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ASSESSMENT OF THE OPERATIONS RESEARCH PROJECT AND FUTURE OPERATIONS RESEARCH NEEDS IN FAMILY PLANNING IN HAITI

by

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TABLE OF CONTENTS

Page:

GLOSSARY iii

ACKNOWLEDGEMENTS v

EXECUTIVE SUMMARY vi

I. INTRODUCTION AND BACKGROUND 1

I.1 Purpose of the Assignment 1
I.2 Team Composition and Scope of Work 1
I.3 Methodology 1
I.4 Background Data on Haiti and Family Planning 2

II. OBSERVATIONS AND FINDINGS 4

II.1 Description of Project Activities 4

II.1.1 OR Activities in the Public Sector 4
II.1.2 OR Activities in the Private Sector 5
II.1.3 Other OR Activities 6

II.2 Project Review 6

II.2.1 Management 6
II.2.2 Training 9
II.2.3 Logistics 11
II.2.4 IE&C 12
II.2.5 Services 12
II.2.6 Supervision and Motivation 14
II.2.7 Data Collection and Analysis 15
II.2.8 Cost Effectiveness 16
II.2.9 Applicability of OR Findings 18
II.2.10 Institutionalization 19

II.3 Major Accomplishments and Lessons Learned 21

III. CONCLUSIONS AND RECOMMENDATIONS 23

III.1 Conclusions and Recommendations Concerning the Current OR Project 23

III.1.1 Extension and Completion of the Current Project . . 23
III.1.2 Project Planning and Administration 23
III.1.3 Project Staffing and Technical Assistance 25
III.1.4 Training, Research Design and Analysis 26
III.1.5 Activities to be Completed During the Current Project 26

III.2 Priorities and Strategies for Future OR Activities 32

III.2.1 The Public Sector 32
III.2.2 The Private Sector 34

APPENDICES:

Appendix A: Scope of Work
Appendix B: List of Persons Contacted
Appendix C: List of Surveys and Studies on which OR Project and Columbia University Staff Provided Assistance
Appendix D: List of Persons Trained in Family Planning and Operations Research under the OR Project
Appendix E: Bibliography: Haiti - Operations Research Project Publications and Conference Presentations (1979-1984)

GLOSSARY

ACP	Agents de campagne permanente
AID/W	Agency for International Development, Washington, D.C.
APHA	American Public Health Association
AOPS	L'Association des oeuvres privees de sante (Association of Private Health Institutions)
Bon Repos	Bon Repos Maternal and Child Health Hospital
CPFH	Center for Population and Family Health, Columbia University
CPS	Contraceptive Prevalence Survey
DHFN	Division d'hygiene familiale et de nutrition (Division of Family Hygiene and Nutrition)
DMPA	Depo-Provera (trade name for depot medroxyprogesterone acetate)
DSPP	Department de la sante publique et de la population (Department of Public Health and Population)
FY	Fiscal year
GOH	Government of Haiti
IE&C	Information, Education and Communication
IUD	Intrauterine device
LAC	Latin American and Caribbean
MCH	Maternal and Child Health
MD/MPH	Doctor of Medicine and Master of Public Health
OC	Oral Contraceptive
OR	Operations Research
ORT	Oral Rehydration Therapy
PAHO	Pan American Health Organization
PHC	Primary Health Care
PRICOR	Primary Health Care Operations Research Project

SHDS	Strengthening Health Delivery Systems
SNEM	Service national des endemies majeures (National Service of Endemic Diseases - Malaria Program)
TBA	Traditional Birth Attendant
USAID	United States Agency for International Development
USAID/Haiti	Agency for International Development Mission, Port-au-Prince, Haiti
WFS	World Fertility Survey
WHO	World Health Organization

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Ms. Sue Gibson, Mr. Dick Metcalfe and Mme. Gisele Balmir of USAID provided the team with most valuable insights and critical support. Dr. Raynald Pierre-Louis, DHFN Coordinator for the OR Project and Dr. Jim Allman, Columbia University Resident Advisor, were extremely helpful in providing both key perspectives and the detailed information necessary for developing the Project review and recommendations for the future. A number of officials at AID/Washington, as well as two members of the CPFH staff at Columbia University, also provided a valuable introduction for our trip during our one day briefing in Washington.

We would like to express our warm thanks to the individuals mentioned above, as well as to many others who gave generous support during our assignment.

EXECUTIVE SUMMARY

1. INTRODUCTION

During the last seven years, Operations Research (OR) studies have been conducted in Haiti with USAID support to identify appropriate low-cost, effective and broadly replicable means of meeting the family planning needs of the population. An accompanying goal has been to develop and/or strengthen the capabilities of the public and private sector host country institutions to use OR as a management tool to diagnose and solve operational problems. The work has been carried out by the Division of Family Hygiene and Nutrition (Division d'hygiene familiale et de nutrition) (DHFN) of the Department of Public Health and Population (Department de la sante publique et de la population) (DSPP) in Haiti. The Center for Population and Family Health (CPFH) of Columbia University has provided technical assistance and training.

The initial OR Project, the Haiti Household Contraceptive Distribution Project (1977-1981), focused on demonstrating that the level of contraceptive acceptance we would be raised through community outreach programs in three rural areas of Haiti. The second Project, Operations Research on Low-Cost Delivery of Maternal and Child Health and Family Planning Services, is the focus of this report. Approved in late 1981, it aims to strengthen the DHFN's capacity to carry out OR activities. Main strategies include developing and testing a family planning service delivery system using over 100 SNEM (Malaria Program) volunteers to distribute contraceptives to households in the Miragoane area, experimenting with use of traditional birth attendants (TBAs) and public health nurses as promoters of family planning services in Cite Simone, providing technical assistance in OR to private sector institutions such as the Association of Private Health Institutions (AOPS) and Bon Repos, and helping in the design and analysis of a broad range of surveys, evaluations and research studies conducted in Haiti since 1981.

2. MAJOR FINDINGS

2.1 Significant Achievements

The OR Project has made an important contribution to family planning in Haiti by demonstrating that contraceptive acceptance and use can be significantly increased through community-based programs. In the Miragoane Project, in which contraceptives were distributed house-to-house, preliminary data indicate that the percentage of users of oral contraceptives and condoms increased from about 7% to 34% between the first and second distributions, approximately seven months apart. In Cite Simone, there was about 6% prevalence of contraceptive use when the project began. There have been approximately 2,000 new acceptors in the 16 months since community-based workers began making home visits to inform people about family planning and the availability of services within the community. Approximately 55% of those acceptors continue to attend the family planning center.

2.2 Administrative Issues

Because of bureaucratic constraints within USAID and the Government of Haiti (GOH), as well as staff shortages and other problems, Project activities have not proceeded according to the schedules indicated in the annual and periodic work plans. The Project is due to terminate in September, 1985. Because of delays, however, the amount of time remaining is not sufficient to complete planned activities.

2.3 Training

The Project has supported training in the area of family planning/primary health care (PHC) and community-based distribution of contraceptives for both high level DHFN/DSPP personnel and community-based volunteers and workers involved with the Project activities. There has been only a limited amount of training in Operations Research, including participation of key Project personnel in a month long course at Columbia University and on-the-job training based on interaction between technical assistance and local staff. It would have been useful to have also provided more practical training in OR for relevant staff in-country, possibly through periodic short workshops on design and execution of OR studies, as well as on utilization of results.

2.4 Delivery of Services

Two approaches to the delivery of community-based family planning services have been tested: in the Miragoane project, SNEM volunteers have been successfully utilized to distribute contraceptives; and in Cite Simone, TBAs and community health workers have provided effective outreach services. Logistic support was found to be a considerable constraint, particularly in the rural areas. Effective supervision is difficult to organize but critical to sustaining operations. The issue of incentives is a major unresolved problem. Further testing is needed to develop practical systems of supervision and logistical support, as well as to find non-monetary or low-cost incentives that motivate community volunteers and workers and that can be provided within the resource constraints of the programs concerned.

2.5 Applicability of Findings

The Miragoane study has made an important contribution by demonstrating how an existing service network, that of the SNEM volunteer collaborators, can be used for community-based distribution of contraceptives with what appears to be a substantial positive effect on user rates. It has helped promote serious interest on national and regional levels in adding new PHC tasks to the SNEM volunteer role and in testing the new program in additional zones. The Miragoane project, which experienced a number of problems, has also shown that while the strategy has great potential, many issues still need to be resolved. Thus integration of tasks such as contraceptive distribution into the SNEM volunteer role should move slowly, with an important step being development of OR studies in additional zones to design and test feasible strategies for resolving remaining issues.

2.6 Institutionalization

Numerous DHFN staff have been trained and have participated in OR activities. However, there are too few professional staff working in OR in the DHFN and DSPP to fill current needs and there has been a high turnover of those assigned to the OR Project. Moreover, the lack of a computer in the DHFN has meant that local staff have not had an opportunity to become skilled in this important OR tool. The efforts of the OR Project have been commendable under often difficult circumstances. However, if institutional capability in this field is to be adequately strengthened, the DSPP, in collaboration with donor groups, will have to make a stronger commitment to strengthening its personnels' understanding of using OR as a management tool and increase the capability of appropriate research and evaluation units to design and execute OR studies, as well as utilize their results.

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions and Recommendations Concerning the Current OR Project

3.1.1 Continuation of the OR Project The assessment team strongly believes that the OR Project has made important contributions to family planning in Haiti through testing innovative strategies for contraceptive delivery which have demonstrated at least initially quite impressive effects on user rates and pregnancy prevalence. Further OR activities already scheduled, for the most part, would throw additional light on both the long-term effects and the organizational and financial support that will be needed if results are to be successfully applied. The team strongly recommends that the OR Project be continued through September 1986, with certain changes suggested below.

3.1.2 Extension of the Project Completion Date Due to long delays in implementation and in view of both the large number of activities to be completed and the substantial monies (approximately $130,000) which are still available under the current agreement, the team recommends that the Project completion date be extended to September 30, 1986.

3.1.3 Administrative Changes in the Public Sector OR Activities It is recommended that planning and administrative changes be made in the remainder of the public sector OR Project to redress certain problems detailed in the report. These include preparation of a more detailed and specific work plan and budget, to be agreed upon by all parties, development of a clearer understanding of administrative roles and responsibilities among the organizations and officials involved, and convening of regular monthly meetings of all groups to facilitate communication. The work plan should cover the remainder of the Project period. It should include all OR activities the team expects to complete in the public sector within that period, as well as any requests from USAID or the DHFN for completion of additional tasks. (Some parts of the work plan cannot be detailed immediately, such as the exact design and activities during the solution testing phase of the projects in additional zones in Miragoane and Jacmel. Timing and levels of staffing and budget should nonetheless be generally estimated, with details to follow and to be reviewed for approval after they are completed during the solution development phase of the projects.) Once AID approves the work plan, protocol and budget, technical review and administration should be delegated, as much as possible, to the Project staff and DHFN, with the periodic release of Project funds depending on regular submission of adequate financial and technical reports.

3.1.4 Administrative Changes in the Private Sector OR Activities A detailed work plan and budget should also be developed for technical assistance in OR which will be provided to private sector health care institutions during the remainder of the project. The portion of the OR project that relates to the private sector could be administered separately, as one or several separate projects, if this arrangement appears most practical.

3.1.5 Staffing and technical assistance (DHFN, Columbia University, USAID) A moderate increase in staff at the Office of Research, Evaluation and Statistics in the DHFN, as well as in technical assistance, should be considered, if feasible, due to the heavy workload. Additional DHFN staff might include a senior level specialist in epidemiology and applied research, several junior social scientists with survey experience and, if possible, a computer programmer with microcomputer training. Technical assistance would include a Columbia University Resident Advisor and medium- or short-term assistance in areas specified in the work plan, with some increase in areas such as research design, training in OR and computer programming, and data processing and analysis. An additional staff member should also be recruited for the USAID mission office to assume some of the work load in health and family planning, including operational responsibility for the OR Project. This staff member could also plan, in collaboration with government officials, for how OR activities in family planning and health could be integrated into future bilateral programs.

3.1.6 Training in Operations Research Within the remainder of the Project, greater emphasis should be placed on provision of practical training in OR within Haiti, including such activities as short workshops on OR and protocol design for key management, service and research personnel who will participate in the studies.

3.1.7 Protocol Guidelines and Format Guidelines and a format for protocol development should also be prepared. In design of studies, greater attention should be given to the problem analysis and solution development phases of studies so that, if delivery strategies are to be tested, preliminary studies can assist in clarifying what strategies could best be investigated. Speedy ordering of a microcomputer for the OR Project is also recommended.

3.1.8 OR Activities in the Public Sector Activities to be completed within the public sector during the remainder of the project should include:

- further study of alternative strategies for using SNEM volunteers (and/or other community and health services personnel) as contraceptive distributors both in the commune of Miragoane and additional zones in Miragoane and Jacmel;

- OR team participation, in an advisory capacity, in DSPP/SNEM discussions and planning on national, regional and district levels for integration of selected family planning/PHC tasks into the SNEM volunteers' roles;

- provision of limited technical assistance in OR for other public sector family planning activities, including OR team collaboration with the DHFN, DSPP and USAID mission in determining how OR activities could best be integrated into on-going and future bilateral family planning programs.

3.1.9 Example of Steps in OR Project Design and Implementation The report details a number of suggestions on how public sector OR activities could be oriented so as to address more closely remaining issues raised in earlier studies, as well as produce results with greatest likelihood of successful application. For example, as studies are developed on the use of SNEM volunteers (and/or other community and health services personnel) for contraceptive distribution in additional zones in Miragoane and in Jacmel, steps in project design and implementation could include:

- completion of a plan of work and budget for this part of the project, with details on the solution testing phase of the projects to be added after they are finalized during the solution development phase;

- finalization of guidelines and format for protocol development so that these materials can be used when designing these OR activities and others;

- organization of a series of short workshops or working meetings for management, service and research staff who will be involved in the studies, with sessions covering:

    - the experiences and preliminary results of the Miragoane project, as well as lessons learned and issues still to be resolved;

    - the use of OR as a management and problem-solving tool; and

    - the general principles of OR project design and the important steps in protocol development, with group work to develop the various components of the protocols for the additional zones in Miragoane and Jacmel.

- completion of the problem analysis phase of the OR projects that are developed, which could include short studies on such issues as:

    - the attitudes of SNEM volunteers and other community volunteers and workers toward taking on additional tasks such as contraceptive distribution;

    - the effects of adding tasks to the SNEM volunteers' malaria-related duties (with at least part of the study done in the current OR project zone);

    - the potential for use of various types of community volunteers or health services workers in contraceptive distribution programs and information on their current relationships and how they might affect program design; and

    - possibilities for simplified strategies for training, supervision and logistical support, considering available resources.

- completion of the solution development phase of the projects, with consideration of issues such as:

    - the possibilities for testing one or more alternative stategies for the distribution of contraceptives such as 1) passive distribution through SNEM volunteer depots; 2) an IC&E campaign followed by passive distribution; and/or 3) one round of active household distribution followed by passive distribution; and

    - the possibilities for using low-cost strategies for motivating local staff and volunteers such as recognition or praise for work well done; small incentives such as T-shirts or hats, signs for the depots, etc.; certificates and per diem for training activities; and/or a system allowing the sale of contraceptives at low cost to provide a small amount of remuneration for the volunteers.

- completion of the solution-testing or intervention phase of the project with special attention to issues such as:

    - continuation rates and factors affecting successful maintenance of the program over the long-term;

    - cost and cost-effectiveness of the programs implemented; and

    - possible strategies for continuing the program after the OR project ends, as well as guidelines for application of findings in other zones.

- dissemination of project results through reports and presentations and/or workshops for key decision-makers.

3.1.10 OR Activities in the Private Sector Activities in the private sector should include provision of technical assistance in OR to groups such as Cite Simone, AOPS and Bon Repos, which are using OR as a tool to develop innovative family planning delivery systems. The amount and type of technical assistance to be provided should be detailed in the plan of work. It might include, for example, workshops on the use of OR and OR protocol design, and assistance on design and execution of specific studies as well as development of computer-based systems for research and management.

3.2. Priorities and Strategies for Future OR Activities

3.2.1 OR's Role in Bilateral Family Planning Programs The team recommends that as future bilateral programs are designed in family planning and health, careful consideration be given to inclusion of an effective OR component, along with the technical and financial support needed to develop and sustain it.

3.2.2 Institutional Capability in OR Serious study needs to be given to how to institutionalize OR. One possibility would be to strengthen one or more of the existing DSPP units or services which have research and evaluation responsibilities. Another would be to develop a quasi-governmental research institu-

tion with OR capability. Mechanisms should be developed within the Ministry so that 1) management and service personnel are actively involved in the design and monitoring of studies (including those developed by quasi-governmental or outside groups); and 2) findings are systematically reviewed and translated into appropriate actions.

3.2.3 An OR Training Component OR activities in units and institutions selected for strengthening should have an active in-country training component in OR, with workshops held for central staff in OR, research design, and management. Core OR staff, after participating in training of trainer sessions, should be capable of holding similar workshops at regional and district levels. Integration of OR into the curricula of health and management training institutions should also be considered for the long-term.

3.2.4 Local Design and Implementation of OR studies Emphasis in future OR programs should be placed on design and implementation of OR studies by Haitian health and research professionals with outside technical advisors providing technical support.

3.2.5 Small Grants Program Consideration should be given to the eventual development of a small grants program in OR administered within the unit or institution being strengthened.

3.2.6 Use of Available Resources for OR Project Service Costs Future OR projects that test family planning interventions should be designed, as closely as is feasible, so that service delivery costs are covered by resources available within the public or private health system and community, rather than by special OR project funds -- thus making successful interventions more easily applicable for widespread use.

I. INTRODUCTION AND BACKGROUND

I.1 Purpose of the Assignment

During the last seven years, Operations Research (OR) studies have been conducted in Haiti with USAID support to identify appropriate low-cost, effective and broadly replicable means of meeting the family planning needs of the population. An accompanying goal has been to develop and/or strengthen the capabilities of the public and private sector host country institutions to use OR as a management tool to diagnose and solve operational problems. The work has been carried out by the Division of Family Hygiene and Nutrition (Division d'hygiene familiale et de nutrition) (DHFN) of the Department of Public Health and Population (Department de la sante publique et de la population) (DSPP) in Haiti. The Center for Population and Family Health (CPFH) of Columbia University has provided technical assistance and training.

While much has been learned from family planning OR in Haiti over the past few years, many questions remain about the design and implementation of effective family planning services as well as the institutionalization of OR skills. Therefore, it was thought that an in-depth independent assessment in Haiti would be of value not only to assess lessons learned and evaluate progress of the OR projects to date but also to outline OR priorities that would help the GOH, USAID/Haiti, and AID/Washington in establishing future OR program directions.

I.2 Team Composition and Scope of Work

The members of the assessment team were:

- Ann Brownlee, Ph.D., Operations Research and Evaluation
- Betsy Stephens, MHS, Public Health and Management; Senior Associate International Science and Technology Institute
- Maria Mamlouk, MA, Demography and Family Planning (AID/W observer)

The main objective of the assessment was to explore ways to increase the OR contribution to the Haitian family planning program (see Scope of Work in Appendix A). Specifically, the team members were asked to:

a) Prepare a brief review of OR efforts in family planning covered under the AID Office of Population/Columbia University contract since 1981.

b) Prepare a summary of major recommendations for future directions of OR activities in Haiti.

I.3 Methodology

The team members met with AID/Washington personnel on January 4, 1985. They were briefed by staff of the Research Division of the AID Office of Population, Latin America and Caribbean (LAC) Division's Bureau Chiefs of Health and Population, and two staff members of Columbia University's CPFH. Upon arrival in

Haiti, team members Dr. Brownlee and Ms. Stephens developed the overall framework for the assessment. During the first week of the evaluation, they searched records, reviewed appropriate documents, and held discussions with officials from DHFN, USAID and private sector providers. They also visited service sites such as Leogane, Miragoane, Jacmel, AOPS, and Cite Simone.

The third team member, Maria Mamlouk, arrived for the last week, serving in the role of AID/W observer. The last week of the assessment was devoted to meetings with DSPP and SNEM and the preparation of the report (for a complete list of persons contacted, see Appendix B).

On January 17 the draft report was submitted to the Mission and to the OR Project team. The draft Executive Summary was translated into French and submitted to the DHFN. Debriefing meetings were held at both the Mission and at DHFN, during which findings were discussed, modifications to the report suggested, and future strategies considered.

I.4 Background Data on Haiti and Family Planning

According to the 1982 Census, Haiti has a population of more than 5 million. Recent estimates show a rate of population growth of approximately 1.8 percent per year. High fertility coupled with a young age structure -- approximately 40 percent of the population is under 15 years of age -- has resulted in a population growth rate which is not consistent with the rate of economic development within Haiti.

Important factors which contribute to low standards of living are a mountainous terrain with low arable land areas, an agriculturally-based economy vulnerable to a changing tropical climate and uncertain rainfalls, a large population which is about 76 percent rural, very high illiteracy rates, and inadequate health care. These factors are reflected in high morbidity, low life expectancy, and high infant and maternal mortality rates.

Preliminary data from the 1983 Contraceptive Prevalence Survey (CPS) show that knowledge of contraceptive methods is widespread in Haiti. Among ever-in-union women who were interviewed, knowledge of contraception in the urban areas was universal, and in the rural areas, 78.2 percent know about modern and/or traditional methods.

These knowledge figures are higher than those shown in the 1977 World Fertility Survey (WFS), suggesting a rising awareness of family planning. However, the preliminary results of the 1983 Contraceptive Prevalence Survey (CPS) show a decline in the current use of modern methods in comparison to the 1977 WFS results, as indicated in the following table.

Table I.4

Current Use Among Women Currently In Union

(Percentages)

Survey	Modern	Traditional	Total
WFS (1977)	5.4	8.9	14.3
CPS (1983)	4.2	2.5	6.7
Difference (decline)	1.2	6.4	7.6
Percent decline	22	72	53

At present it appears that the DHFN, which has the responsibility of providing for and supervising family planning services, is revising its services delivery strategies in order to stimulate further the use of contraception.

II. OBSERVATIONS AND FINDINGS

II.1 Description of Project Activities

II.1.1 OR Activities in the Public Sector

The initial OR project, the Haiti Household Contraceptive Distribution Project, (1977-1981) developed by the DHFN with support from AID's Office of Population, focused on demonstrating that the level of modern contraceptive acceptance and use could be raised through community outreach programs in three rural areas of Haiti, each with populations of between 10-12,000 people. Community members with low levels of education were trained to distribute oral contraceptives (OCs), foam and condoms to their neighbors, after explaining the advantages of family planning and checking for possible contraindications. The results in regard to contraceptive acceptance and use clearly indicated a substantial demand for contraception which the community workers were able to meet after a short training course and with relatively limited supervision. Detailed studies of the costs of the program, its impact on breastfeeding and pregnancy status, and the problems encountered in implementation and continuation were provided in numerous reports, presentations, articles and chapters in scientific publications (see Appendix E).

Based on these positive results, a second DHFN-Columbia University project with support from AID's Office of Population was approved in October, 1981, and got underway in the summer of 1982 after personnel were recruited and trained, key staff had visited innovative family planning programs in other countries (Thailand, Indonesia), and various administrative problems were resolved. This project, entitled Operations Research on Low Cost Delivery of Maternal and Child Health and Family Planning Services, has as its long range goals (i) to improve the health and well-being of rural families in Haiti through improvement and expansion of health and family planning services; and (ii) to strengthen the institutional capacity to carry out OR related to these services. The Project focused on examination of existing structures that might be utilized to deliver family planning services at the community level. After conducting a study at Arniquet and considering several strategies, it eventually concentrated on development of a community-based distribution program that utilized malaria program (SNEM) volunteers who are already part of an existing widespread malaria control structure. In the Miragoane Health District (Miragoane Commune), 109 volunteers and over 200 interested community members were trained in May-June, 1983 in family planning. Over 80 volunteers participated in door-to-door contraceptive distribution in July-August, 1983. The volunteers were retrained in December, 1983 and completed a second round of contraceptive distribution in January-March, 1984.

Preliminary results concerning contraceptive acceptors and users were available to the project staff by 15 April 1984. While only 7 percent of reported women were using OCs and condoms at the baseline survey and distribution in July-August, 1983, 34 percent reportedly were users at the time of round two. In addition, pregnancy prevalence reportedly declined between rounds 1 and 2 from 13 percent to less than 10 percent of women aged 15-49 years old visited, suggesting that the program was having an important, depressing effect on fertility. While further detailed analysis will be done on the Miragoane data to give a full and

complete picture of the OR project's impact, the presentation and reports available in summer 1984, as well as the fact that allocated funds had not all been spent, encouraged those responsible for family planning services to continue the project beyond its initial termination date (30 September 1984) for an additional year.

II.1.2 OR Activities in the Private Sector

In September 1983 a Family Planning Center opened in Cite Simone, a slum community of Port-au-Prince with a population of 100,000 people in which an extensive health care system had been developed over the previous 10 years by a private group under the direction of Dr. Carlos Boulos. The Family Planning Center was supported as part of an OR project which was designed, with assistance from Columbia University and support from AID's Office of Population, to explore delivery of services using different community-based approaches.

In the original study design it was planned to test three models: in Zone 1 a community health worker was to serve as a promoter for the Center, in Zone 2 specially-trained TBAs were asked to make home visits and refer interested women to the Center, and in Zone 3 the TBAs were to work as in Zone 2 but, in addition, were to meet with the women at the Center and resupply them at their homes after acceptance of a method. TBAs were not as enthusiastic about the program as hoped, however, due to other responsibilities and unrealistic hopes for additional revenue that were not satisfied. Testing the model in Zone 3 was not possible because many TBAs did not come to the Family Planning Center on the specific days on which they invited clients to attend.

Preliminary results indicated that the TBAs did not perform as well as had been expected. Thus in early 1984 a new approach was developed for Zone 3 in which a public health nurse was recruited to serve as a family planning promoter. The increase in new acceptors in the zones with family planning promoters was striking initially, particularly in Zone 3. Recently the research team has found that the referrals provided by the promoters have tapered off, while those provided by TBAs have remained constant, thus indicating on the average similar results in the different zones over the long term.

Although a final report has not yet been submitted to USAID, approximately 2000 new acceptors have attended the Center over a 16-month period, and approximately 55% of those acceptors continue to attend the Center. The Center has presented results that indicate an increase in prevalence of contraceptive use in the Cite Simone catchment area.

Another private group which has received technical assistance in OR activities is the Association of Private Health Institutions (L'Association des Oeuvres Privees de Sante) (AOPS), an organization linking a variety of private groups providing health services in Haiti. Its purpose is to encourage these groups to focus on health sector priorities, including maternal and child health (MCH), nutrition, and family planning. AOPS has received a USAID grant to extend services to defined populations, and to develop a registration system that will allow accurate monitoring and evaluation of results. AOPS has benefited from considerable technical assistance from the Primary Health Care Operations Research Project (PRICOR) and other groups, as well as Columbia University, on project design and management information system development.

The Bon Repos Maternal and Child Health Hospital, with a target population of 225,000, has also begun cooperating with the OR Project to improve family planning and MCH outreach. Currently, Columbia University is providing technical assistance for a baseline survey of the initial community health outreach target population (12,000 people located around the hospital). It is also providing technical assistance for the design and testing of delivery by health agents of primary health care (PHC) services (including family planning, immunization, growth monitoring, and oral rehydration therapy [ORT]) that are provided through a "rally post" system (i.e., the population is encouraged to gather at designated posts for preventive and curative health care at pre-announced times).

II.1.3 Other OR Activities

In addition to the activities focusing on improving contraceptive service delivery in specific geographical areas (Fond Parisien, St. Marc, Leogane, Miragoane, Cite Simone, Bon Repos), and work in the areas of training and policy issues, the OR project team has participated in designing, carrying out, processing, analyzing, and writing up a broad range of surveys and research studies (see Appendix C provided by Columbia University).

II.2 Project Review

II.2.1 Management

II.2.1.1 Project Administration. The Operations Research Project team is headquartered within the Office of Research in the Service of Technical Support in the DHFN. The core team -- Dr. R. Pierre-Louis, Project coordinator; and Mr. Metallus, a statistician -- is responsible for the Project. Dr. Allman of Columbia University is resident technical advisor to the team. The team is responsible to the Director of the DHFN Service of Technical Support who in turn is responsible to the Director of DHFN who has supervisory responsibility for the Project.

Within the DSPP, responsibility for OR rests with the Director of the Directorate of Statistics, Research and Computer Sciences and with the assistant to the Director of Evaluation and Planning.

As the Miragoane OR project got underway, a working group was formed with responsibility for various aspects of the study. The group included the OR Project staff, the resident advisor, a community development specialist from DHFN, a supervisor from the SNEM central office, and the assistant director of the Directorate of Health Education, as well as the District Director, the administrative officer and statistician, and three nurses from the Miragoane Health District.

The OR Project operates on the basis of an annual work plan and budget. Each year the technical core team prepares a preliminary draft of the plan and budget. This is reviewed by the DHFN Director and Administrator and may be returned to the Project team for further elaboration before final approval and submission by the DHFN to USAID. USAID may request further clarification from DHFN before final approval of the plan and issuance of a Project Implementation Letter, the authorization document. During the Project year, detailed activity

plans are submitted to USAID for each major sub-activity and approval is obtained before funding is authorized. USAID is responsible for Project procurement requiring foreign currency upon receipt of DHFN requests. The DHFN manages the operating budget for public sector activities. Sub-projects in the private sector are planned and managed by the implementing organization and are subject to the same USAID review and approval process.

During the course of the Project there have been numerous delays necessitating the postponement and rescheduling of activities. The causes of these delays are complex and relate to bureaucratic constraints within USAID and the GOH, as well as staff shortages and other problems. Some of the major constraints that have at one time or another affected Project administration are:

- lack of clear understanding between USAID, the DHFN and the OR Project team about the format for budgets and accompanying work plans, and other administrative requirements;
- inadequate elaboration of work plans, research protocols, and budgets;
- lack of a standardized format for research protocols;
- unacceptability to USAID of specific activities on technical grounds;
- delays in reviewing and processing within the DHFN;
- delays in reviewing and processing within USAID;
- lack of clear understanding between USAID and DHFN and/or the OR Project team about the overall status of the Project;
- turnover or transfer of key DHFN/DSPP, OR Project and USAID personnel;
- lack of clear definition of the administrative responsibilities of DHFN and Project staff;
- the periodic absence of key Project, DHFN, and USAID staff; and
- problems of coordination between DHFN and the regions and districts, resulting in delays in implementation of activities at the local level that have been approved and funded.

These administrative constraints have severely inhibited the operation of the Project at numerous levels. In the first place, the planning and final approval of annual programs and budget frequently has occurred several months after the beginning of the fiscal year. After the authorization there are delays at times in the initial release of funds by USAID and in the release of funds from the DHFN to specific Project activities. The advance on the annual budget is small, and reimbursement against specific activities depends, in some cases, on USAID approval of the activities. Thus, a sub-activity can be delayed. Moreover, postponements of procurements by USAID of commodities approved, in principle, for a given annual program, in some cases due to unanswered technical questions, also inhibits the operation.

A good portion of the FY '85 program has been delayed, initially due to a slowdown in the submission and approval of the annual program plan and budget that occurred because of uncertainties regarding the Project's future and lack of communication between USAID and the DHFN. Subsequently, the initiation of new Project activities that were part of the work plan were temporarily postponed, pending the outcome of the present assessment. As a result, the implementation of FY '85 activities is already four months behind schedule, and some of the FY '84 activities that were to have taken place after May were also delayed. It is clear that the FY '85 program, which was agreed to in principle in May, 1984, cannot be completed prior to the present Project termination date in September 1985.

There are a number of options that might facilitate the administration of the OR Project. In the first place, a definition of the roles of the Project coordinator and senior DHFN staff could help to clarify responsibility for specific administrative tasks related to planning and implementing Project activities. Regular monthly meetings between USAID, DHFN and the Project team would improve communication and ensure the potential for reaching a common understanding about Project implementation. If, once the annual plan were agreed upon, the Project team, in collaboration with DHFN, were given full authority for technical review of sub-activities and if, barring mismanagement or unanticipated technical obstacles, USAID did not have to approve these activities individually, the Project would have a better chance of proceeding on schedule. Periodic meetings between the DHFN, the Project team and local implementing groups would facilitate administrative operations between the DHFN and the field.

II.2.1.2 Staffing and Technical Assistance. The Project staff, composed of two professionals and a secretary, is very small. There has been rapid turnover. Several former staff members are currently in positions in which they can apply the research skills which they learned while working on the Project. The Project has been able to form ad hoc groups within the DHFN and DSPP to address particular OR problems and collaborate on studies developed. In addition, the Project has used individuals from the University of Haiti and from local private groups for specific small studies. If an effective unit is to be developed that can provide continued technical assistance in family planning OR, however, the staff should be increased. It might include, for example, a specialist in epidemiology and applied research, several junior social scientists with survey experience, and a computer programmer with training in the use of microcomputers for applied research. It would be desirable if staff could be hired with an understanding on DHFN's part that they would remain with the unit, if at all possible, after the current OR Project ends.

In addition to the resident advisor, the technical assistance provided by Columbia University includes an ocassional short-term advisors. While its primary responsibility is to the DHFN OR Project, Columbia also had contractual responsibility until the end of 1984 to provide technical assistance to the Cite Simone project. Although its general mission is to assist with the design, implementation and analysis of OR activities, neither the level of effort, the areas of expertise nor the results or outputs that were expected were specified in either project. In addition, Dr. Allman and short-term advisors from Columbia provide technical assistance for other private and public sector OR activities. The technical assistance provided is covered under the Cooperative Agreement between Columbia University and the Office of Population, and not by specific contracts between USAID and local organizations.

The long- and short-term technical assistance provided has been useful to both of the major projects and has been flexible enough to be responsive to the needs for OR assistance to other groups. There has been some frustration, however, that the long- and short-term technical assistance staff could not meet all of the public and private sector demands for support. The resident advisor was out of the country last year for extended periods of more than 2 months total, and on occasion it has not been possible to schedule visits of short-term staff when requested, either because the appropriate individual was not available, or because USAID did not give approval for the assignment. The level and type of technical assistance to be provided for each project activity has not been specified in advance, and this has caused some of the difficulty. The pressure for technical assistance in family planning research that has been placed on the DHFN/Columbia University project most certainly has been increased by the unfortunate fact that neither technical assistance nor an OR component has thus far been built into the bilateral family planning project.

One option that would help insure for the remainder of the Project that major OR activities have adequate and timely technical assistance would be for each of the public and private sector groups to project the level, types, and timing for both long- and short-term technical assistance that will be required until the end of the Project. The objectives or results expected from the technical assistance should also be indicated. DHFN should also indicate the types, levels, and timing of technical assistance that would be needed for the bilateral family planning programs until the end of the Project. Once technical assistance requirements, both short- and long-term, are fully outlined, the Project could determine to what extent they are feasible. If budget and/or human resources are lacking, the Project could recommend to the DHFN and AID, whether to increase the budget or to cut part of the support envisioned. Once the level of effort and budget are agreed upon, they could be included in the Project work plan and the resident advisor would be able to program his time on major on-going OR projects, leaving some flexibility for assistance on other activities. He should also develop a specific schedule with Columbia University (with the concurrence of DHFN, AID, and other groups) for provision of the short-term assistance.

While this specifically would be helpful for planning purposes, the Project should still be permitted, as necessary, to adjust its plan to respond to unforeseen needs and changing circumstances. Specific areas in which additional short-term technical assistance appears to be needed include research management, computer programming, data processing and analysis, OR research design and development of an OR training strategy and training materials.

II.2.2 Training

II.2.2.1 Training in Family Planning and Community-Based Distribution. Manpower training in the area of family planning/PHC and community-based distribution of contraceptives has been provided under the past and current OR projects. Training for high level staff has included study tours abroad for the former Minister of Health, the current Secretary of State for Health and the DHFN Director of Family Planning[1/] and one month of training at Columbia University for

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1/ The study tours were funded under the first OR Project.

several medical doctors with masters degrees in public health (MD/MPHs) and statistical and evaluation project staff members (see Appendix D for a list of individuals trained). Participation in the month-long course[1] at Columbia for certain key program and research staff is likely to be useful for some time to come. However, as the Project continues and resources become available, there should be a shift of emphasis away from training abroad to locally-based training.

Training for community-based personnel has included local training for supervisory personnel, community workers and volunteers in the project area. Modules for training community-based personnel have been prepared. The DHFN staff, working as trainers of trainers, can now quite quickly prepare short community level training courses for health system staff and supervisors, as well as for community volunteers. Community level training for contraceptive distribution by DHFN staff, which required 4-5 weeks in the first household contraceptive distribution efforts in 1978, has now been streamlined to less than one week, with 2-3 days as the target for the basic training period in the future.

The need for training of trainers for community level courses as well as for further development and strengthening and field testing of training manuals and guides is likely to continue in the current Project and future efforts. The OR team will need to assist with studies to address such issues as the minimal needs for training, the kinds of retraining needed, and the ways information, education and communication (IE&C) can reinforce training. A brief review by the assessment team of the training materials used in the Miragoane project, for example, indicates that the sessions for training supervisors should contain clearer guidelines concerning their role and tasks in monitoring and supporting SNEM volunteers. Efforts should be made to determine, also, to what extent training activities of the type developed in the OR projects should be integrated into the regular DHFN family planning training program.

II.2.2.2 Training in Operations Research. Some training in Operations Research is included as part of the Columbia University month-long course provided to key project personnel. Topics covered in the curriculum include program design, management, evaluation, needs and resources assessment, design and utilization of surveys, use of qualitative methods, problem definition and evaluation criteria, information systems and use of microcomputers, and evaluative and operational research (this last topic covered specifically in just one part of one session).

The content of the course is particularly useful to mid-level professional personnel who have not had prior training in these topics. Higher level health professionals, with stronger backgrounds in the subjects covered by the curriculum, however, also report that the chance to present their research findings, exchange views, and establish networks with colleagues from Columbia University and from other countries, as well as update their knowledge, has been quite valuable.

In-country training activities, for the most part, have taken the form of on-the-job training as DHFN/DSPP and OR Project staff work with Columbia University

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1/ The course is entitled Workshop in Family Planning, Nutrition and Primary Health Care in Africa: Program Design, Management and Education.

long- and short-term technical assistance staff. In addition, two workshops have been held to present OR Project results and encourage application of findings and development of future OR activities.

On-the-job training in OR seems to have definitely helped increase the awareness of key personnel of OR's potential as management tool, as well as to have provided valuable experience with OR techniques and strategies. The sometimes rapid turnover of OR project staff has necessitated continual new on-the-job training efforts. However, the skills of those who have left have not been entirely lost, as several former key staff members have been transferred to influential positions in which they have continued to collaborate on OR activities, and in some cases, influenced their expansion to new delivery programs.

It would have been quite useful to have included more practical brief training activities in OR within the OR Project in the past. The team suggests that in the future a concerted effort be made to develop the capability and training materials necessary for mounting short workshops and/or working sessions that address such topics as the role of OR as a management tool, design and implementation of OR protocols, as well as review and application of results. Provision of more systematic OR training in Haiti, discussed more thoroughly in the recommendation section, could be an important tool for increasing understanding and capability in OR.

II.2.3 Logistics

The logistics support system within the DHFN/DSPP is weak. The DHFN has faced especially severe transport constraints since integration and the attendant reassignment of vehicles to the DSPP. The OR project in Miragoane therefore included a special project vehicle to ensure reliable logistic support. Since the DSPP vehicle assigned to the Miragoane District Director has been out of operation, the OR Project jeep has been used for general District purposes. It is questionable whether or not reliable logistic support could be provided for a community-based family planning program if it were integrated into the on-going delivery system. Transport is a severe constraint in Haiti, especially in the rural areas. Four-wheel drive is necessary in many areas and the life of vehicles is short.

Additional jeeps have been programmed for the OR activities planned in other districts. It may be that without special vehicles certain types of community-based programs are not possible. However, the potential for integrating logistic support to family planning programs with the logistic support of malaria, ORT, and other community-based programs needs to be explored, as well as the possibilities for more effective use of simpler transport, such as motorcycles.

Initially the inventory control in the Miragoane OR Project was weak. Projections of the numbers of contraceptives that would be needed were inadequate and there were periodic ruptures of stock. Reorders were made when stocks ran out. However, coincident with the beginning of the second distribution, a SNEM community program specialist who was assigned to the project set up a new system of inventory control. Regular deliveries were to be made to depots and sub-depots and records maintained to indicate stock levels and resupply needs. The resupply system still does not function adequately at all times. Cite Simone has

consistently had adequate supplies of contraceptives, with the exception of foam.

It would be useful if the amounts of various types of contraceptives supplied as a part of both the public and private OR projects could be reported regularly, and this information included in published articles.

II.2.4 I E & C

The OR projects have not had an IE&C component as such. The training of supervisors, service providers and community members has been designed, however, to ensure that these staff have a clear understanding of the simple but essential messages to be conveyed. Training programs have used a range of audiovisual methods.

The OR project has requested the newly formed DSPP Department of Health Education to assist with the preparation of materials that could help reinforce the activities of SNEM volunteers in Miragoane. The materials might include, for example, family planning T-shirts, a distinctive sign showing that the post is a family planning depot, a badge for the volunteer to show he or she is participating in the program, posters, a specially-marked suitcase to stock contraceptives, and an attractive folder to hold the forms and records. These would serve a dual role of conveying information and providing incentives to the volunteers. The DSPP, however, does not have adequate funds to produce these materials. AID funds could be allocated for this purpose, especially if the materials were to be key to testing the passive distribution strategy, alternative incentives for volunteers, etc. Johns Hopkins University Population Communication Services Project is now assisting the Department of Health Education with development and production of IE&C materials. They too could work with the Department on the development of IE&C materials for the community distribution program.

IE&C activities in Cite Simone have been low profile in nature, due to the desire to respect the position of the Catholic nuns who operate the medical services. The information and education provided by the health promoters and TBAs have been effective in increasing the level of contraceptive acceptance and use and have shown that activities of this type in a community such as Cite Simone are acceptable.

II.2.5 Services

In Miragoane, the SNEM volunteers distributed OCs and condoms and were trained to refer clients for other methods, including sterilization. In the initial household distributions, acceptors were given three cycles of OCs. At present, they are given single cycles by the SNEM volunteers because the medical personnel believe that closer control will enable volunteers better to identify problems among the clients.

The Miragoane data indicate an increase in prevalence of contraceptive use from about 7% to 34% between the first and second rounds of household distribution. The point prevalence was measured both times by the same questions that had been used in numerous family planning surveys in Haiti. Because the second round of distribution came so soon after the first (6 or 7 months later), however, results in the second round may have been somewhat biased. Some respondents, for example, aware that the interviewers were connected with those interested in

promoting contraceptive use, might have felt pressured to respond that they were using contraceptives, either to please the interviewer or to demonstrate that they had not been remiss, by failing to use contraceptives they had accepted in the first round. They may also have intepreted use as any use during the interim period, not just specifically at the time of the interview. This possible difference in reported and real use is often a problem in survey research. Nonetheless, even if the difference in percentage of contraceptive use is somewhat less than that reported, the household distribution has had a major effect on use rates.

Continuation rates have not been studied although a continuation study in Miragoane is in the work plan of the OR Project and should be carried out. This study will primarily explore user characteristics, attitudes, and obstacles to continuation. Additional OR would be useful to test and study alternative program strategies that are associated with continuation. These might include promotion of particular contraceptive methods, linkage with clinical referral services, and, most important, in the community-based programs, strategies for ensuring continued participation of community-based promoters and providers and for providing long-term supervision and support.

Since sterlization and Depo-Provera (DMPA),1/ and to a lesser degree IUDs, appear to be popular in Haiti, more research on facilitating referrals to the clinical services through the community distribution program should be undertaken. Periodic availability of sterilization in the nearest center, preceded by a community information effort, might be tested. The promotion of IUDs in a community-based program poses problems, particularly in communities that are far from clinical services. In general, the linkage between community-based services and clinical services is an area that needs to be studied.

In Cite Simone, the TBAs and community health workers inform the community about family planning and refer people to the family planning center. OCs, condoms, IUDs and DMPA2/ are available to the center. Foam was available for a short time. Within the next few weeks, sterilization will be available at the nearest public hospital. There is already a long list of women (approximately 200) who have requested sterilization. Approximately 5% of acceptors use Depo-Provera and their continuation rates are extremely high. IUDs appear to be popular when they have been actively promoted in Cite Simone. Given the relatively easy access to clinical services for follow-up, IUDs are an appropriate method for this program.

The prevalence baseline study in Cite Simone in the summer of 1983 found that approximately 6% of the women 15 to 49 years of age were using modern methods of contraception. Estimates of prevalence one year after the opening of the family planning center were calculated by simply adding all new acceptors to the 6%. The result was an estimated prevalence of approximately 13%. This calculation did not account for the overlap between users identified in the baseline survey and those who became acceptors at the new center; dropouts among

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1/ Depo-Provera has been supplied by the United Nations. AID does not supply injectables.
2/ See note 1 above.

users identified during the baseline survey; or dropouts among the new acceptors. Project reports indicated that certain assumptions used in making this calculation were "unlikely to be true." (The assumption of no dropouts in particular was discredited, since the center has determined that during the first 16 months, the dropout rate was approximately 45%.) In future presentations and reports, it is recommended that the research group use assumptions that are as realistic as possible when making preliminary calculations. Final publication of Cite Simone results should take place as soon as all important data, including those on continuation rates, are analyzed.

A prevalence survey is planned for Cite Simone. More importantly, a continuation study is planned which will explore in depth the reasons for dropout and strategies that might increase continuation. Only residents of Cite Simone are eligible for the family planning services at the Center. Given the high mobility of this population -- approximately 20% turnover annually -- the options for encouraging continual use among acceptors, even if they leave the area, need to be explored. A study of condom use is also planned which should be relevant nationally since enormous numbers of condoms have been distributed in Haiti and little is known about how they are used. In addition, a study is being developed to investigate possible strategies for promoting family planning among teenagers. All of these studies could be extremely useful.

II.2.6 Supervision and Motivation

There have been numerous problems with supervision in the Miragoane project. In the first place, a field coordinator was appointed to supervise the District program. Problems arose partially because there was a lack of understanding regarding how much authority he had and to what extent he was responsible to the District Director. Secondly, it was planned that the paid SNEM field agents (agents de campagne permanente) (ACPs) would be trained to supervise the volunteers participating in the family planning distribution program. Because of disagreements regarding special incentives for these agents, however, very few have been actively involved. Thus the field coordinator and the District team have had to provide much of the supervision.

Clearly, the supervisory structure is critical as the volunteers must have regular supervisory support. Strategies for supervision (type of supervisor, timing and content of supervisory visits, approach to motivating or providing incentives for supervisors) need to be further developed and tested. Plans to extend the OR Project into other areas include testing more effective incorporation of the SNEM agents as supervisors, which should improve program support. Consideration also needs to be given to whether personnel already in place in the districts, such as the salaried community promoters for MCH and family planning, can be used to coordinate such community-based family planning activities as those involving the SNEM volunteers.

The issue of incentives is applicable to all levels of the system. When new tasks are added, both paid and voluntary personnel need some type of psycnological or renumerative incentive. There have been numerous problems with incentives during the Miragoane project. Early in the development of the project, the field coordinator promised the volunteers bonuses for their added work, but later government officials decided, probably wisely, that this would create an unwise precedent.

Plans were then made for development of income-producing cooperatives to provide incentives for the volunteers. Problems of administrative organization arose, and there appears to have been a lack of clear understanding between the OR Project and AID officials concerning development of the cooperatives. Because of various problems, the establishment of cooperatives was delayed until after the second round of household distributions. The delays had a very negative effect on the attitudes of the volunteers, who had expected the cooperatives to begin much earlier.

These experiences have shown that once expectations are raised, it is difficult to deal with the morale problems that result if promised benefits are either delayed or cancelled. Thus it is important that decisions be made at the policy level concerning incentives, before alternatives are discussed on the community level.

Resources are so scarce in Haiti that the GOH will not be able to take over support for costs initially funded with donor assistance, at least in the near future. Therefore, if the OR programs are going to be replicable, approaches to providing incentives that will not increase recurrent costs must be explored. The income-generating cooperatives that have been established in Miragoane are expected to be self-financing and could possibly be successful enough to repay the initial capital infusion. They are administratively complicated to organize and manage, however, and thus are fraught with potential problems. The more members there are in a cooperative, the smaller the return to each; therefore, the volunteers may be unwilling to expand their numbers. Moreover, distribution of the profits is complex and raises questions about whether each member's share should be related to performance in the family planning program or to contributions of time and/or other resources. Finally, if a cooperative fails, the effect on the attitudes of all the volunteers would be extremely negative.

Further research is needed to determine which low-cost or no-cost incentives are effective in motivating both voluntary and paid personnel and are at the same time practical, given the resources available. Alternative strategies might include: community recognition, small incentives such as T-shirts or hats, signs for the depots, etc. and certificates and per diem for training sessions.

The addition of the community-based program has increased the workload of higher-level personnel in the Miragoane district. It has meant that they have had the benefit of access to another vehicle, as well as the satisfaction of a successful program that has received national and international acclaim -- both of which are types of incentives although they may not be replicable.

II.2.7 Data Collection and Analysis

Local staff have been involved in planning research projects but have received considerable guidance from the Columbia University resident and short-term advisors, particularly in the public sector. Technical assistance on data analysis, specifically computer processing, has been provided by short-term advisors; however, the lack of a computer in the DHFN has resulted in much of the analysis of the Miragoane project being done at Columbia University. Recently, the DHFN has become increasingly aware of the benefits that can result from effective local use of computer technology now available. A microcomputer has

been budgeted under the Project and expediting its acquisition would facilitate the transfer of computer skills to more of the DHFN staff as well as improve the timeliness of OR analysis. Within the private sector, both at Cite Simone and AOPS, the staff received some initial technical assistance from Columbia which included design and installation of appropriate software and training in data processing skills. They have been able to carry on the data entry and analysis, requiring additional technical assistance only for modifications and new adaptions of the programs.

The data collection instruments for Miragoane are simple and designed to collect only the minimal essential information. It appears that the SNEM volunteers were able to use them appropriately. However, the analysis has not been completed although the second distribution ended approximately ten months ago. Preliminary analysis simply compared family planning acceptance and prevalence and pregnancy prevalence rates between the first and second visits. These data have been widely reported.

In order to obtain more accurate statistics on the effects of the community distribution, more sophisticated analysis of the Miragoane data should be undertaken, comparing use and pregnancy rates only among respondents who were in both rounds. This is especially important since, in the preliminary analysis, cases in the "first visit group" included all first visits whether they occurred during the first or second distribution or sometime in between. The data on pregnancy prevalence from the preliminary analysis, comparing two somewhat different population groups, found a reduction in pregnancy but did not indicate whether it was statistically significant, and did not review the possible effects of season, temporary migration and other factors that might have been related to changes in pregnancy rates.

In Cite Simone, the family planning project was able to use and build upon a system of service statistics collection that was already in place as part of the Social Medical Complex's efforts. For the family planning program, a simple record with a minimal amount of information, including a client number identifying the residence and family planning promoter, is completed at the first and at each follow-up visit. Setting up a microcomputer to monitor activities and their impact, as part of the OR project, has allowed for rapid evaluation of the approaches. All of the records from the center are entered into the computer once a month (requiring only a few hours work). The program managers can easily extract information on continuation and identify dropouts. Plans are being made to institute systematic follow-up of acceptors who do not return for further contraceptive supplies. The system of data collection and analysis used initially for OR research purposes is being adapted for use in on-going management of the family planning program.

As soon as all data from the Cite Simone OR project are analyzed, including figures on continuation rates, a final report should be prepared and results published, with special emphasis placed on presentation to decision makers and managers who could utilize the techniques and strategies developed to help design similar outreach programs elsewhere.

II.2.8 Cost-Effectiveness

Analysis of the household distribution project in Leogane, St. Marc and

Fond Parisien found an average cost per acceptor at first distribution of $24.73 and a cost per user approximately nine months later of $40.72. In Leogane, the area with the most liberal distribution and practically no prior family planning services, the costs were $16.56 per acceptor and $21.09 per user.

Rough cost estimates of the Cite Simone project, excluding all research, computer, and building rental costs (as the building will be provided free of charge), suggest that the approximate cost per acceptor was $9.50 and approximate cost per current user, $17.00.

The operational costs of Miragoane have not been extrapolated. However, the resident advisor developed the following very preliminary illustrative costs for a community-based distribution project in a district with a population of 200,000 people and 400 volunteers:

Table II.2.8

Estimated Cost for a Community-Based Contraceptive Distribution Project in a District with a Population of 200,000

	Cost in dollars
A. Training	
1. Orientation of trainers (District, SNEM, DHFN, etc.) 80 persons x 3 days x $25/day	6,000
2. Training of 400 volunteers 400 volunteers x 5 days x $5/day	10,000
B. Per diem for field visits by supervisory staff $25/day x 400 days	10,000
C. Transport - 1 Jeep, gas and maintenance	25,000
D. Promotional materials (posters, manuals, forms, signs) and incentives (T-shirts, prizes, certificates)	20,000
E. District coordinator's salary 1 year part-time at $100/month	1,200
F. Miscellaneous	2,800
TOTAL:	$75,000

Assuming that approximately 50% of the 50,000 women of reproductive age accepted contraceptives at the first visit, Dr. Allman calculated that the cost per acceptor would be only $3.00. Assuming that 60% of the acceptors were still using at the end of 9 months, the cost per user would be $5.00.

1/ Costs not covered by the budget include, for example, costs for salaries (for

These estimates of cost per acceptor and user may be quite low. A detailed study of actual costs may indicate that the individual line items are higher and that more direct and indirect costs[1] should have been included. In addition, estimates concerning the coverage and acceptance and user rates in an on-going program may be too optimistic. Nonetheless, it is clear from evidence in the cost-effectiveness literature that community-based distribution is a relatively low-cost approach, especially when compared with costs per acceptor and user for purely clinic-based family planning programs.

Although the costs may be relatively low, they represent substantial expenditures for a country like Haiti. Moreover, community-based distribution programs require a high level of continued organization and administrative support which may be difficult to sustain. If the program were to become less efficiently managed as it expands, the costs per user would increase. Efforts should be made, as strategies are further refined in additional zones, to continue to reduce program costs; simpler models should be explored for logistical and supervisory support, with costs covered through resources already in place whenever possible. Protocols for testing strategies in additional zones in Jacmel and Miragoane should include plans for accurately estimating service costs so that realistic figures will be available for decision makers who may wish to apply the strategies in other districts and regions.

II.2.9 Applicability of Findings

Both OR projects have made an important contribution in the area of family planning by testing alternative strategies. The initial OR Project (1978-81) demonstrated there was a substantial demand for contraceptives, which community workers were able to meet. This project helped raise professional consciousness concerning the feasibility and acceptability of contraceptive distribution by non-medical community personnel. Since this was a demonstration project using outside funds and structures for service delivery, it did not, however, illustrate how the strategy could be easily integrated into the on-going delivery system.

The Miragoane study also provided important insights. It illustrated how a community-based distribution system already in place in a large portion of the country (that of the SNEM malaria program) could be used to deliver contraceptives at the village level with what appears, from initial studies, to be a substantial positive effect on contraceptive user rates. It has received attention at regional and national levels (for example during a national review of the SNEM mid-term evaluations), helping to prompt serious interest in the possibilities of adding new tasks to the SNEM volunteer role (such as distribution of oral rehydration salts and contraceptives). Central level SNEM authorities have expressed interest in exploring the possibility of integration of these new tasks and suggest that the results of the Miragoane study be reviewed during a national level seminar to determine the feasibility and desirability of such a move. The West

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the percentage of time spent on the program) for district, SNEM and DHFN personnel other than the district coordinator who may be involved in program planning, training of trainers; training of volunteers and program supervision, monitoring and evaluation; costs for contraceptives; administrative overhead costs; etc.

Region has decided to apply the strategy and has requested that the OR team assist in development of the plan of action. There is also interest in the Jacmel Health District and the OR team is planning to help design OR activities to guide the design and implementation of the approach.

The Miragoane project, while indicating that the strategy has great potential, has also demonstrated that there are many issues still to be resolved, particularly in relation to the design of adequate low-cost systems of supervision, training and logistical support that are integrated into the existing system and the motivation of volunteers regarding assumption of new tasks. The proposed OR activities in additional zones in Miragoane and Jacmel should be carefully designed to test feasible alternatives for resolving these important delivery issues.

OR activities in the private sector, such as the OR project in Cite Simone and technical assistance provided to AOPS, have demonstrated the potential contribution private health organizations can make in design and implementation of new family planning delivery strategies. They have also encouraged these and other groups to move ahead in planned new outreach activities. As private groups serve a great percentage of the population, support in the future for well-designed OR activities in the area of family planning outreach could assist greatly in the futhur refinement of feasible low-cost strategies for increasing contraceptive coverage.

II.2.10 Institutionalization

A review of progress in institutionalization of an OR capability within the health system should address at least two major factors:

1) the extent to which training and experience in planning and execution of OR projects have increased Haitian capability to identify priority problems and plan studies that would clarify options and issues affecting their solution; and

2) the extent to which the human resources developed and structures established have strengthened the institutional capacity to use OR both to help solve operational problems in the on-going family planning delivery system and to identify and test innovative approaches to effective provision of services.

II.2.10.1 Increasing Individual Capability in OR. The OR Project has made a useful contribution to increasing Haitian capability in the area of OR, both by means of study tours and training activities at Columbia and elsewhere and through on-the-job experience in planning and executing projects (see II.2.2 on training for details). As mentioned earlier, while these training activities have been useful, it would have been helpful also to have had more formalized short-term training focused on skills development in OR within Haiti itself, which would have more quickly built up a critical mass of expertise in the OR field. Thus the team suggests that a greater emphasis be placed on development of in-country training activities in the future, as well as on integration of OR into the curricula of health and management training institutions.

The unfortunate fact that the microcomputer scheduled to be provided by the OR Project has not yet been ordered has meant that data either has been sent to Columbia University for processing or has been entered on the resident advi-

sor's personal computer at his home. Lack of a microcomputer at the Research, Evaluation and Statistics unit at the DHFN has deprived the Haitian OR team members of the opportunity to become skilled at using this important OR tool. A microcomputer should be ordered in the immediate future and appropriate training in its use be provided.

Columbia University's technical support in Haiti appears to have been very useful over the years, and results have often been impressive and valuable. It is important to observe, however, that the focus of the Cooperative Agreement toward testing strategies which USAID and Columbia believe are innovative and useful has led the University at times in the past to encourage its technical assistance staff to take the major initiative in research efforts while Haitians learn from working with them. Encouraging studies clearly chosen and developed by local Principal Investigators with donor group assistance, would better foster the development of local capability. Columbia University indicates that it is moving towards developing projects based on the interests and needs of local groups.

The list of publications and presentations prepared under the OR Project (see Appendix 5), which shows an impressive level of productivity, also illustrates this past orientation towards research initiated by and focused toward the outside; two-thirds of the writings cited have technical assistance staff as first author, are in English and have been published or presented outside Haiti. On the other hand, more has been produced by or in close collaboration with local staff than in many other similar projects. Technical assistance staff indicate that the current orientation is toward co-authored papers with Haitian colleagues increasingly doing the presentations. This trend should be maintained and a concerted effort made to giving first priority to in-country presentations in French that are oriented toward decision-makers' needs.

II.2.10.2 Strengthening Institutional Capability to Use OR. It has been more difficult to strengthen the health system's institutional capacity to use OR as a management tool than to increase individual staff member's capabilities in this area. The number of professional staff at the DHFN working on OR is much too small for the current needs. In addition, often quite rapid transfer of staff has meant that a number of key MCH/Family Planning professionals have left the DHFN for other central, regional and district posts, making the formation of a stable OR team at DHFN difficult.

Considering this major constraint, the OR project team has made imaginative and creative use of scarce human resources by bringing together ad hoc groups of professionals from other parts of the DSPP, the regions and the districts, the University and the private sector, to work on OR projects. As mentioned earlier, the team has maintained useful links with former DHFN colleagues, and there are good prospects of developing a broad range of OR activities with them.

With the help of this loosely structured team of professionals, the OR Project has quite successfully begun to identify and test innovative approaches to effective provision of services through community-based delivery of contraceptives. Strengthening the capacity to use OR to solve operational problems in the on-going family planning delivery system, however, has been much less successful. The current Family Planning Outreach Project thus far has not included OR actiti-

ties, although funds are apparently available for this purpose. OR could have been helpful in exploring the reasons for the recently very discouraging downward swing in prevalence of contraceptive use within the country and could have helped develop and test strategies to reverse the trend. The team suggests that a strong OR component should be developed within future bilateral family planning and health programs.

If institutional capacity in OR is to be further developed, the DSPP, in collaboration with donor groups, must make a firm commitment to strengthening its personnels' understanding of OR's potential as a management tool. It must also increase the capability of appropriate research and evaluation units to design and execute critical OR studies and assist in their review for potential application. The recent creation of a unit charged with the coordination of various research and evaluation units within DSPP is a positive step. Suggestions concerning how the OR institutional capability might be developed further are given in the recommendations concerning future strategies.

II.3 Major Accomplishments and Lessons Learned

The OR Project has made an important contribution to family planning in Haiti by demonstrating that contraceptive acceptance and use can be significantly increased through community-based programs (see the project results described in Section II.1).

Clearly there is a large unmet demand for modern contraception in Haiti, and these projects have shown that if people have reasonable access to family planning, large numbers will use it. They have also shown that there are no major inhibitions about discussing family planning in the community and that both men and women can be successful promoters. The acceptance on the part of certain members of the medical establishment of the concept of using workers with little or no clinical training to distribute contraceptives, particularly in the rural areas, has increased as a result of the OR projects.

Although costs from Miragoane are not yet available, both Cite Simone and previous community-based distribution programs have demonstrated that community outreach programs are relatively low-cost for the gains obtained in contraceptive use and should be considered seriously as important components in all family planning programs.

The projects suggest that there are at least three major elements that are essential to making a community-based family planning program work: effective supervision, reliable logistic support and sustained motivation of the promoters or providers. None of these is easy to implement. If supervision is to be effective, personnel at the various levels of the program must be trained in the objectives and organization of the program and in how to provide constructive supervision as well as be supported by an administrative structure that encourages and supports the effort. The supervisory staff must have adequate transport or other means of making contact. There must be a well organized logistic support system and inventory control to ensure that supplies of the requisite commodities are available at all times. The motivation of voluntary and paid workers is critical to sustaining a community-based program. Motivation was found to be related to numerous diverse factors: training, supervision, credibility and

acceptability of the services, and incentives. The fact that promoters receive special training, visits from outside supervisors, and that their work is appreciated by neighbors helps to build their confidence and provides satisfaction.

The issue of incentives is a major unresolved problem. Clearly, the possibility of incentives should not be raised unless there is assurance that they will be forthcoming. More research needs to be undertaken concerning the attitudes of volunteers and paid workers and the acceptibility of non-monetary rewards and very low-cost incentives.

III. CONCLUSIONS AND RECOMMENDATIONS

III.1 Conclusions and Recommendations Concerning the Current OR Project

III.1.1 Extension and Completion of the Current Project

The assessment team strongly believes that the OR Project has made important contributions to family planning in Haiti through testing innovative strategies for community-based distribution and other effective service delivery mechanisms, and demonstrating at least initially impressive effects on contraceptive use rates. Further OR activities scheduled for the remainder of the current project would help provide additional answers needed on the long-term effects of the strategies tested. They would also provide data on the organizational and financial support needed for innovative delivery strategies and help insure successful application of the strategies tested within both public and private family planning delivery systems. Continuation of the OR Project would also help insure the important process of strengthening of skills and institutional capability in OR. It would also provide continuity of OR activities pending the design and implementation of a new bilateral project. Therefore the team strongly recommends that the OR Project be continued, with the administrative and technical changes suggested in the recommendations below.

Because there has been a long delay, only 7-8 months remain for implementation of a large portion of the activities scheduled for a 16-month period. The team therefore recommends that the completion date for the current Project be extended to September 30, 1986. Funds still available under the current agreement (approximately $130,000) should be used to support completion of planned Project activities. Limited additional monies should be allocated by the Office of Population and/or the USAID mission, if justified and feasible.

III.1.2 Project Planning and Administration

In view of the fact that even with the extension, the time will be relatively short for completing a large number of tasks, it is important that effective mechanisms be established that will ensure efficient administration of the Project during the time remaining.

It is recommended that detailed work plans, protocols and budget for activities to be completed during the remainder of the current OR project be finalized as quickly as possible and agreed upon by all parties.

The new work plans should be more detailed than those that the OR Project has prepared in the past. For each component of the Project, the following kinds of information should be specified:

- Study Objective--describing the overall study purpose

- Sub-objectives--specifying achievements expected

- Activities and Tasks--delineating specifically what needs to be done

- Responsibility and level of effort--indicating the organization and,

wherever possible, the individuals responsible, as well as estimated time that will be required by staff and long- and/or short-term technical assistance personnel.

- Timing--giving the dates for each study and for individual study activities where appropriate

- End of study indicators--describing the indicators, quantified wherever possible, against which performance can be measured

Finally, a program budget should be prepared, linking costs with the individual studies and activities.

The work plan should cover the remainder of the Project period. It should include all OR activities the team expects to complete in the public sector, as well as any additional tasks requested by USAID or the DHFN. It is important that the OR Project be responsive to requests for assistance from the bilateral family planning project, for example, but it is also important that these requests from AID or the Government be made, as much as possible, at the time the work plan is being prepared.

It may be that some parts of the work plan cannot be detailed immediately. It would be difficult, for example, to give full details concerning the exact design and activities planned for the solution testing phase (intervention phase) of the projects in additional zones in Miragoane and Jacmel, but the general level of staffing and activity should nonetheless be indicated in the work plan, and the budget for the period estimated. The details of this part of the work plan would then be finalized during the solution development phase by the OR team and implementing group, with technical input from Columbia University advisors. Once the detailed plan is completed, USAID and DHFN would then review it as quickly as possible, before giving final approval to proceed.

In order to facilitate Project administration, it is recommended that a clear understanding be reached between the Project team, the DHFN and USAID concerning the administrative roles of the Project coordinator, the DHFN Director, Deputy Director and Administrator, and USAID staff, with lines of authority and the mechanisms for resolving administrative problems clearly indicated. It is also suggested that a monthly Project meeting be held and regularly attended by USAID, DHFN and the Project staff (as was the case formerly) to ensure better communication within the DHFN and with USAID. Regular meetings between DHFN staff, the Project team, and the regional or district staffs who are involved in OR activities should facilitate administrative operations between the DHFN and the field.

Once the plan and accompanying budget are agreed upon, it is recommended that the Project team, in collaboration with the resident advisor and DHFN, be given full authority for technical aspects of the project and that, barring mismanagement or unanticipated technical obstacles, USAID not be required to approve activities individually. The level of funds advanced for the project should be increased to allow for the completion of several months of activities at a time. Release of further funds would depend on the regular and timely submission by the Project team, through DHFN, of semi-annual and annual progress reports and quarterly financial reports. USAID should ensure that procurement

of items for which it is responsible is completed in time to meet the work plan schedule. This will require timely DHFN submissions of requests and specifications.

A detailed work plan and budget should also be developed for technical assistance in OR which will be provided to private sector institutions during the remainder of the project. The portion of the Project that relates to the private sector could be administered separately, as one or several discrete projects, if this arrangement appears most practical.

III.1.3 Project Staffing and Technical Assistance

In view of the desirability of strengthening the immediate and long-term capability of the DHFN to carry out OR, it is suggested that DHFN and USAID consider adding more staff to the OR Project or to the Unit. New staff might include, for example, a specialist in epidemiology and applied research, several junior social scientists with survey experience, and a computer programmer with training in the use of microcomputers for applied research. Staff should be hired with an understanding on DHFN's part that they would remain with the Unit, if at all possible, after the current OR Project ends, as part of a long-term effort to strengthen capability in OR within the Ministry.

The plans for long- and short-term technical assistance will require careful consideration. It is recommended that the areas of expertise and level of effort required for each major sub-activity be specified in the work plan and that a certain amount of time be left open for both the resident advisor and short-term technical assistants to provide unspecified technical assistance in Haiti. The resident advisor should draw up a specific but flexible schedule with Columbia University for technical assistance which should be approved by the DHFN and USAID in conjunction with approval of the work plan.

It is recommended that Dr. Allman continue as resident advisor for the current OR Project and that additional short- or medium-term technical assistance be provided by Columbia University, particularly in the areas of research design, computer programming, data processing and analysis, and for design of a training strategy and materials for training in OR and protocol development.

Because of the special administrative difficulties posed by implementing projects in Haiti, USAID has had to devote an unusual amount of time to the OR project, particularly in relation to its size. USAID does not have sufficient staff to support the Project adequately, especially considering the large number of other health and population activities and the absence of staff from Haiti at critical times. It is therefore recommended that additional USAID staff be recruited to take some of the work load, including responsibility for the OR Project, which will need detailed attention while the new work plan and budget are being developed and approved and lines of responsibility and systems of support are being more clearly defined. This person should also begin planning with government officials for new OR activities in family planning and health that could be integrated into future bilateral programs. It is important that the individual speak French and be familiar with AID procedures. Experience in Haiti is desirable.

III.1.4 Training, Research Design and Analysis

Within the remainder of the current project, greater emphasis should be placed on provision of formal but practical training (skills development) in OR for management, service and research personnel collaborating on OR activities. It is recommended that short workshops or working sessions on OR and protocol design be developed and conducted as an important step in providing a larger number of public health workers with at least the basic level of understanding necessary to use OR as a problem-solving tool as well as to participate actively in the design and execution of simple but effective studies. Training sessions are suggested as part of several of the OR activities discussed in the next section.

It is also recommended that the OR Project and Columbia technical assistance prepare, as soon as possible, clear guidelines and a format for preparation of protocols, both for use in training sessions and for use during future research design activities.

OR projects in the family planning field have often tended to emphasize field-tests and demonstrations as the major activity. While testing of alternative interventions can be a very useful phase of OR work, thorough analysis of the problem situation (an aspect of OR often short-changed in current projects) can often be critical if strategies are to be skillfully designed. PRICOR has developed a description of the operations research process which includes 3 phases, (I. Systematic analysis of the operational problem, II. Solution development, and III. Testing of the solution[s]), one or all of which can serve as the focus in particular OR studies. More attention to what PRICOR terms Ph[illegible] and II would be helpful in the design of future OR activities in Haiti. F[illegible]e, adequate attention to an analysis of unanswered questions through criti[illegible]all-scale studies in the preliminary "problem analysis" and "solution deve[illegible]ment" phases in Jacmel could greatly help to clarify what strategies should best be tested. It is important, however, that a reasonable time limit be set for these first two phases so that testing of the strategies is not forfeited.

Local analysis of data would be greatly aided by the microcomputer already budgeted within the project, as well as by adequate training in its use. The team strongly recommends that the microcomputer be ordered as quickly as possible.

III.1.5 Activities to be Completed During the Current OR Project

The team recommends that the current OR Project include, for the major part, OR activities that were agreed upon in the Work Plan developed in May 1984 and later.

III.1.5.1 <u>OR Activities in the Public Sector</u>. These could include[1]:

- Further work on the OR Project already underway in the commune of Miragoane.

1/ As the details of the work plans for the remainder of the project are developed, the OR team and resident advisor, in collaboration with DHFN, will have to

- Development and implementation of activities to extend community-based distribution using SNEM volunteers (and/or other community or health services personnel) in additional communes in the Miragoane and Jacmel (or similar) districts[2/], as a means of further refining and testing strategies.

- OR team participation, in an advisory capacity, in DSPP/SNEM discussion and planning at the central and regional/district levels for integration of selected family planning/PHC tasks into the SNEM volunteer role.

- Provision of limited technical assistance in OR for other public sector family planning activities, including OR team collaboration with the DHFN, DSPP and USAID mission in determining how OR activities could best be integrated into on-going and future bilateral family planning programs.

Specific recommendations concerning planning and implementation of each of these project activities appears below:

- Continuation of OR Project Activities in the Commune of Miragoane

The plan of work for the completion of the OR Project in the commune of Miragoane should specify what additional activities and small studies should be undertaken in the current project zone in order to provide further information on the long-term effects and support needed for community-based distribution programs using SNEM volunteers (see Section II.2.5).

One or more short workshops or meetings might be planned in the near future to present Miragoane project results thus far, lessons learned, and strategies for application of findings. The appropriate audience(s) and approach should be chosen based on current planning and decision-making needs related to integration of new PHC/family planning tasks into the SNEM volunteer role.

- Development and Implementation of Activities in Additional Zones of Miragoane and Jacmel

The OR activities should be extended to additional zones in Miragoane and Jacmel, with the projects developed designed to refine and further test potential strategies. As strategies are developed, offi-

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make final decisions concerning the types and levels of activities to be proposed, considering current circumstances and available resources.

2/ An earlier version of the work plan also mentioned the possibility of a subproject on the Transverse Region, but the OR team believes this activity should not be included in the plan for the coming year, considering resources and the scope of activities already suggested.

cials who could use the results to guide planning for other districts and regions should be closely consulted.

The development of further OR/delivery activities in Miragoane and Jacmel should be designed to be as low-cost as possible, utilizing whenever feasible the available district health and SNEM structure and resources for service delivery components of the programs. This is essential, if these OR activities are to provide findings that will have a strong chance of being applied in the planning of national strategies.

Below are suggestions concerning the steps in project design and implementation that could be followed for these new zones, as well as important information that could be gathered and strategies that could be considered during the process. The steps include:

- completion of a plan of work and budget for these projects, with details on the solution-testing phase of the project to be added after they are finalized during the solution development phase;

- finalization of guidelines and format for protocol development so that these materials can be used when designing these OR activities and others;

- organization of a series of short workshops or working meetings for management, service and research staff who will be involved in the studies, with sessions concerning:

    - the experiences and preliminary results of the Miragoane project, as well as lessons learned and issues still to be resolved;

    - the use of OR as a management and problem-solving tool; and

    - the general principles of OR project design and the important steps in protocol development, with group work to develop the various components of the protocols for the additional zones in Miragoane and Jacmel.

The OR team and Columbia technical assistance staff could facilitate these working sessions, while at the same time participating in the design process. This type of training/OR project design activity can serve to strengthen institutional capacity in OR, as well as assist in development of technically sound proposals. The systematic presentation of OR principles and the protocol development process will give district personnel participating for the first time in an OR activity the chance to assimilate the basic information necessary if they are to collaborate on an equal basis with these already familiar with OR. It should increase their involvement and thus their commitment both to the execution of the project and to utilization of the results.

- completion of the problem analysis phase of the OR projects, which could include short studies on issues such as:

    - the attitudes of SNEM volunteers and other community volunteers and workers toward taking on additional tasks such as contraceptive distribution;

    - the effects of adding additional tasks on the SNEM volunteers' performance of their malaria-related activities (doing at least part of the study in the current OR project zone);

    - the potential for use of various types of community volunteers or workers in contraceptive distribution programs and information on their current relationships and how they might affect program design; and

    - possibilities for simplified strategies for training, supervision and logistical support, considering the available resources.

- completion of the solution development phase of the projects, with consideration of issues such as:

    - the possibilities for testing one or more alternative strategies for the distribution of contraceptives such as 1) passive distribution through SNEM volunteer depots; 2) an IE&C campaign followed by passive distribution; and/or 3) one round of active household distribution followed by passive distribution; and

    - the possibilities for using low-cost strategies for motivating local staff and volunteers such as recognition or praise for work well done; small incentives such as T-shirts or hats, signs for the depots, etc.; certificates and per diem for training activities; and/or a system allowing for the sale of contraceptives at low-cost to provide a small amount of renumeration for the volunteers.

- completion of the solution-testing or intervention phase of the projects, with special attention to issues such as:

    - continuation rates and factors affecting successful maintenance of the programs (of community-based contraceptive distribution using SNEM volunteers);

    - costs and cost-effectiveness of the programs implemented; and

    - possible strategies for continuing the contraceptive supply activities after the OR Project ends, as well as guidelines for application of findings in other zones.

- dissemination of project results through reports and presentations and/or workshops for key decision makers which would serve to encourage application of relevant findings. Adequate staff time and budget should be planned for these essential activities from the beginning, although the exact form they will take will be determined nearer the end of the project.

• Participation in DSPP/SNEM/USAID Activities Involving Application of Findings

Representatives of the OR team involved in the Miragoane project should participate in discussion and planning sessions with DSPP/SNEM/USAID regarding integration of selected PHC tasks into the SNEM volunteers roles on national, regional and district levels. This participation, (already requested in some cases), could help facilitate application of valuable findings from the Miragoane experience.

As plans are made for the integration of PHC tasks, including distribution of contraceptives into the SNEM volunteer role, careful consideration should be given to issues such as what systems and resources are needed for training, supervision, motivation, and logistical support. Regions and districts should proceed only as quickly as good planning will allow with implementation beginning in a few selected areas, as strategies and support systems are made final. OR experience and lessons learned could be useful in this planning process.

Expansion of the number of volunteers within the SNEM network should also proceed at a pace compatible with solid program implementation with adequate attention given to strengthening the performance and systems needed to support those volunteers who now exist.

• Provision of OR Assistance to the Bilateral Family Planning Outreach Project and other Public Sector Family Planning Programs

The OR Project should have the flexibility to provide a certain amount of technical assistance in OR to other public sector family planning programs. It is recommended that the OR team assist the DHFN, DSPP and USAID mission in determining how OR activities could best be integrated into on-going and future bilateral family planning programs. The team could also assist with the design of OR studies that would further explore alternative strategies for contraceptive distribution at the community level within the on-going delivery system (the potential for involving health workers, various community level volunteers, commercial distribution networks, etc.), as well as address other specific issues and problems. As mentioned earlier, these activities should be integrated into the work plan from the beginning, with the Government and USAID mission indicating specifically what level and type of assistance would be useful. For implementation of large-scale OR studies that may be planned, additional OR staffing and technical assistance support would be needed, as the present OR team is not large enough to handle a large number of major OR initiatives at one time.

III.1.5.2 OR Activities in the Private Sector There is clearly strong interest on the part of private institutions in using OR to expand family planning and PHC outreach. Judging from the positive response at Cite Simone, AOPS and Bon Repos to OR collaboration with Columbia University, it is likely that private institutions could move ahead quite quickly in using OR as a management tool to diagnose and solve operational problems. Groups in the private institutions are interested in organizing workshops on the use of OR, in providing staff with on-the-job training in OR through designing and carrying out studies, in developing and/or improving computer-based systems for research and management, etc. Since these private institutions generally have financial support to carry out service delivery, they primarily need technical assistance which will advise on the design and execution of OR workshops and studies.

Therefore the team recommends that the work plan for completion of the OR Project should include detailed plans for provision of an agreed upon amount of technical assistance to private institutions, including, for example:

- Cite Simone

Support should include technical assistance in OR for the Cite Simone group as it continues to improve and learn from the family planning OR and delivery program it has initiated with OR Project funds. This could include assistance with design of small investigative studies with objectives such as:

- Calculating continuation rates for oral contraceptors and investigating factors influencing drop outs;
- Developing a computerized system for following drop outs; and
- Designing strategies for promoting family planning among teenagers.

It would be useful if a small amount of funds could be available for financing some of these studies, either through the OR Project or separate USAID Port-au-Prince or Office of Population monies. It is hoped that the USAID mission, as currently being discussed, will continue to support the operating costs of the family planning center for the next year or so, with an understanding concerning future transfer of these costs to another donor.

- AOPS

The AOPS will continue its very important efforts to encourage its member groups to focus on and improve MCH, nutrition and family planning, while extending services to defined populations and developing a registration system that will allow accurate monitoring and evaluation of results. Technical assistance should be continued for this exciting program.

In addition, if the major (over $2 Million) Child Survival Proposal, which includes a substantial FP component, is approved, it would be useful if Columbia University could provide technical support for OR, as requested, in the areas of study design, evaluation of implementation, analysis and write up of results, etc.

• Bon Repos

The Bon Repos Hospital has planned to establish OR as an integral part of its community outreach activities in family planning and MCH. Technical assistance in OR by Columbia University could continue at a limited and specified level.

• Other Institutions

Other institutions have had preliminary discussions with Columbia about OR and expressed interest in collaboration. A limited amount of technical assistance could be allotted to new efforts, keeping in mind that the great majority of this support must go to specified on-going OR programs in the public and private sector.

The types and level of technical assistance to be provided for the various private sector groups should be clearly specified in the work plan. Workshops or other training sessions (on protocol development, computer programming, etc.) might be provided for several interested private sector groups at once. In addition, the extent to which both public and private sector groups could participate jointly in certain OR activities should be explored.

III.2 Priorities and Strategies for Future OR Activities

III.2.1 The Public Sector

Although the exact shape and form that family planning and health programs will take within the next few years is still unclear, it is critical that the government health authorities, as well as donors, begin thinking now about priorities and strategies for future OR activities if OR is to realize its full potential as a management and problem-solving tool. The team has several recommendations regarding important considerations to be kept in mind in this area:

III.2.1.1 OR's Role in Bilateral Family Planning Programs The team recommends that as future bilateral programs in family planning and health are designed, careful consideration should be given to the inclusion of an effective OR component, along with the technical and financial support needed to develop and sustain it.

III.2.1.2 Strengthening Institutional Capability in OR Leadership within the DSPP/DHFN/SNEM should seriously consider what unit(s) or institution(s) should be the focus of future efforts to institutionalize an OR capability that can respond to the public, and possibly private sector, OR needs. Possibilities for strengthening one or more of the existing DSPP units or services with current research and evaluation responsibility should be reviewed, as well as the possibility of developing a quasi-governmental research institution with OR capability.

Experience has shown that it is very useful to have a strong evaluation and research capability within the government structure, so that data can be quickly gathered and analyzed in order to identify problems and design simple studies to solve them.

Since governmental units are often overwhelmed by routine data collection and analysis, it is also important to be able to draw upon semi- or non-governmental research organizations that can mount OR efforts quickly and efficiently. When quasi- or non-governmental research groups are used, a major problem often is that of effectively focusing and monitoring the research so it produces practical and easily applicable results. Mechanisms must be developed within the Ministry so that priority areas for study are systematically targeted and management and service personnel are actively involved in the design and monitoring of studies (including those studies developed by outside groups). Mechanisms must also be developed to ensure systematic review of findings and careful consideration and adoption of specific actions needed for application of relevant results.

The Ministry might consider integration of a system for targeting priority problems for OR studies within its on-going planning system. For example, if part of the planning process involves identification of priority health and health delivery problems that need solution, the information needed to solve those problems can then be specified. Some of this information will be readily available, some can be gathered through the data collection systems already in place, and some might best be gathered through specific OR studies. After priority problem areas for OR study are identified as part of the planning process, government units can be given responsibility for certain investigations, and quasi-governmental or outside research groups can be encouraged to tackle other studies or, if feasible, be commissioned to conduct the work desired.

III.2.1.3 Development of an OR Training Program Future OR activities in units and institutions selected for strengthening should have a much more active in-country training component. Staff in the central OR unit(s) should receive training through workshops or periodic working sessions in OR, OR study design, and protocol development. Sessions, in addition to imparting OR technical skills, should focus on training of trainers so that central staff will then have the capability to hold training and research design sessions at regional and district levels, with relevant management and service personnel, as well as researchers, participating. Integration of OR into the curricula of health and management training institutions (medical school, training hospitals, centers for training nurse auxiliaries, etc.) also should be explored. The OR training experience of such groups as the Population Council, PRICOR, Columbia University, the project for Strengthening Health Delivery Systems (SHDS), and the Health Services Research unit in the Division of Strengthening of Health Services at WHO, Geneva, could be drawn upon when training strategies and materials are developed.

III.2.1.4 Local Design and Implementation of OR Studies Future OR activities should focus, as much as possible, on the design and implementation of OR studies and projects by Haitian health and research professionals, with outside technical assistance providing a technical support role rather than spearheading the studies themselves. A major focus on OR training, such as that mentioned above, would facilitate this approach, as training sessions could be used as an important mechanism for design of needed studies.

III.2.1.5 Development of a Small Grants Program Consideration should be given to the eventual development of a small grants program administered within the units or institutions being strengthened. Grants could be available for public and possibly private groups and investigators. Clear guidelines for preparation, review and approval of proposals would have to be developed, as well

as simple mechanisms for administration and control of funds. The OR Unit could provide technical assistance, both through its OR training activities and through technical advice during study development and implementation. The quite successful experience of PRICOR in designing and administering a program of this type on an international level could be tapped if this program activity is considered for development.

If a systematic method is developed within the DSPP for analyzing health and health delivery problems needing solution and identifying OR studies needed, the small grants program could be used as a mechanism to encourage study of the priority problems targeted for investigation and provide the funding.

III.2.1.6 Use of Available Resources for OR Project Service Costs Future OR projects which test family planning interventions should be designed, as closely as is feasible, so that service delivery costs are covered by resources available within the health system and community, rather than financed by the OR Project itself. Due to the scarcity of resources in Haiti this has sometimes not been possible, but to the extent delivery costs are covered by the health system and community, successful interventions are much more likely to be adopted for expanded use.

III.2.2 The Private Sector

Strategies for continuing to strengthen OR capabilities and to provide necessary OR resources within the private sector should also be considered for the long term. The team recommends that the same issues and strategies mentioned for the public sector, such as a major focus on OR training activities, strengthening of institutional capability in OR and possible development of a small grants program, be considered. Consideration should be given to development of joint activities involving both public and private groups, when practical, as a means of conserving resources and encouraging collaboration.

APPENDIX A

SCOPE OF WORK

Revised Scope of Work of Jan. 8, 1985
Assessment of Operations Research Needs in Family Planning, Haiti

1. Purpose:

The main objective of the assessment on operations research (OR) needs in family planning activities in Haiti is to optimize the OR contribution to the Haitian family planning program. Moreover, the needs assessment team will assess the role that Columbia University and their resident advisor have played in developing OR capabilities in Haiti since October 1981. Of overall importance are the issues of cost-effectiveness of the service delivery systems, the application of research results to regional and national family planning programs in Haiti, the strengthening of GOH institutional capacity to conduct OR studies, the operational impact of the OR project on the national family planning program, and the dissemination of research results at the national and international level.

While much has been learned from family planning operations research in Haiti over the past few years, many unanswered questions remain about the design and implementation of effective family planning service delivery systems. More insights are needed into specific components of the delivery systems in order to identify those which are functioning poorly and to determine how to strengthen them.

The main outcome of the assessment should be a set of recommendations about how to use OR to help improve the acceptability, accessibility and cost-effectiveness of family planning service delivery systems in Haiti, and to develop and/or strengthen the capabilities of the public and private sector host country institutions to use operations research as a management tool to diagnose and solve operational problems. It is expected that the recommendations submitted by the evaluation team will help the GOH, the Mission and AID/W to establish future OR priorities in Haiti.

2. Projects to be Reviewed:

a. Operations Research on Low Cost Delivery of Maternal and Child Health (MCH) and Family Planning (FP) Services. Grantee: The Republic of Haiti (DHFN). Period of grant: October 1981 through September 1985. Technical assistance from Columbia University.

b. Impact of Different Family Planning Programs. Grantee: Haitian Arab Center. June 15, 1983 through October 15, 1984. Technical assistance from Columbia University.

c. Other activities in OR that have been undertaken with technical assistance from Columbia University.

3. Activities:

To determine how to optimize the OR contribution to the Haitian Family Planning Program, the team will carry out the following activities:

a. Prepare a brief review of OR efforts in family planning covered under the AID Office of Population/Columbia University Contract since 1981.

While the team should feel free to assess any relevant issues, the following are potential questions which might be addressed:

1) Management

What is the structure of OR at DHFN? DSPP? How is the current OR project administered and managed? Does the current structure of the OR unit in the Division of Family Hygiene and Nutrition assure optimum collaboration and coordination of OR efforts in Haiti? How might the coordination be improved? Should any management and/or administrative practices be modified? What are the future GOH staffing and financial needs for management and technical support of OR projects?

What role does long and short term technical assistance play from Columbia University play in achieving OR project goals both in the public and private sectors? Are the amount and areas of expertise of the TA appropriate? What types of TA will be required for the future?

2) Training

What has been achieved in the area of training of volunteers and supervisors? What problems have been encountered and what lessons have been learned? Are future studies needed?

What has been achieved in the area of training in OR? What problems have been encountered and lessons learned? What types of training should be undertaken in the future?

3) Logistics

What procedures are being used for supplying the OR projects? What problems have been encountered? How might the logistics be improved? What is the potential for integrating the logistic support system into the ongoing family planning program?

4) IE&C

How are the Information, Education and Communication activities organized and what is the content of the messages in the OR projects? What modifications could be made in this component of the project to better encourage family planning acceptance? Are these activities practical for the ongoing family planning program?

5) Services

Which contraceptive methods have been offered in the OR projects? What was learned about the demand for these and other methods? Should the acceptability of other methods be studied as a future OR activity? What has been the service delivery impact of the OR projects in terms of prevalence and continuation rates? How is patient follow-up achieved? Are further studies in these areas needed?

6) Supervision and Motivation

How is the supervision system organized in the OR projects? How effective is the supervisory support? Are further studies in this area needed? How are professional staff and volunteers motivated within the OR projects? What are the pros and cons of various approaches to motivation? What are the incentives? What are the possibilities for the future? Are further studies needed?

7) Data Collection and Analysis

In what ways were the GOH and TA involved in the design, data collection and analysis of the OR projects? How appropriate has been the research design, data collection and analysis in these projects? How should these activities be organized in the future to best integrate OR into DHFN/DSPP and the private sector in order to serve as an effective management tool?

Were the available resources and facilities for data

processing adequate? What future resources (hardware and software) will be needed and where should they be located?

8) Cost Effectiveness

What have been the total costs of the OR projects? the research costs and the service delivery costs? What are the estimated service delivery costs per acceptor? per user? Are these costs low enough that the projects approach can be applied in ongoing service delivery programs? Are further studies on cost and cost effectiveness needed?

9) Applicability of OR Findings

Have any of the findings from the OR projects been applicable to the national program? Have any actually been implemented? Is there potential for future implementation? How can future OR activities be organized to increase the potential for utilization of findings?

10) Institutionalization

To what extent have the OR projects contributed to greater Haitian capacity to identify priority operational problems and to plan studies that would clarify options and issues affecting their solution? To what extent has the OR project contributed to enhancing institutional capacity to plan and execute OR on low cost family planning and MCH service delivery?

b. The team will prepare a summary of major recommendations for future directions of OR activities in Haiti. Specific issues that should be addressed are:

1) Determine priority areas for future OR activities in Haiti and address whether the ongoing OR projects should be expanded.

2) Determine what procedures or systems might be established to facilitate the setting of OR priorities and the planning/execution of small OR projects and activities.

3) Determine what future activities might best strengthen the national (public and private) institutional capacity to use OR as a management tool to diagnose and solve operational problems.

4) Determine the policy implications of past OR findings and to what extent OR findings have been or are likely to be applied to improve cost-effectiveness of the family planning delivery system. How could future design of OR activities improve the potential for utilization of findings?

5) Determine the future technical assistance needs for OR efforts in Haiti.

4. Timing of the Assessment

January 7-18, 1985, with a possible one week extension.

5. Members of the Team:

Researcher with OR skills - Dr. Ann Brownlee
Researcher with management skills - Ms. Betsy Stephens
Researcher with demographic skills - Maria Mamlouk (AID/W)

6. Methodology of the Evaluation:

Search records, review files, conduct interviews, site visits, review of sample surveys and statistical analysis carried out in connection with the projects. The Team members will visit service sites in Haiti as appropriate and will meet with officials from MOH, USAID, and private sector providers. The last week of the evaluation will be devoted to a discussion of the draft with USAID and the MOH and preparing a draft of the report.

7. Format of the Report:

Summary
Introduction
Methodology
Findings
Recommendations

8. Submission of the Report:

A preliminary draft of the needs assessment (in English) and an executive summary (both in English and in French) will be submitted to USAID prior to the departure of the team. It is anticipated that a final version of the evaluation report (in English and French) will be submitted to USAID within six weeks after departure of the Team from Haiti.

APPENDIX B

LIST OF PERSONS CONTACTED

USAID/Haiti:	Mr. Jerome French, Mission Director Ms. Patricia Gibson, Chief, Population & Health Office Mr. Richard Metcalfe, Population Officer Mme. Gisele Balmir, Program Assistant
Association des Oeuvres Privees de Sante:	
	Dr. Reynold Monsanto, President Dr. Antoine Augustin, Secretary General
Miragoane District:	Dr. Yves Alexandre, District Director Three SNEM volunteers participating in the Miragoane OR Project
Jacmel District:	Dr. Jean-Baptiste, District Director Dr. Joli-Coeur, Deputy Director Mlle. Germain, District Nurse
Rural Health Delivery System:	Dr. Jon Rhode, Chief of Party
Cite Simone:	Dr. Metayer, Medical Director, FP Center Dr. Reginald Boulos
Bon Repos:	Dr. Maryse Pierre-Louis, Director
AID/W:	Ms. Maura Brackett, LAC/DR, Chief, Population Division Dr. Anna Quant, S&T/POP/R Ms. Rosita McKee, LAC/DR Ms. Linda Morse, LAC/DR, Chief, Health and Nutrition Division Ms. Marsha Townsend, S&T/POP/R Dr. James Shelton, S&T/POP/R
ISTI:	Ms. Elizabeth Preble, Director, Population Technical Assistance Project
Columbia University:	Dr. Donald Lauro Dr. Joe Wray Dr. James Allman
DHFN/DSPP:	Dr. Serge Armand, Director, DHFN Mr. Sylvio Albert, Administrator, DHFN Dr. Fayla Lamothe, Deputy Director, DHFN Mr. Guy Fred Celestin, Chief Technical Support, DHFN Dr. Raynald Pierre-Louis, in charge OR DHFN Mr. Fritz Francois, Community Coordinator

DSPP:

Dr. Serge Toureau, Director General
Dr. Adeline Verly, State Secretary
Mr. Emile St. Lot, Director, Population
Dr. Emmanuel Ade, Chief, Statistics, Planning and Evaluation
Dr. Adrien Hilaire, Director, Planification
Dr. Michele Edouard, Deputy Director, Population
Dr. Gerald Lererbours, Evaluation Unit of Planning Bureau

SNEM:

Dr. Ginette Riviere, SNEM Education
Mr. Joseph Frederick, SNEM
Dr. Ludovic LaFontant, Director

APPENDIX C

LIST OF SURVEYS AND STUDIES ON WHICH OR PROJECT AND COLUMBIA UNIVERSITY STAFF PROVIDED ASSISTANCE

APPENDIX C: List of Surveys and Studies on which OR Project and Columbia University Staff Provided Assistance*

I. Family Planning, Health and Nutrition Surveys

Name	Number of Questionnaires	Participating Institutions	Type of OR Project Technical Assistance
1. 1981 CRESH Survey of Attitudes toward Commercial Retail Sale of Contraceptives	1500 men & women (aged 20-39 in 6 urban areas)	DHFN, Porter & Novelli, CRESH, Univ. of Haiti	Advisor & Coordinator working on design of survey and write-up of results, NYC computer assistance with tabulation and data editing
2. July 1981 South Region Health/Nutrition & FP Survey	900 mothers with children under 5 years	Bureau of Nutrition, South Region Health Bureau (SRHB) MSH	" "
3. 1982 Arniquet Rally Post Survey	360 mothers with children under 5 years	SRHB, DHFN	Advisor and statistician doing all aspects of survey, NYC computer assistance for analysis and write-up
4. 1982 Survey of Attitudes toward Menstruation & interest in DMPA	500 women, 15-49 years old	DHFN, Centre de Linquistique Applique et Sciences Sociales	Advisor and coordinator collaborating on design and write-up NYC computer assistance for editing and tabulation
5. 1983 South Region Health Nutrition & FP Survey	900 mothers with children under 5	MSH, SRHB	NYC computer assistance, advisor and coordinator involved in analysis and write-up
6. Miragoane Contraceptive Distribution Baseline (July-August, 1983) & Follow-up (Jan.-Mar., 1984) Surveys	5000 women 3500 women	DHFN	Advisor, coordinator and statistician provided overall management on all aspects of study, NYC computer support

Name	Number of Interviewers	Participating Institutions	Type of OR Project Technical Assistance
1. 1977 Haiti Fertility Survey	3300 women	WFS, IHSI, DHFN	Advisor and DHFN evaluation staff helped with questionnaire, design, analysis and write-up
2. 1983 Contraceptive Prevalence Survey	4500 women	Westinghouse, DHFN, IHSI	" "
3. 1984 UNICEF Study of KAP of ORT & The Role of Mass Media	360 mothers	INAGHEI	" "

* This Appendix was provided by Columbia University staff and retyped by ISTI.

43

II. Family Planning Health and Nutrition Studies

Name	Type	Participating Institutions	Type of OR Project Technical Assistance
1. 1981 Qualitative Study of Mothers' Attitudes toward Diarrhea	In-depth Interviews	CLASS, DHFN	Advisor and Coordinator worked on design, pretest, analysis and write-up
2. 1983 Study of Condom Use in Haiti	Focus groups	CLASS, INAGHEI	Advisor and Coordinator helped identify research team and design, analyze and write up study results
3. 1984 Review of Findings in FP in Haiti relevant to developing FP messages & IEC	Review of Literature	INAGHEI, Johns Hopkins University	Advisor advised and consultant reviewed manuscript
4. 1982-1983 Evaluation of Matronne (TBA) Program	In-depth Interviews	CLASS	Advisor analyzed data and helped write up results
5. Cite Simone PRICOR Study Using TBAs to improve pregnancy outcome	Surveys & analysis of service statistics	Cite Simone	Advisor assisted with project design.
6. 1983-1984 Cite Simone FP Program	Service Statistics	Cite Simone	Columbia Univ. epidemiologist and advisor provided several weeks technical assistance
7. AOPS, FP & MCH Baseline Surveys	Censuses in 15 populations of 10,000-30,000	AOPS	Columbia Univ. computer specialist advisor and senior staff helped improve forms, design computer programs and process data
8. Bon Repos MCH Hospital Community Health Program Baseline Survey	Census of 12,000 people	Bon Repos	Advisor advised community program head
IN PROGRESS			
1. Impact of Contraceptive Distribution in Miragoane Follow-up Survey on Continuation & Client satisfaction	300 women	DHFN, INAGHEI	Advisor, coordinator and statistician helped design study
2. KAP of O&I in Haiti and interest in CBD approaches to distribution	1000 mothers	DHFN, PAHO, INAGHEI	Advisor prepared study design and is forming study team to carry out research

The OR project staff, generally the resident advisor, the project coordinator and statistician, and occassionally the project community development specialist, worked on these additional activities. In addition, Columbia University has made extensive staff time available in New York for data processing, editing, tabulation, and analysis especially, during the first two years of the project. More recently in 1983-84, a computer specialist made five trips to Haiti, ranging between one and three weeks, to better institutionalize local capacity to use microcomputers. The results have been excellent at Cite Simone and AOPS, where USAID has approved the purchase of microcomputers.

Columbia University has also supported regular visits by senior staff (Prof. Joe Wray, who visits 2-4 times a year for two-three weeks, Ms. Deborah Maine, Drs. Lauro, Rosenfield and Van Wie and Ms. Susan Nalder). In addition to assisting the on-going activities in Miragoane and Cite Simone, these staff members often contributed to the other activities by commenting on study designs, methodology, analysis, and in reviewing the numerous reports and manuscripts for publication produced by the OR project team in Haiti.

APPENDIX D

LIST OF PERSONS TRAINED IN FAMILY PLANNING AND OPERATIONS RESEARCH UNDER THE OR PROJECT

APPENDIX D: List of Persons Trained in Family Planning and Operations Research under the OR Project*

Overseas Training and Study Tours

Dr. Ary Bordes	Former Director DHF, Director General DSPP, and Minister of Health	Study tour to Thailand, Indonesia and Sri lanka 1977 **
Dr. Adeline Verly	Former Asst.Director DHF Director of REgionalization, DSPP; Secretary of State for Health	Study Tour to Thailand and Indonesia 1981 **
Dr. Wooly Dieudonné	Director of Family Planning	" " *
Dr. Yves Alexandre	Director, Miragoane Health District	One month training at Columbia University 1983
Dr. Ginette Riviere	Head, Training and Community Program, SNEM	" " 1984
Ms. Rosanne Rosias	Head, Community Health Program, Bon Repos, MCH Hospital	1984
Dr. Maryse Pierre-Louis	Former OR project assist. (1981-1983), Director, Bon Repos, MCH Hospital	1982 1983 and 1984
Dr. Raynald Pierre-Louis	OR project Assistant	1982
Mr. Elmera Jeantyrard	Head, Statistics and Evaluation section, West Health Region	1983
Mr. Wibner Pierre-Francois	Community Development Specialist	Guatemala CBD Training 1983
Dr. Wooly Dieudonné	Head CCS, DHFN	1983

* This Appendix was provided by Columbia University staff.
** These training activities took place under the first OR Project.

Community Health Workers

Fond Parisien	15 distributors	1978**
St. Marc	15 distributors	1979**
Leogane	15 distributors	1979**
	55 Community Volunteers	1980
Miragoane	109 SNEM Volunteers	May-June 1983
	205 Community leaders	Retraining Decembe
	Health District personnel (3 nurses, 6 auxillaries, 6 agent de santé) SNEM Cadres (6 agent de campaign, 3 supervisors, chef du bureau)	
Cité Simone	20 matrones	Sept 1983
	3 promotors	
Bon Repos	6 agent de santé	Nov. 1984 -
	6 SNEM volunteers	Jan 1985
	4 Medecins de service sociale	

Workshops

	Aims	Date	Participants
Les Cayes	Presenting results of the household Distribution project	May 1982	DHFN, South Regional Health Bureau
	Presenting results of the evaluation of the Arniquet model Health Project	Sept. 1982	" "

** These training activities took place under the first OR Project.

APPENDIX E

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