



International Federation for Family Life Promotion
Fédération Internationale d'Action Familiale
Federación Internacional de Acción Familiar

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January-June 1986 Technical Project Report

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Cooperative Agreement DPE-0632-A-00-3049-00

This half year was a milestone for the two demonstration projects (Liberia and Zambia). They both at this time entered the real phase of demonstration-expansion, the 2½ previous years of the project being needed to pilot and develop the many new activities of teacher training and supervision, statistical data gathering and project management.

Most of these responsibilities are now shouldered by program specialists or site supervisors/managers, leaving the national directors more time for strategic and long-term planning with government ministries and donor agencies.

The statistical data systems are running smoothly and continue to improve though they consume a great deal of project time and effort.

January-June 1986 was a milestone for the Mauritius NFP program as well, which completed its evaluation project and its first technical assistance project and immediately negotiated another grant with IFFLP-AID and the Georgetown University NFP Project to develop as a research/training center for NFP.

The smallscale technical assistance project to mostly francophone African countries also passed a milestone, that of introducing similar client and teacher statistical and program management data systems.

A common need of all the NFP projects at this time is the development of an appropriate marketing program, especially one which can contribute significantly to marketing NFP in the non-capital sites.

Johns Hopkins University's Evaluation Subproject

The JHU evaluation unit continued to receive regular batches of data from Zambia and Liberia, but signalled attention to the low number of follow-up forms on Zambia clients. During the second quarter of 1986, a concerted effort was made in Zambia to track down delinquent follow-up reports. Much of the "lost-to-follow-up" data problem in Zambia derives from its heavily center-based services (as opposed to one which visits client homes).

The present data show Pearl Pregnancy Rates to avoiding pregnancy clients in the range of 15-26.7. Between November 1985 and March 1986, Zambia's Pearl rate dropped from 26.7 to 24.8 while Liberia's Pearl rate showed a significant decrease from 23.0 to 15.0 during the same period.

Johns Hopkins University, cont.

Both programs showed client registration increases from November 1985 to March 1986 of respectively, 16% (total 530 registrants) for Zambia and 24% (total 312 registrants) for Liberia. During this period the Liberia client dropout rate averaged 40% and the Zambia dropout rate 35%. June 1986 registrations will total about 900 Zambian registrants and 550 Liberia registrants.

The Liberia and Zambia project managers have both developed or adapted data summary report forms enabling them to get an immediate grasp of some of the important service statistics rather than waiting for JHU feedback. This shows that the managers are interested in closely monitoring the data component and in using the findings to more effectively manage their programs.

Attached in the C.T.O.'s copy is the September 85-March 86 progress report.

Liberia

This project continues to improve its effectiveness and efficiency and its standing in the national family planning community.

Between November 1985 and March 1986 it:

- ° decreased its Pearl pregnancy rate 30% from 23.0 to 15.0
- ° increased client registrations 36% (total clients registered through June 1986 are 550)
- ° maintained follow-up on 75% of clients

Keeping a high data follow-up at a time of shifting emphasis from home-based to center-based services for clients was a significant achievement.

The Liberia NFP program is also making a major client target shift from the capital to non-capital areas. It held its first teacher-training workshop for illiterate/semi-literate teachers during this time. There appears to be a greater receptivity to NFP in the rural areas.

A small marketing campaign was launched in January-February 86. The response was positive. The project team wants to continue systematic outreach efforts but is hampered by lack of financial and personnel resources (for the writing of drama scripts, etc.). IFFLP is planning to submit a supplementary request for funding the marketing effort.

Liberia, cont.

Program efficiency is improving with insistence on teacher output. Some efficiency-producing teacher performance criteria are that:

- °teacher trainees during practicum have a minimum client load of 6 spacing clients while adding 3 spacing clients each month. If trainees do not fulfill the teacher requirements and become certified in 6-14 months, they will be dropped from the program.
- °part-time paid teachers and full-time paid teachers must maintain minimum client loads of 12 and 20 learners respectively while recruiting respectively 5 and 7 new clients each month.
- °all teachers are being urged to bring clients to the autonomous practice of NFP in 4 cycles (months). Requirements for client autonomy have been reduced to the minimum needed for clients to achieve their family planning intention.

Clients are also being enlisted in the efficiency drive by:

- °insisting they (especially achieving pregnancy clients) come to the centers for follow-up instead of wasting teacher time in home visiting.
- °requiring a small user fee of \$2.50-\$5.00 of those who can afford to pay.

Finally the project has gained regular representation on the following national family planning committees:

- °USAID Bilateral Family Planning Working Group
- °National Committee on Population Activities (Ministry of Planning and Economic Affairs)

and has been visited and lauded by the Deputy Minister for Curative Services of the Ministry of Health. In addition both the WHO and UNFP field offices have encouraged funding proposals for NFP to be submitted to them.

The budget continues to be tight on this project which is increasingly relying on paid personnel having found the productivity and control over volunteers to be low. The chairman of the NFP advisory board has expressed that the salaries are too high but the project director feels they are necessary to maintain high standards in a research project.

Attached in the C.T.O.'s copy is the January-March 86 and the April-May 86 detailed report from the field.

Zambia

Significant progress has been made in this half year in increasing client registrations, obtaining needed vehicles and photocopiers, obtaining delinquent follow-up data on clients, and staffing with country nationals the provincial and national project offices.

Total registrations of NFP clients number 900 as of June 1986. The life table discontinuation rate of 47% is lower than that of Liberia which is 60%, however, this will have to be further analyzed by the JHU evaluation unit because Zambia client follow-up lags behind that of Liberia.

With the receipt of 3 new project cars and 3 new photocopiers, a supplies bottleneck has been opened. Using the new cars, the provincial staff has undertaken delinquent client follow-up interviews which are necessary to draw any valid conclusions on the Zambia data.

In answer to IFFLP and AID concern, the provincial and national project offices are being increasingly staffed with Zambian supervisors and administrators:

National Office, Lusaka: Miss Patricia Chibiliti, Projects Officer and NFP Project Executive Protem in the June-September 86 absence of Fr. Cremins

- Raymond Muchindu, Project Data Officer and FLMZ director
- Mrs. L. Tafira, Accounts
- Sr. Dr. Tyndall, Training Director
- Sr. Hegarty, Training and Publicity

Lusaka Province:

- Mrs. L. Tafira, provincial supervisor/administrator
- Mrs. Chikoti, Lusaka city district supervisor
- Mrs. Lungu, Lusaka city district supervisor
- Sr. Cesarina Borghesi, Iteshitezhi district supervisor.

Copperbelt Province:

- Mrs. Eva Sanderson, administrator
- Sr. Rosemary Ngandu, provincial supervisor
- Mrs. Haalende, district supervisor Kitwe

Southern Province:

- Sr. Teresa Xavier Byrne, administrator/supervisor
- Christopher Kaholo, assistant administrator
- Mrs. Mamwako, district supervisor Monze
- Mr. & Mrs. Mwansa, district supervisors Dambwe
- Sr. Charles Lwanga, district supervisor Maramba

Zambia cont.

The project is now experimenting with some paid half-time teachers to see if they will be more efficient than numerous volunteer teachers.

National recognition by leaders, associations and committees has been accorded NFP during this half-year by the:

- visit and discussion with the country's President at the NFP stand at the Copperbelt Fair.
- admission of the Family Life Movement to the Coordinating Committee for NGO Women's organizations.
- negotiations for FLMZ to be included on the National Commission for Development of the 4-Year Plan (1986-90).
- support for NFP by East African Catholic bishops in a published statement in April 1986. (It is expected that this will cause an influx of prospective Catholic clients).

Attached in the CTO's copy are the January-March 86 and April-June 86 detailed progress reports from the field.

Burkina-Faso - Bobo Dioulasso

42 users, 6 volunteer teachers, 3 sites in Bobo Dioulasso, 50 have received additional training as teachers.

This program has remained small although recent information sessions in parishes to the south of the city may be the beginning of expansion to the rural areas.

Fifteen as yet unmarried girls are being taught fertility awareness and the project reports that they are able to observe their cyclical fertility signs.

Attached is the first quarter 1986 progress report from the field.

Burkina Faso - Ouagadougou

Cathedral NFP Centre: 19 users, 91 have received additional training as teachers.

St. Camille Hospital NFP centre: no report this semester but estimated over 100 users.

This is also a small program but a visit by Mdme. LeBlanc indicates that client follow-up and charting is of high quality.

The Georgetown University NFP project is negotiating a breast-feeding project with the St. Camille centre which has a personal computer for data analysis. It appears that the Cathedral centre will also collect data for the study.

45 persons from the Ministry of Family Well-being were trained as NFP teachers this semester.

Annexed in the C.T.O.'s report is the first quarter 1986 progress report from the field.

Burundi

A massive information-giving program to medical personnel was conducted with IFFLP consultants Dr. Francois Guy and Mrs. Jacqueline LeBlanc during February 1986. Sessions were held in Gitega, Bururi, Ngozi and Bujumbura for 197 medical personnel from the public and private sector. It is planned that each of these areas will have an NFP pilot center.

A supervisory tour conducted by the new regional supervisor, Joachim Nzirubusa counted 93 NFP client users in Kabulantwa, Ryarusera and Kinama in the Bujumbura-Bubansa region. However, there may be more clients which a standardized reporting system would reveal.

NFP supplementary funding support is being sought in-country from UNFPA, Misereor and CRS for 5 NFP pilot centre clinics (3 would be private and 2 government) \$9000 has already been donated by CRS for supervisors' travel.

Annexed in the C.T.O.'s report is a list of the 197 participants of the NFP information week and two supervisory trip reports. A full report of the information seminars is available on request from IFFLP.

Cameroon

2 pilot centres in Yaoundé, 11 sites throughout the provinces where user and teacher training have been given to over 900 persons, about 250 clients, 80 autonomous users.

The NFP program has over the last 6-8 months started new NFP sites besides the two pilot centers in the capital which have remained small probably because southeastern Cameroon has one of the highest infertility rates in Africa (24%). Three of the new sites, Garaua, Maroua and Ngaoundere, are in the far north of the country, so they are difficult to supervise, but one of the new northern sites has an experienced NFP teacher who can oversee the charting.

Because the two main NFP teachers/supervisors have full-time jobs other than NFP, they can only do intensive user training workshops on the weekends. Extensive use is made of written tests (sentence-completion type). The program will also be hampered until the new teachers from among the users at the new sites have completed their one-year practicum.

First quarter '86 and fourth quarter '85 reports are annexed in the C.T.O.'s copy.

Central African Republic

This program continues to expand in an organized and energetic way and to submit the most timely, detailed, statistical and progress reports.

Last year, 770 village women attended a four-part lecture series on reproductive health; another 500 women attended some of the classes. Of the 1270 women, 912 sought to achieve pregnancy and 344 to space or avoid pregnancy. This high a proportion of clients wanting to become pregnant is not reflective of the general infertility rate of the country which is 13%. (Other countries, Gabon 32%, southeastern Cameroon 24% and Zaire 18% have much higher rates). It may be due to insufficient recruitment of spacing clients in the villages (where older women more interested in spacing predominate). The program is printing 12-month chart booklets in an effort to follow up spacers more consistently. About 80 clients charted their cycles for at least 3 months. Some autonomous clients have been charting for 4½ years now. 214 teachers have been trained of which 50 continue to furnish regular detailed statistical reports covering the work of 70 teachers. Of the 214 teachers trained, 62 are new recruits. Teachers are located in 14 of the 17 most populated regions of the country.

The reproductive health lecture series laid the groundwork for fertility awareness throughout the country. This was desperately needed in a country where a very large number suffer from STD. Now the emphasis will be placed on NFP and charting and less on gynecological exams for infertility.

Central African Republic, cont.

A very large national family planning seminar was held in Bangui from 21-28 January 1986. NFP was given maximum exposure. 72 persons participated: 22 doctors, 26 midwives, 16 MCH/FP officers, 4 health technicians and representatives from the Ministries of Health, Education, Women's Welfare and Communications. After the seminar, a continuing education session was held for the NFP/Fertility Awareness teachers.

Program auto-evaluations are in process on teacher output and reporting. The incentive system of teachers owning their own motorbikes is also under review. Improved statistical reporting forms, capable of being accurately filled by semi-literate teachers, are being designed.

Continued funding for this program is being sought from the EEC, Misereor and the Georgetown U. NFP project. Crucial needs are salaries for the supervisors and program evaluation. USAID/IFFLP funding will be expended by the end of 1986.

Attached in the C.T.O.'s copy are detailed first quarter 1986 reports and a 1985 report with multi-year client comparisons; plus the info wk.rep. A 300-page report of this seminar by the Ministry of Health is available on request from IFFLP.

Congo

7 Centres (of which 3 are in the capital).

123 women have so far presented their 2nd cycle charts. About 250 women come to the centres every month for fertility awareness classes.

The program's constraint is manpower. Most of the teachers teach NFP at their health centres or social service centres while being responsible for their other duties there.

The project was counting on getting a French volunteer doctor who would teach NFP to the public sector health providers. Such a strategy appears key in the Congo where all health services have been nationalized. Unfortunately the volunteer doctor was never able to come and direct the NFP project. Hence progress has been slow in the underpopulated country of only 1.7 million people.

Note: ERRATA in July-December 85 Congo Executive Summary Report. Report should read "over 100 clients were taught NFP and over 200 women attended fertility awareness classes."

Annexed in the C.T.O.'s report are the first and second quarter '86 field reports.

Ghana

Est. 10,000-11,000 clients (cumulative), 35 centres throughout the country, 66 teachers.

This program continues its impressive and organized national growth by achievements such as these:

- °two full-time NFP coordinators, one paid by the Diocese of Wa and Cebemo, and the national coordinator whose salary is paid by the Ministry of Health.
- °small annual government subsidies for training workshops and the national coordinator's travel.
- °instruction of 10,000 persons in NFP in the last 7 years.
- °recent recommendation by the National Population Conference that NFP be fully integrated into the government health service. After this recommendation is adopted, the national coordinator will train one person from each government hospital.
- °excellent collaboration with government, Ghana churches and private donors.
- °although an OM program, all teachers will be trained in the sympto-thermal method as well.

It has an urgent funding need: the salary of the Diocese of Wa NFP coordinator for 1987-89. Since this Diocese has about 75% of the NFP clients in the country, it will be important that this salary support be continued. IFFLP should evaluate the Wa program as soon as possible. A February 1987 date is recommended because of roads/weather.

The first quarter 1986 report, report of the Bolgatanga teacher training seminar in the sympto-thermal method and the 1985 cumulative statistical report are annexed in the C.T.O.'s copy.

Ivory Coast

7 Abidjan sites, 170 clients, 32 autonomous, 25 teachers teaching 2½ hrs./week.

This is definitely a project to watch because it appears, at least recently, to have one of the most active capital city programs. This is very important in West Africa where many countries are 40% urbanized (in contrast to East Africa in which many countries are only 7-15% urbanized).

Ivory Coast, cont.

PROVIFA, the Ivorian NFP group, has also been working with an interesting instructional model: that of team-teaching groups of NFP learners. One weeknight session caters to over 60 men and women from several parishes in the city. Another series of classes has been held weekdays in a slum area for 20 illiterate/semiliterate women. PROVIFA members (several are teachers or nursing instructors by profession) are able to get release time from their jobs to team teach or check client charts at these day time sessions. Extensive use is made of blackboard charting drills for the unlettered and charting quizzes for the literate. Classes are lively and fast-paced and team teachers have each other's support in many ways.

New breakthroughs have been made with the Ministry of Women's Promotion (Foyers Feminins) and the Diocese of Man to integrate NFP into existing services. Foyers Feminins sponsors 88 home economics centres catering to 60 young women each. The directress has invited PROVIFA to train all the centre teachers in NFP. Likewise the bishop of the Diocese of Man would like all the religious Sisters trained as NFP teachers.

Attached in the C.T.O.'s copy is the first quarter 1986 report from the field.

Lesotho

Lesotho's IFFLP-AID subagreement was approved on June 12, 1986. The final changes in activities, budget and activity schedule are being made at the present time.

Madagascar 350 users in 3 dioceses, 250 trained as teachers or animators.

This project has expended its first IFFLP-AID grant of \$2,900 sometime ago. Extensive needs assessment and proposal preparation visits of AID-REDSO, the Georgetown U. NFP project and IFFLP were made in October 1985. As a result, an NFP funding proposal was submitted to UNFPA. In June 1986, UNFPA rejected the proposal and it is now under re-consideration at AID/Washington (\$12,000 for 1-1/3 years).

Attached in the C.T.O.'s copy is the October 85-May 86 report from the field.

Mauritius

2000 users/year, 105 teachers, est. 14,000 continuing autonomous users.

Having completed the final report of the IFFLP-AID Evaluation Project (\$87,000) during the last semester, this 23-year old NFP program has negotiated operation research grants for 1986-87 from:

° IFFLP-AID (\$25,000) for a retrospective autonomous user study.

° Georgetown U. NFP Institute (\$17,000) for implementation/evaluation of a national data system.

° CIDA (\$25,000) for training of supervisors from Africa.

The CIDA training grant will continue to supplement AID NFP project grants to train in Mauritius NFP supervisors from African programs and to finance the needs assessment/evaluation trips of the chief trainer for this program, Mrs. Jacqueline LeBlanc, who was for 10 years the national supervisor in Mauritius. IFFLP feels that the role of NFP supervisor is most key in determining the effectiveness and efficiency of an NFP program.

So far, the following supervisory teams of 3 persons per team have/will have participated in a 3½ week supervisor's course in Mauritius:

1985: Zambia, Central African Republic, Liberia.

1986 (First semester): Zambia (second team), Ivory Coast.

1986 (Second semester): Zaire, Congo, Senegal (non-AID).

1987: Rwanda, Madagascar, Burundi (Non-AID), Togo (non-AID).

Dependent on obtaining additional funding: Mauritania, Central African Republic (second team), Inongo Zaire.

Rwanda

The statistics provided in the latest report (a 1985 summary report) are: (1) Gikondo NFP Centre (Kigali Diocese): 1176 users (includes autonomous) and (2) Kabgayi Diocese: 83 users.

The program is ready to implement a national NFP data system. Dr. Lanctot, IFFLP, will visit the project in September 1986 to give input on the data system, to assess the likelihood of receipt of AID bilateral funds or other donor funding and to assist in drawing up a program of national expansion.

The potential in Rwanda is great because it is the most densely populated country in Africa (600 persons/sq.mile) because of its very large Catholic population and because of the availability of dedicated primary health care and Church workers.

Rwanda, cont.

If the dropout rate stays as low as that for Gikondo Centre for 1984 (2%) it could become one of the most interesting programs for OR and Social Science studies as well as one of the most promising programs for expansion.

Attached in the C.T.O.'s copy is the 1985 report.

Senegal

600 registrants (est. 300 continuing users), 10 centres, 20 teachers, 100 animators and teachers trained.

This program exhausted its first IFFLP-AID grant last year and the supplementary IFFLP-AID grant fell victim to the restrictions applying to the Sahel countries (that the Sahel Fund must support projects in these countries). However, the NFP association has received a few small grants from the AID bilateral, CIDA, and from UNICEF for training and materials.

With this assistance the program expanded to 10 centres (4 in the capital and 3 in the Cap Vert area around Dakar). Of the 300 continuing users perhaps half are infertility clients, but the infertility problem is recognized by the government and AID which both support services to these people.

A good client data system is consistently applied in the centres which except for Dantec Hospital NFP centre, are Catholic dispensaries. The Senegal team thinks that the initial development phase of NFP must rely on the Catholic health centers where available and motivated workers are more easily recruited.

Several negotiations, between A.S.P.F. and the AID Bilateral Committee, UNFPA and UNICEF are in progress to obtain long-term funding for NFP.

Attached in the C.T.O.'s copy are statistics for the Cap du Vert region.

Tunisia

360 users (218 taught in 1985), 6 teachers, 4 sites.

The negotiations in country with population-related government officials and international negotiations have delayed disbursement of any supplementary assistance grants till the second semester 1986. However NFP services were continued in Tunisia by the voluntary teachers.

Plans are still underway for an NFP bilateral project (USAID-RONCO-PMI de Tunisie, Action Familiale de Tunisie). A copy of this project proposal is annexed.

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Zaire

The program could expand in a number of directions:

- ° in Kinshasa (one of the largest African capitals with a population of 3 million through (1) Education à la Vie which gives fertility awareness classes to 16,000 mostly public secondary school teenagers/year and to 16,000 adults/year through 1300 teachers. As they return to teaching NFP they expect to tap this large sensitized group; (2) Conduite de la Fécondité is a new NFP association catering to couples in Catholic parishes. They now have over a hundred NFP users.
- ° in the provinces through (1) Foyers Chretien/Action Familiale which has members in Inongo, and nine other towns; (2) PROFER Kananga which also supervises women/family promotion in 9 towns/villages outside Kananga.

As Zaire has a USAID population bilateral and because the Mission is interested in the work of the NFP groups, funding support for NFP expansion could be obtained locally.

Attached in the C.T.O.'s copy is the first quarter 1986 report by the project coordinator (Bureau des Oeuvres Médicales) and the 1985 report of PROFER Kananga, and a map showing sites of Education à la Vie.