interested in and familiar with local values. Wherever feasible, local religious and political leaders are invited to play an active role, particularly in projects that include a service delivery component. The use of long-term resident advisors facilitates culture-sensitive technical assistance in many projects. In some cases, cultural values are themselves the object of study, using focus group techniques, participant observation and other qualitative methods.

By increasing the cost-effectiveness of LDC delivery systems, the project will benefit LDC women who presently lack access to family planning services due to geographical or sociocultural factors. In general, this underserved population tends to be rural or located in marginal urban areas, and poor. Their families, especially their children, benefit through the health and economic effects of spacing and limiting births. Where health or community development services are included in a project, these provide additional benefits.

The design and implementation of an OR project also provides important management and research experience for LDC professionals. By developing the skills of individuals and by promoting the institutionalization of OR techniques, the project should have benefits after the phase-out of A.I.D. funding.

The impact of the project will be closely monitored. Where it is feasible and the expense warranted, the project will measure the impact of service delivery interventions on fertility, and infant morbidity and mortality. Where these direct impacts cannot be ascertained, the project will measure the impact of the program on contraceptive acceptance and prevalence. In most cases, both service statistics and special studies will be used to measure behavior outcomes and the quality of services provided under the program.

D. Administrative Analysis

Section IV, Implementation Plan, outlines the administrative arrangements of the project. The substantial growth in the scope of the project in recent years has not been matched by expansion of the S&T/POP/R staff. Since OR projects require a large amount of technical input, the project has developed mechanisms to provide this input through contractors. S&T/POP/R requires a formal subproject proposal for each activity. Review of this proposal provides one avenue for S&T/POP/R technical input. Other avenues include site visits, meetings with contractors, review of progress reports and data analysis, and day-to-day informal contacts.

Contractor responsibilities encompass administrative as well as technical areas. For umbrella projects, contractors accept the further task of identifying a determined number of promising research opportunities and assisting in the preparation of a proposal by the LDC counterpart. Regional umbrella projects include at least one research consultant resident in the area.

VII. Evaluation Arrangements

The project will be evaluated continually. Each of the country studies and the regional, interregional and technical umbrella projects will be closely monitored as a management function by the technical staff of the Research Division. Each year the project monitor will conduct a management review. In the second to last year of each contract or cooperative agreement for the umbrella agreements, an evaluation of that particular effort will be made. These evaluations will be jointly conducted by Research Division staff and outside experts. Recommendations concerning future directions will be made.

In 1987 and again in 1991, intensive evaluations of the overall operations research project will be conducted by independent experts. These evaluations will focus on the project's achievements and failures. The specific evaluation criteria will include an assessment of the project's impact on increasing contraceptive prevalence. The worth and benefit of the cost-effective analyses conducted under the project will be reviewed. The extent to which population policies have been affected by the operations research project will be another of the evaluation criteria. The evaluators will also be asked to determine how the operations research project has affected the service delivery programs in the less developed countries. The evaluations will recommend alternative approaches and changes in emphasis for the project in general and for the umbrella projects specifically.

VIII. Conditions and Covenants

Waiver - Each developing country where research, training or other assistance takes place under this project shall be deemed to be a cooperating country for the purpose of permitting local cost financing. The aggregate cost of all goods and services procured under each contract in a cooperating country from A.I.D. Geographic Code 935 countries (Special Free World) may not exceed $750,000.

Justification - The authority to procure goods and services at this level in geographic code 935 countries is essential for the implementation of the project. The essence of the operations research effort is that host country researchers design and implement OR projects with family planning managers and that OR methodology can be applied by LDC officials to make

policy decisions regarding alternative delivery systems. Therefore, except for technical assistance provided by a U.S.-based institution and U.S. purchased commodities, almost all of the expenditures in the 200 anticipated projects will be within the cooperating countries. Thus, these projects are almost totally dependent on the use of goods and services. Only through the local procurement of goods and services can the project encourage the development of improved institutional capacity to use operations research as a tool in the management of family planning programs in the developing world.

Certification - Exclusion of procurement from Free World countries other than the cooperating country and countries included in Code 941 would seriously impede attainment of U.S. foreign policy objectives and objectives of the foreign assistance program.

APPENDIX A: OVERVIEW OF THE FAMILY PLANNING OPERATIONS RESEARCH PROGRAM

The Office of Population's Operations Research (OR) Program began in 1973. Its primary purpose is to assist policymakers and program managers in designing, implementing and evaluating effective and efficient family planning and basic health delivery systems that make services more fully available, at a reasonable cost, to rural and urban poor in developing countries. As a corollary objective, the program supports diagnostic/evaluation research aimed at improving existing family planning and primary health care delivery systems.

Principal characteristics of the Operations Research Program are outlined below:

Project Sites

- A total of 74 operations research country studies have been developed - 12 in Africa, 24 in Asia, 12 in the Caribbean, 18 in Latin America and 8 in the Near East. In addition, there have been eight umbrella OR projects: two regional projects in Asia and one in the English-speaking Caribbean; three technical umbrella OR projects, including one on natural family planning and two on management/supervision; and two interregional OR projects.

- The project sites are located in 32 countries, covering a total population of over 35 million.

- Fifty-two operations research projects are currently ongoing - 12 in Africa, 14 in Asia, 11 in the Caribbean, 5 in Latin America, 3 in the Near East, and 7 umbrella projects.

Project Implementation

- Executing agencies include both public and private host-country institutions. Technical assistance is provided by ST/POP/R staff and by various intermediary organizations under contract with A.I.D. (Columbia University, Family Health International, Johns Hopkins University, the Population Council, Tulane University, the University of Michigan, the National Academy of Sciences, and the International Federation for Family Life Promotion).

Study Design

- All but 11 of the country studies developed to date involve non-clinical, community-based distribution systems, relying on local, lay personnel; 37 are household contraceptive distribution projects, and 26 are village-based distribution experiments.

  - Household distribution projects entail an initial canvassing of all households in a catchment area during which family planning, and in many cases, health information and services are provided, along with referral for clinical methods. Resupply of contraceptives and health commodities is subsequently provided through community-based distribution points or clinics.

  - Village-based distribution projects establish a service point in communities and do not involve systematic household visits.

- Thirty-two (43 percent) of the country studies have a health component (e.g., oral rehydration therapy, immunization and anti-parasite drugs for young children, iron supplementation and tetanus toxoid immunization for pregnant women, nutrition surveillance, simple household drugs) in their delivery systems.

- The research design of these projects ranges from feasibility or simple demonstration studies to quasi-experimental studies. Of the 74 OR studies to date, 4 are feasibility-only studies, 31 are field experiments involving pre- and post-intervention surveys, 29 have both experimental and control groups, 9 are classified as diagnostic research and 1 involves multiple designs.

- Specific program issues examined, reflecting host country priorities, include: appropriate contraceptive mix, combining contraceptives with health and other developmental actions, types of distributors, length and type of training and supervision, agent remuneration, pricing policies, contraceptive resupply and continuation rates, and cost-effectiveness.

Documentation and Dissemination of Findings

- The Operations Research Program has sponsored:

  - regional conferences on community-based contraceptive distribution in Africa/Near East, Asia and Latin America;

  - international workshops on cost-benefit/cost-effectiveness analysis as well as family planning and health interventions in community-based distribution projects;

  - operations research workshops;

  - widespread dissemination of findings in numerous state-of-the-art documents, project reports and publications in professional journals.

  - publication of a Handbook for Family Planning Operations Research Design.

Program Budget

- By the end of FY 83, Operations Research Program obligations totalled approximately $31 million, including some health and nutrition funds and contributions from USAID Missions.

Lessons Learned

- Preliminary or final results from ongoing and completed operations research projects indicate, in a wide range of socio-cultural settings, that:

  - Community-based distribution of family planning and basic health services by locally recruited and specially trained non-professionals is acceptable, safe, feasible and cost-effective;

  - Contraceptive prevalence rates have doubled, on average, within 1-2 years, particularly in areas where previous levels of use of modern methods of contraception were low;

  - The projects have affected how governments organize and manage family planning and primary health care programs. A total of 19 projects have been replicated or expanded. Many of the projects have resulted in major policy changes and improvements in service delivery. Countries where A.I.D. family planning operations research activities have had an important policy and/or programmatic impact include: Bangladesh, Brazil, Colombia, Egypt, Guatemala, Haiti, Mexico, Morocco, Nigeria, Sudan, Sri Lanka and Tunisia.

. Insights into service delivery issues include:

- The addition of new contraceptive methods to a delivery system resulted in a net gain in the level of acceptance in the three projects where this was tested;

- In four projects where the effect of incorporating other health or community development services into the delivery system was examined, costs increased but FP acceptance was not affected;

- The three projects that assessed the importance of distributor characteristics such as age, sex and marital status found that these variables account for little or none of the observed differences in distributor performance;

- In four projects, the effect of charging a fee (approximately wholesale supply cost) for family planning methods ranged from weakly negative to zero;

- Several projects have produced qualitative and quantitative descriptions of the cost and effectiveness of different approaches to supervision.

. Insights into project design and evaluation include:

- It is important to solicit the participation of the community to be served by the delivery system in the planning phase, including local, religious and civic leaders;

- When distributors are to be trained to provide several services, it is useful to introduce these services in a phased pattern rather than at one time;

- Small scale, rapid turnover "mini-surveys" are useful in addressing a number of issues related to project implementation;

- Research designs should take into account the inability of the program to fully control field conditions;

- Information on the process of service delivery is essential to the interpretation of impact data.

January 1984

SUMMARY OF CHANGES IN CONTRACEPTIVE PREVALENCE AMONG
SELECTED OPERATIONS RESEARCH PROJECTS

Project Title	Country	Study Population Size	Before Intervention Prevalence	After Intervention Prevalence	Absolute Change (%)	Relative Change (%)	Before/After Time Period
Matlab	Bangladesh	125,000	1.1	15.0	13.9	1,263.6	1 year
		125,000 (control)	2.9	3.6	0.7	24.1	1 year
Modified Matlab	Bangladesh	160,000	10.0	31.0	21.0	210.0	1 year
CPAIMC	Brazil	21,000	70.1	74.7	4.6	6.6	7 months
Boyaca	Colombia	300,000	16.0	63.0	47.0	293.7	3 years
Shanawan	Egypt	14,000	18.4	31.0	12.6	68.5	1 year
38-Villages	Egypt	200,000	19.1	27.7	8.6	45.0	8 months
Menoufia	Egypt	1,400,000	19.0	23.0	4.0	21.1	2 years
INCAP	Guatemala	150,000	14.0	17.0	3.0	21.4	11 months
Household Distribution (HBD)	Haiti	26,000	1.4	25.5	24.1	1,721.4	8 months
Euiryong	Korea	21,000	34.0	41.0	7.0	20.5	4 months
Cheju	Korea, Cheju Prov.	432,000	19.4	39.9	20.5	105.7	5 years
	Hapchun Cty.	145,000 (control)	27.3	44.7	17.4	63.7	5 years
San Pablo Autopan	Mexico	8,000	6.6	34.0	27.4	415.2	21 months
VDMS	Morocco	Marrakech City	49.0	65.0	16.0	32.7	4 months
		Rural Area	11.0	45.0	34.0	309.1	4 months
		Total 1,200,000					
MCH/Family Planning	Nicaragua	720,000	4.4	6.2	1.8	40.9	1 year
Feasibility and Effectiveness	Taiwan	160,000	47.0	62.7	15.7	33.4	4 years
		170,000 (control)	47.0	66.2	19.2	40.9	4 years
PFAD	Tunisia	30,000	6.6	17.7	11.1	168.1	28 months
PFPC	Tunisia	144,000	26.0	33.1	7.1	27.3	16 months

APPENDIX B
AID 1020-28 (1-72)

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 84 to FY 93
Total U.S. Funding $97,624
Date Prepared: January 1984

Project Title & Number: Family Planning Operations Research - 936-3030

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal: The broader objective to which this project contributes: (1) Enhance the freedom of individuals in LDCs to choose voluntarily the number and spacing of their children; and (2) Encourage population growth consistent with the growth of economic resources and productivity.	**Measures of Goal Achievement:** 1. LDC couples' actual and desired fertility are consistent. Safe, affordable contraceptives available to all couples desiring to use them. 2. Steady economic and social development is not hindered by excessive population growth.	Census information, vital statistics, demographic and family planning surveys, impact studies. Sector assessments, qualitative verification of actual availability of supplies and services.	**Assumptions for achieving goal targets:** 1. Couples wish to voluntarily choose the number and spacing of children, and will utilize acceptable and accessible means of family planning. 2. Excessive population poses a threat to sustained economic and social development.
Project Purpose: Improve, through operations research, the acceptability, accessibility and cost-effectiveness of family planning and maternal-child health (FP/MCH) service delivery systems. Support the institutionalization of operations research in LDC programs.	**Conditions that will indicate purpose has been achieved: End of project status.** 1. Utilization of operations research findings by host country officials in the design and modification of FP/MCH programs. 2. Continued use of operations research as a tool to improve the cost-effectiveness, acceptability and accessibility of FP/MCH service delivery programs.	1. Final reports of country studies. 2. Evaluations and assessments of country studies and overall project.	**Assumptions for achieving purpose:** 1. Program officials lack empirical data to evaluate program inputs. 2. Officials will use empirical data to improve program. 3. OR is an appropriate management tool to improve services.
Outputs: 1. Improved FP/MCH delivery systems. 2. Improved ability by LDC program administrators to change and assess their service delivery systems. 3. Documentation and dissemination of findings.	**Magnitude of Outputs:** 200 Country studies that will result in substantial improvement of FP/MCH delivery systems 550 Separate publications 18 workshops and conferences	1. as above 2. Survey and process data both from this project and other sources. 3. Participant observations, other qualitative data, and on-site observations.	**Assumptions for achieving outputs:** 1. Program officials wish to improve FP/MCH services. 2. Competent researchers can be identified.
Inputs:	**Implementation Target (Type and Quantity)** All Years ($000)		**Assumptions for providing inputs:** 1. Congressional appropriations permit programming AID/W funds at planned levels. 2. USAIDs able to provide some logistical/financial support. 3. Participating LDCs able to pay part of local survey costs. 4. AID/W technical staff available. 5. AID resources available in a timely/flexible manner.
AID/W, S&T	$73,218		
AID/W, Regional Bureaus	9,762		
USAID Missions	14,644		
TOTAL	$97,624		
Personnel/Consultants	(30,362)		
Travel and Per Diem	(13,283)		
Subagreements	(24,783)		
Other Costs	(29,196)		
	$97,624		

APPENDIX C

COUNTRY AND RESEARCH PRIORITIES FOR OPERATIONS RESEARCH PROJECTS

	OR Projects Implemented (FY 73-83)			OR Projects Planned (FY 84-93)			
				Research **	Estimated # New Projects		
Region/Country	Completed	Active*	Total	Priorities	FY 84-88	FY 89-93	Total
ASIA							
Bangladesh	3	1*	4	B	2	3	5
Burma	-	-	-	A	1	2	3
India	-	-	-	B	3	4	7
Indonesia	-	-	-	C	3	3	6
Korea	2	-	2	-	-	-	-
Nepal	-	-	-	A	1	1	2
Pakistan	-	-	-	B	2	1	3
Philippines	1	6*	7	B	5	6	11
Sri Lanka	2	1	3	C	4	2	6
Taiwan	1	-	1	-	-	-	-
Thailand	1	6*	7	C	5	4	9
Total	10	14	24		26	26	52

*Resident Advisor

** Operations Research Priorities:

A: Diagnostic or demonstration projects focusing on improving the acceptability of and access to FP/MCH services; OR projects will cover service delivery costs, where needed.

B: Diagnostic/demonstration projects or operations research on service delivery components; OR projects will generally cover service delivery costs.

C: Operations research on service delivery components, particularly issues of supervision, management, financing schemes and cost-effectiveness; OR projects will not cover service delivery costs.

COUNTRY AND RESEARCH PRIORITIES FOR OPERATIONS RESEARCH PROJECTS

	OR Projects Implemented (FY 73-83)			OR Projects Planned (FY 84-93)			
				Research **	Estimated # New Projects		
Region/Country	Completed	Active*	Total	Priorities	FY 84-88	FY 89-93	Total
AFRICA							
Botswana	-	-	-	A	1	1	2
Burundi	-	-	-	A	1	1	2
Cameroon	-	-	-	A	1	1	2
Ghana	-	-	-	A	1	1	2
Ivory Coast	-	-	-	A	1	1	2
Kenya	-	2*	2	A	4	2	6
Lesotho	-	-	-	A	-	1	1
Liberia	-	1	1	A	1	1	2
Malawi	-	-	-	A	-	1	1
Mali	-	-	-	A	1	1	2
Mauritania	-	-	-	A	-	1	1
Mauritius	-	1	1	A	1	-	1
Niger	-	-	-	A	-	1	1
Nigeria	-	2*	2	A	2	3	5
Rwanda	-	-	-	A	1	2	3
Senegal	-	-	-	A	2	2	4
Sierra Leone	-	-	-	A	1	1	2
Somalia	-	-	-	A	1	1	2
Sudan	-	2*	2	A	1	1	2
Swaziland	-	-	-	A	-	1	1
Tanzania	-	1*	1	A	-	-	-
Togo	-	1	1	A	1	1	2
Uganda	-	-	-	A	1	1	2
Upper Volta	-	-	-	A	1	1	2
Zaire	-	1	1	A	2	2	4
Zambia	-	1	1	A	1	1	2
Zimbabwe	-	-	-	B	2	2	4
Total	-	12	12		28	32	60

*Resident Advisor

COUNTRY AND RESEARCH PRIORITIES FOR OPERATIONS RESEARCH PROJECTS

	OR Projects Implemented (FY 73-83)			OR Projects Planned (FY84-93)			
Region/Country	Completed	Active*	Total	Research ** Priorities	Estimated # New Projects FY 84-88	FY 89-93	Total
CARIBBEAN							
Antigua	-	-	-	B	1	-	1
Barbados	-	1*	1	B	1	1	2
Dominica	-	2	2	B	1	1	2
Dominican Rep.	-	-	-	B,C	2	2	4
Grenada	-	-	-	B	1	1	2
Haiti	1	2	3	B	3	2	5
Jamaica	-	1	1	B	1	1	2
St. Kitts	-	1	1	B	1	1	2
St. Lucia	-	2	2	B	1	1	2
St. Vincent	-	1	1	B	-	2	2
Intra-Country (Barbados, St. Lucia, St. Vincent)	-	1	1	B	-	-	
Total	1	11	12		12	12	24

	OR Projects Implemented (FY 73-83)			OR Projects Planned (FY 84-93)			
Region/Country	Completed	Active*	Total	Research ** Priorities	Estimated # New Projects FY 84-88	FY 89-93	Total
LATIN AMERICA							
Belize	-	-	-	B	-	1	1
Bolivia	-	1	1	A	2	3	5
Brazil	2	-	2	B,C	-	-	-
Colombia	1	2*	3	C	2	1	3
Ecuador	-	-	-	B	3	3	6
El Salvador	-	-	-	B	-	2	2
Guatemala	5	1	6	B	2	2	4
Guyana	-	-	-	B	-	1	1
Honduras	-	-	-	B	1	1	2
Mexico	3	1	4	B,C	4	2	6
Nicaragua	1	-	1	B	-	-	-
Panama	-	-	-	B,C	2	1	3
Paraguay	-	-	-	B	1	-	1
Peru	1	-	1	A,B	3	2	5
Total	13	5	18		20	19	39

*Resident Advisor

COUNTRY AND RESEARCH PRIORITIES FOR OPERATIONS RESEARCH PROJECTS

	OR Projects Implemented (FY 73-83)			OR Projects Planned (FY 84-93)			
				Research **	Estimated # New Projects		
Region/Country	Completed	Active*	Total	Priorities	FY 84-88	FY 89-93	Total
NEAR EAST							
Algeria	-	-	-	A	1	2	3
Egypt	2	2*	4	B	3	3	6
Jordan	-	-	-	A	1	2	3
Morocco	1	1	2	B	2	2	4
Tunisia	2	-	2	B,C	1	2	3
Turkey	-	-	-	B	1	2	3
Yemen	-	-	-	A	1	2	3
Total	5	3	8		10	15	25

*Resident Advisor

	Umbrella OR Projects Implemented (FY 73-83)			Umbrella OR Projects Planned (FY 84-93)			
				Research **	Estimated # New Projects		
Type of Project	Completed	Active*	Total	Priorities	FY 84-88	FY 89-93	Total
Regional OR Projects							
Africa (See Interreg. OR)	-	-	-	A,B	-	1	1
Asia	1	1	2	A,B,C	1	1	2
Caribbean	-	1	1	B,C	1	1	2
Latin America	-	-	-	A,B,C	1	1	2
Near East	-	-	-	A,B,C	1	1	2
Interregional OR Projects							
CPFH (focus on Africa)	-	1	1	A,B,C	1	1	2
JHU	-	1	1	A,B,C	1	1	2
Technical Umbrella OR Projects							
NFP	-	1	1	A,B	2	1	3
Management/ Supervision	-	2	2	C	3	2	5
Other	-	-	-	B,C	3	3	6
Total	1	7	8		14	13	27

APPENDIX D.
Description of Ongoing Operations Research
Contracts and Cooperative Agreements

A. Country - Specific OR Projects

1. Contract DPE-0632-C-0020-1200 with the Population Council (Bangladesh).

2. Contract DSPE-C-0084 with the Population Council (Colombia).

3. USAID/Guatemala contract with MOH/INCAP.

4. USAID/Port-au-Prince Contract with the MOH.

5. USAID/Port-au-Prince Contract with the Haitian Arab Center.

6. Contract DSPE-C-0089 with Tulane University (Zaire).

B. Regional Umbrella OR Projects

1. Contract DPE-0632-C-00-1029 with the Population Council (Asia).

2. Contract DPE-C-00-2007 with Tulane University (Caribbean).

C. Interregional Umbrella OR Projects

1. Cooperative Agreement AID/DSPE-CA-0043 with Columbia University.

2. Contract DSPE-C-0055 with Johns Hopkins University.

D. Technical Umbrella OR Projects

1. Cooperative Agreement 932-0632-CA-3049 with the International Federation for Family Life Promotion.

2. Contract 932-0632-C-3065 with the University of Michigan.

3. Grant DPE-0643-G-3068-00 with the National Academy of Sciences.

ONGOING OPERATIONS RESEARCH PROJECTS

1. Contract No.: DPE 0632-C-0020-1200

2. Project Title: Integrated Program of Operations Research

3. Country: Bangladesh

4. Contractor/Grantee: Population Council

5. Host Country Institution: International Center for Diarrhoeal Disease Research, Bangladesh (ICDDR, B)

6. Project Duration: 05/01/82 through 05/15/84

7. Project Site: Matlab Thana

8. Funding Information:

(000s)	FY	Account Pop	Hea	Other	Total
	82	189			189
	Total	189			189

9. Project objectives/description:

Project activities include (1) in-service training to develop ICDDR,B staff capacity in operations research methods, (2) supervision and monitoring of the family planning evaluation system, (3) coordination of research and data analysis, (4) dissemination of operations research results, (5) development of computational facilities and capacities.

10. Progress to date:

A resident advisor has been assigned to ICDDR, B and research activities are under way.

ONGOING OPERATIONS RESEARCH PROJECTS

1. Contract No.: C-0084

2. Project Title: Community Distribution in Rural Colombia (Profamilia)

3. Country: Colombia

4. Contractor/Grantee: Profamilia

5. Host Country Institution: Family Planning Association

6. Project Duration: 09/30/80 through 02/29/84

7. Project Site: States of Cesar, Cauca, Narino, and the North Coast

8. Funding Information:
(000s)

FY	Account Pop	Hea	Other	Total
80-81	659			659
82	297	100		397
Total	956	100		1056

9. Project objectives/description:

The purpose of the project is to test what happens to contraceptive prevalence rates and program utilization when field workers cease to promote family planning and the program enters a maintenance phase of resupply and collection of program statistics. Another purpose is to try new resupply and data collection schemes. A third purpose is to use a team of field workers to intensely cover an area and then leave it in a maintenance phase. A fourth objective is to test the effect of an incentive syscem which rewards higher sales by distribution post managers.

10. Progress to date:

The field worker teams were trained and completed their work in Cauca and Cesar. Pre and post-surveys have been conducted and analyzed. Several resupply and data collection alternatives have been tried. The best resupply system may be to send supplies through the mail and/or on public transportation rather than have someone delivering or collecting the supplies. The field worker team is working on the North Coast. They will promote family planning and not establish new distribution posts. Promoters in this area will operate under an incentive system which rewards higher sales. Prevalence in the maintenance areas will be monitored and a study of unmet need is planned for 1983. One of the field worker teams (a man and a woman who work together) have been quite successful in motivating people to use the program and to establish distribution posts in previously uncovered areas. The cost per couple year of protection provided by this team was $1.44, whereas the overall average cost was $3.15.

ONGOING OPERATIONS RESEARCH PROJECTS

1. Contract No.: USAID/Guatemala Contract

2. Project Title: PRINAPS (Extension)

3. Country: Guatemala

4. Contractor/Grantee: Ministry of Health/INCAP

5. Host Country Institution: Ministry of Health/INCAP

6. Project Duration: 09/26/83 through 09/26/84 (to be extended thru 9/26/85)

7. Project Site: Baja Verapaz

8. Funding Information:

(000s)	FY	Account Pop	Hea	Other	Total
	79-82	459			459
	83	75	75		150
	Total	534	75		609

9. Project objectives/description:

The original Prinaps project provided family planning and health services through 356 volunteer health promoters trained and supervised by rural health technicians. The extension project, through a sub-contract with INCAP, will analyze ongoing service delivery and supervision, focusing on family planning and oral rehydration. The original project provided only limited insight into low level of acceptance of these services. Methodologies will include review of the literature on supervision, evaluation of available data and reports, interviews with supervisors, direct observation of supervisory visits and client visits, development of case studies, presentation of findings at MOH workshops and distribution of written analyses within the MOH.

10. Project to date:

Project began Sept. 26, 1983.

ONGOING OPERATIONS RESEARCH PROJECTS

1. Contract No.: USAID/H Contract

2. Project Title: Fertility Impact of Family Planning Programs

3. Country: Haiti

4. Contractor/Grantee: MOH

5. Host Country Institution: DSSP (MOH)

6. Project Duration: 09/14/81 through 09/16/84

7. Project Site: Rural Haiti

8. Funding Information:
(000s)

FY	Account Pop	Hea	Other	Total
81	204			204
82	108			108
83	-			-
84	123			123
Total	435			435

9. Project objectives/description:

The project builds on an earlier household distribution program in Fond Parisien, St. Marc and Leogane (10/77-12/81). This project showed that making available family planning services through household distribution village retail outlets and community volunteers resulted in increases of contraceptive prevalence in rural Haiti. The follow-up project is being conducted to improve the provision of low-cost family planning MCH services by community volunteers and health agents in rural areas. Variations of service delivery are being tested in the South Health Region. The project evaluation will be based on results of baseline and endpoint surveys, service statistics and mini-surveys. Another objective of the project is to strengthen the institutional capacity of the Haitian Division of Family Hygiene to carry out operations research. Technical assistance is provided by a full-time resident advisor assigned by Columbia University.

10. Progress to date:

The first round of door-to-door contraceptive distribution by SNEM community volunteers in the South Region was completed in August 1983. Preliminary results suggest that over 50% of couples in some neighborhoods accepted condoms or pills.

ONGOING OPERATIONS RESEARCH PROJECTS

1. Contract No.: USAID/Haiti Contract

2. Project Title: FP/OR/Cite Simone

3. Country: Haiti

4. Contractor/Grantee: Haitian Arab Center

5. Host Country Institution: Haitian Arab Center

6. Project Duration: 07/15/83 through 12/31/84

7. Project Site: Cite Simone

8. Funding Information:

(000s)	FY	Account Pop	Hea	Other	Total
	83	58			58
	Total	58			58

9. Project objectives/description:

The project consists of a 16-month operations research study. The goal of the study is to test alternative delivery systems of health and family planning services within the context of an urban slum in Port-au-Prince. The project site is Cite Simone, with a population of about 100,000.

The objectives are:

1. To develop a more realistic and acceptable model for making family planning services widely available to the urban poor.

2. To evaluate the role that traditional birth attendants (matrones) may play in increasing family planning acceptance and continuation.

10. Progress to date:

The project was implemented in August of 1983. No results to date.

ONGOING OPERATIONS RESEARCH PROJECTS

1. Contract No.: C-0089

2. Project Title: PRODEF

3. Country: Zaire

4. Contractor/Grantee: Tulane University

5. Host Country Institution: Bapist Community of West Zaire

6. Project Duration: 10/01/80 through 01/31/85

7. Project Site: Bas Zaire

8. Funding Information:
(000s)

FY	Account Pop	Hea	Other	Total
80-81	441			441
82	150	98		248
83	58	56		114
Total	649	154		803

9. Project objectives/description:

The project PRODEF is designed to test the relative impact and cost-effectiveness of two alternative strategies for improving the health of women of reproductive age (WRA) and young children: (1) use of outreach workers to provide at each household an initial free supply of contraceptives to WRA and to sell basic medicaments for young children, with resupplies available at local dispensaries and village depots (matrones); and (2) stocking of local dispensaries and village depots with contraceptives and drugs, but with no outreach activities. Urban and rural target populations are randomly divided into experimental and control groups. The delivery system includes: household distribution of OCs, condoms and foam with referral for IUDs, injectables (government supplied) and tubal ligations, and (in rural areas only) selected drugs for young children (chloroquine, oralyte, mebendazole, aspirin).

10. Progess to date:

- Results of the baseline survey are available in French and English reports.
- Three rounds of home visits have been completed in the urban and rural target areas.
- The final survey has been completed in the rural area; the final survey in the urban area will be launched January 1984.
- Permanent resupply mechanisms have been established through stocking of local dispensaries and matrones.
- A 25 minute, 16 mm film on family health (in French and local languages) has been completed.
- The final project evaluation will include a qualitative and quantitative assessment as well as a detailed cost-effectiveness analysis.

ONGOING OPERATIONS RESEARCH PROJECTS

1. Contract No.: C-1029

2. Project Title: Regional OR/POP Council

3. Country: Regional (Asia)

4. Contractor/Grantee: Population Council

5. Host Country Institution: Multiple

6. Project Duration: 09/30/81 through 09/29/85

7. Project Site: Asian Countries (Multiple)

8. Funding Information:
(000s)

FY	Account Pop	Hea	Other	Total
80-81	469			469
82	506	200	28	734
83	237	101	21	359
84	200	49	-	249
Total	1412	350	49	1811

9. Project objectives/description:

The Population Council encourages and supports operations research activities aimed at improving family planning services in Asia. The Population Council will sponsor interregional and in-country workshops and provide direct technical assistance to develop proposals, implement projects and disseminate results. The project supports one full-time person, two people for 1/3 time and another for two months. All but one of the project staff live in Bangkok and all staff travel extensively in the region.

10. Progress to date:

Workshops have been held in Bangkok (3), Nepal, the Philippines and India. Twelve subprojects have been approved. Six are in the Philippines, five in Thailand and one in Sri Lanka. Seven of the subprojects incorporate a program intervention designed to modify some aspect of the service delivery system. Two subprojects assess the impact of on-going program activities. The other three seek to understand more fully factors influencing the acceptance of family planning. The project has published a detailed Handbook for Family Planning Operations Research Design written by project staff members.

ONGOING OPERATIONS RESEARCH PROJECTS

1. Contract No.: C-2007

2. Project Title: Regional OR (Caribbean)

3. Country: Regional Caribbean

4. Contractor/Grantee: Tulane University

5. Host Country Institution: Multiple

6. Project Duration: 06/01/82 through 05/31/85

7. Project Site: English-Speaking Caribbean (Multiple)

8. Funding Information:
(000s)

	Account			
FY	Pop	Hea	Other	Total
82	231	150		381
83	266	100		366
84	142	75		217
Total	639	325		964

9. Project objectives/description:

Tulane University promotes and supports family planning operations research in the English-speaking Caribbean; Antigua-Barbuda, Bahamas, Barbados, Dominica, Grenada, Jamaica, St. Kitts-Nevis, St. Lucia, St. Vincent, Belize and Guyana where 4 million people live. The objective is to improve family planning service delivery by making the services more acceptable and/or more effective. Tulane University will establish subagreements with up to 10 private and public organizations to test service delivery improvements. These subprojects will total about $400,000. In addition, Tulane University will establish a regional office in Barbados.

10. Progress to date:

Four projects are underway. One is to improve contraceptive continuation in St. Vincent; the second is to study the acceptability and cost-effectiveness of providing family planning services in factories in St. Lucia; the third in Barbados is to implement and evaluate two strategies to delay a second pregnancy among teenage mothers; the fourth is to systematically test the effects of sex education in schools on contraceptive use and pregnancy rates in St. Kitts-Nevis. Four other projects have been approved: St. Lucia (peer counseling and teen clinics), Dominica (male motivation), Dominica (youth clinics), and Jamaica (alternative approaches to CBD). A ninth project to evaluate the regional social marketing program is under consideration.

ONGOING OPERATIONS RESEARCH PROJECTS

1. Contract No.: CA-0043

2. Project Title: Operations Research for Family Planning Programs

3. Country: Interregional

4. Contractor/Grantee: Columbia University

5. Host Country Institution: Multiple

6. Project Duration: 07/01/79 through 06/30/84 (to be extended thru 9/30/84)

7. Project Site: Multiple

8. Funding Information:

(000s)	FY	Account Pop	Hea	Other	Total
	79-81	7,164			7,164
	82	1,600	1100		2,700
	83	816	1415	35	2,266
	Total	9,580	2515	35	12,130

9. Project objectives/description:

The cooperative agreement has three broad objectives:

1) To design, implement and evaluate FP/MCH operations research projects, with special focus on Latin America and Africa;

2) To provide long and short-term technical assistance in operations research and family planning program evaluation; and

3) To improve the availability of information on FP/MCH operations research.

10. Progress to date:

- 13 operations research projects have been initiated - 3 in Haiti, Brazil, Guatemala, Mexico, Peru, Sudan (2), Nigeria (2), Sri Lanka, Tanzania. New projects are expected to begin soon in Togo and Burundi.
- Resident advisors are currently stationed in 5 countries - Haiti, Sudan, Nigeria, Tanzania, Thailand.
- CPFH has provided, through central and resident staff, extensive technical assistance.
- In six countries, results have been replicated in larger-scale projects or incorporated into the expansion of an existing FP/MCH delivery system.
- A well-functioning library and information/clearinghouse has been established.
- An outside evaluation was conducted in April 1983. The team cited CPFH a a unique resource in operations research and recommended continued A.I.D. support to the program. Specific recommendations included: greater emphasis on documenting and disseminating experience to date and greater degree of definition and standardization in the Center's processes for carrying out its activities.

ONGOING OPERATIONS RESEARCH PROJECTS

1. Contract No.: CA-0055

2. Project Title: Family Planning Service Improvement Through OR

3. Country: Interregional

4. Contractor/Grantee: Johns Hopkins University

5. Host Country Institution: Multiple

6. Project Duration: 09/28/79 through 09/30/86

7. Project Site: Multiple

8. Funding Information:

(000s)	FY	Account Pop	Hea	Other	Total
	79-81	2396			2396
	82	280	150		430
	83	252	256		508
	84	201	250	33	484
	85	250	202		452
	86	102	52		154
	Total	3,481	910	33	4,424

9. Project objectives/description:

The general objective of the project is to improve the cost-effectiveness and acceptability of family planning programs. The initial activity was to review the activities of the Research Division of the Office of Population and to recommend new approaches or areas of concentration in operations research. The project provides technical assistance to country programs, provides support to operations research projects in developing countries and disseminates research results.

10. Progress to date:

The assessment of the operations research program has been completed and is reported in Community-Based Distribution of Contraception: A Review of Field Experience. Other publications include Evaluating Population Programs: International Experience with CEA/CBA and Health Interventions in Community-Based Distribution Programs. Two international workshops have been held. The project has supported resident advisors in Kenya and Egypt. Three subcontracts have been implemented; two are underway in Kenya and another one has been completed in the slums of Rio de Janeiro, Brazil. Technical assistance has been provided to a wide range of African and Asian family planning programs.

ONGOING OPERATIONS RESEARCH PROJECTS

1. Contract No.: CA-3049

2. Project Title: Regional OR/NFP

3. Country: Regional (Africa)

4. Contractor/Grantee: International Federation for Family Life Promotion (IFFLP), Washington DC

5. Host Country Institution: Multiple

6. Project Duration: 08/01/83 through 07/31/88

7. Project Site: Liberia, Mauritius, Zambia and other African Countries

8. Funding Information:

(000s)	FY	Account Pop	Hea	Other	Total
	83	830			830
	84	440			440
	85	497			497
	86	595			595
	Total	2,362			2,362

9. Project objectives/description:

The purpose of this project is to carry out a program directed towards (a) the establishment and improvement of natural family planning (NFP) demonstration programs in Liberia and Zambia with training services and evaluation components, (b) the evaluation of Action Familiale, Mauritius, which is a well-established NFP program, and (c) the provision of technical assistance in NFP in Africa as requested by AID/W and USAID Missions. The main objectives of the demonstration projects in Liberia and Mauritius are to formalize national NFP development plans and develop instruction training programs; to train NFP teachers and develop functional service programs and training capabilities, and to evaluate and improve the service programs which includes cost-effectiveness and use-effectiveness analyses. The main objectives of the Mauritius project which will be conducted between 8/83-7/85 is to systematically describe and evaluate an ongoing successful national NFP program, to develop optional program standards; to improve NFP programs based on the outcome of a systematic evaluation; and to develop NFP evaluation procedures so that they can be used elswhere. Both the demonstration and evaluation projects include involvement of public and private sector workers.

10. Progress to date:

Site visits and consultant meetings have been held. The first phase (8/83-12/84) of the three subprojects has begun; NFP Advisory Committees and Task Force have been established, national NFP development plans are being established and country-specific training materials are being prepared.

ONGOING OPERATIONS RESEARCH PROJECTS

1. Contract No.: C-3065

2. Project Title: Managing Delivery Systems

3. Country: Multiple

4. Contractor/Grantee: University of Michigan

5. Host Country Institution: Multiple

6. Project Duration: 08/31/83 through 08/31/85

7. Project Site: Multiple

8. Funding Information:

(000s)	FY	Account Pop	Hea	Other	Total
	83	196	47		243
	Total	196	47		243

9. Project objectives/description:

The primary objective is to improve the delivery of family planning services by developing a plan to identify and change organization obstacles to effective program implementation.

The project will consist of (1) a review of the literature about organizational structure, management and supervision of family planning programs, (2) conducting in-depth interviews with family planning policymakers, administrators and supervisors in the U.S., largely among the donor community, and in six to nine countries in the developing world, (3) conducting a more formal survey of a much larger group of family planning administrators in the developing world and (4) preparing a detailed plan to test the changes which could be affected in the organization, management and supervision of family planning programs. The final report will contain the investigators' conclusions which will specify, in priority terms, which management and supervision techniques they believe will improve family planning service delivery.

10. Progress to date:

The review of the literature has begun and the planning for the in-depth interviews is underway.

ONGOING OPERATIONS RESEARCH PROJECTS

1. Contract No.: Grant No DPE-0643-G-53-3068-00

2. Project Title: Family Planning Program Effectiveness

3. Country: Worldwide

4. Contractor/Grantee: National Academy of Sciences

5. Host Country Institution: None

6. Project Duration: 09/19/83-8/31/85

7. Project Site: U.S.

8. Funding Information:
(000s)

	Account			
FY	Pop	Hea	Other	Total
83	150	-	-	150

9. Project objectives/description:

The OR project is partially supporting the activities of the Committee on Population and the Family Planning Effectiveness Working Group, along with other donors. Through analysis of available literature, commissioned papers and workshops, this project will summarize the factors influencing the effectiveness of FP programs, particularly management and supervision factors, and produce a set of guidelines for effective FP programs.

10. Progress to date:

The Committee on Population and the Working Group met for the first time November 10, 1983. The Working Group developed a conceptual model of FP delivery, arrived at a preliminary list of commissioned papers, and established a work plan.

APPENDIX E

PROJECT IMPLEMENTATION SCHEDULE

Activity	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
I. Documentation										
A. Review/Approval of PP	X									X
B. Contractor/Grantee Selection (RFPs, Predominant Capability, Unsolicited Proposals)	X	X	X	X	X	X	X	X	X	X
C. Prepare/Process PIO/Ts	X	X	X	X	X	X	X	X	X	X
II. OR Project Development/ Implementation/Analysis										
A. Country-specific OR Projects										
1. Ongoing-										
Bangladesh-(Pop. Council no. DPE-0632-C-00)	X									
Colombia - (Pop. Council no. DSPE-C-0084)	X									
Guatemala-(USAID/INCAP)	X	X								
Haiti -(USAID/MOH)	X									
(USAID/Haitian Arab Center)	X	X								
Zaire -(Tulane, no. DSPE-C-0089)	X	X								
2. Planned (Unsolicited proposals, RFPs)	X	X	X	X	X	X	X	X	X	X
B. Regional Umbrella OR Projects										
1. Asia										
Ongoing (Pop Council no. DPE-0632-C-00-1029)	X	X								
Planned		X_1	X_1	X_1	X_1	X_1	X_2	X_2	X_2	X_2
2. Caribbean										
Ongoing -(Tulane no. DPE-C-00-2007)	X	X								
Planned		X_1	X_1	X_1	X_1	X_1	X_2	X_2	X_2	X_2

Activity	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
3. Africa										
Planned (see C.2)						X_2	X_2	X_2	X_2	X_2
4. Latin America										
Planned	X_1	X_1	X_1	X_1	X_1	X_2	X_2	X_2	X_2	X_2
5. Near East										
Planned		X_1	X_1	X_1	X_1	X_1	X_2	X_2	X_2	X_2
C. Interregional Umbrella OR Projects										
1. Ongoing										
CPFH-(CA-0043)	X									
JHU-(C-0055)	X	X	X							
2. Planned										
CPFH (Principal focus-Africa)	X_1	X_1	X_1	X_1	X_1					
Others			X	X	X	X	X	X	X	X
D. Technical Umbrella OR Projects										
1. NFP										
Ongoing - (IFFLP-No. DPE-0632-A-00-3049)	X	X	X	X	X					
Planned - RFP(s), unsolicited proposals	X	X	X	X	X	X	X	X	X	X
2. FP Management/Supervision										
Ongoing - (NAS, No. DPE-0643-G-55-3068-00)	X	X								
(Univ. of Mich, No. DPE-632-C-00-3065-00)	X	X								
Planned - RFP(s), unsolicited proposals	X	X	X	X	X	X	X	X	X	X
3. Others - RFP(s), unsolicited proposals	X	X	X	X	X	X	X	X	X	X

Activity	FY 84	FY 85	FY 86	FY 87	FY 88	FY 89	FY 90	FY 91	FY 92	FY 93
III. Technical Assistance										
A. Resident Advisors	X	X	X	X	X	X	X	X	X	X
B. Short-term TA	X	X	X	X	X	X	X	X	X	X
IV. Documentation/Dissemination of Findings										
A. Project Summaries	X	X	X	X	X	X	X	X	X	X
B. Project Reports	X	X	X	X	X	X	X	X	X	X
C. Publications	X	X	X	X	X	X	X	X	X	X
D. Workshops/Seminars	X	X	X	X	X	X	X	X	X	X
E. International Conferences				X				X		
V. Project Evaluation										
A. Management Reviews	X	X	X	X	X	X	X	X	X	X
B. Intensive Evaluations				X				X		

1 Indicates initial contract or cooperative agreement
2 Indicates second contract or cooperative agreement

APPENDIX F

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POPULATION SECTOR COUNCIL
MINUTES

Date and Place: January 12, 1984, 10:00 am
Room 3676 NS

Participants: S&T/HP, James E. Sarn, Chairman
S&T/POP, S. Sinding
NE/TECH, C. Johnson
LAC/DR, M. Brackett
ASIA/TR, D. Oot
AFR/TR, W. Bair
PPD/PDPR, K. Piepmeier

Executive Secretary: S&T/HP, J. Shallcross

Observers: S&T/POP, S. Clark
J. Seltzer
S. Radloff
J. Shelton
E. Maguire
J. Heiby
M. Mamlouk

TOPIC: Project Paper - Strategies for Improving Service Delivery (SISD)
(LOP: FY 84-93; Est. Cost: $73,218,000 S&T, $24,406,000 Other)

DISCUSSION: Elizabeth Maguire presented the project paper. In the development of the PP, Research Division staff met with regional bureau representatives for input and priorities. Appendix C, list of country activities, was derived from these meetings. The mechanisms will include country-specific sub-projects, regional and interregional umbrella sub-projects, and technical umbrella sub-projects.

The PP gives the impression of a major increase in size and complexity over the previous OR project. Actually, funding levels in the early years of the first project reflect a slow start-up process. This will not be needed for the follow-on project. The proposed S&T/Regional Bureau funding split is 75-25.

PPC had several policy issues: 1) private vs public delivery systems (including NGOs); 2) social marketing study component; 3) recurrent costs in public and commercial areas; 4) method choice and method switching and the implications for both user

and providers (perhaps a sub-set of user perspective on page 13 of PP). These need to be addressed to obtain approval of the project at the Agency level.

Regional Bureau concerns focussed on the need for central management of the OR project; the need for testing of user perspectives; streamlining the management and evaluation schemes; how travel funding constraints would affect good monitorship; the need for technical assistance which would focus on institution building in the design of studies; the problems caused by a lengthy sub-project review and approval process, especially for small projects; the proper use of computer and other cost-saving schemes; the possibility of regional RFPs; why there was such a funding jump from the earlier project to this one.

ACTION: Sector Council endorsed the project with revisions to address the concerns listed above. An information cable to the field is needed.

TOPIC: Project Paper - Population Development Planning II

DISCUSSION: Scott Radloff presented the paper. The proposed project reflects a slight shift away from research toward development of training/planning models for host goverment planners. The budget of $35 million includes the addition of activities for LAC region and a 6% inflation rate. A summary of the project was sent to the field. Cable responses have been generally positive.

M. Brackett felt the PP must be refocused to be applicable in the LAC region. It should focus on the private sector, should include specific policy change initiatives, and should incorporate policy issues to be raised in the Mexico meeting. There is a considerable amount of data available in the LAC countries. This project should take this data and present it to Chambers of Commerce, military, and government representatives.

With the exception of M. Brackett, Council endorsed the project. She agreed to draft a technical annex for LAC.

ACTION: Radloff and Brackett will collaborate to develop an annex for LAC. Paper will be represented at next Sector Council meeting on January 19.

Distribution:
S&T/POP, S. Sinding
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