

PD-PAK-886

PROGRESS REPORT
FAMILY PLANNING OPERATIONS RESEARCH/ASIA PROJECT

Contract No. DPE-3030-C-00-5043

SEPTEMBER 1, 1986 - AUGUST 30, 1987

**University Research Corporation
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GLOSSARY

ACPR	Association for Community and Population Research
AID	Agency for International Development
ANM	Auxiliary Nurse Midwife
APHA	American Public Health Association
ASCI	Administrative Staff College of India
AVSC	Association for Voluntary Surgical Contraception
BFRP	Bangladesh Fertility Research Program
BAVS	Bangladesh Association for Voluntary Sterilization
BKKBN	Indonesia National Family Planning Program
CBD	Community-Based Distribution
FHB	Family Health Bureau
FPAB	Family Planning Association of Bangladesh
FPAN	Family Planning Association of Nepal
FPASL	Family Planning Association of Sri Lanka
FPIA	Family Planning International Assistance
FPSTC	Family Planning Services Training Centre
FW	Field worker
IDS	Integrated Development Systems
IEC	Information, Education and Communication
MCH	Maternal and Child Health
MOH	Ministry of Health
MOHFP	Ministry of Health and Family Planning
MOPH	Ministry of Public Health
MWRA	Married women of reproductive age
NCIH	National Council for International Health
NGO	Non-Governmental Organization
NIPS	National Institute of Population Studies
OC	Oral contraceptives
OR	Operations Research
ORHD	Operations Research for Health Development
PCF	Population Center Foundation
PSL	Population Services Lanka
PSU	Prince of Songkhla University
QBL	Quest for Better Life
SLAVSC	Sri Lanka Association for Voluntary Surgical Contraception
SOPIRET	Society for Project Implementation Research
TA	Technical Assistance
TAF	The Asia Foundation
TDRI	Thai Development Research Institute
URC	University Research Corporation
USAID	United States Agency for International Development
VSC	Voluntary Surgical Contraception
YKB	Yayasan Kusuma Buana

SUMMARY

This report summarizes the principal technical and administrative activities of the Operations Research in Family Planning/Asia project (ASIA/OR) for the period of September 1, 1986 - August 30, 1987. The major accomplishments during this period include:

Project Development:

- Approval of 16 operations research (OR) subprojects: five projects in Bangladesh; four projects each in Thailand and Indonesia; 1 project each in Nepal, Sri Lanka, and Pakistan. Completion of one project in Indonesia (YKB) and one in Bangladesh (TAF).
- Development of two major studies: one on alternatives to the current voluntary sterilization reimbursement system in Bangladesh; the other on cost-sharing in the Indonesian village family planning program.
- Development and submission for review of four AIDS concept papers and OR opportunities, two each in Thailand and the Philippines.
- Development of plans for "buy-ins" from USAID Missions in Indonesia, India and Bangladesh.
- Altogether, in its first two years, the OR/ASIA project has developed over 60 concept papers and proposals in eight countries. At the end of the period, URC had 18 approved projects (1 completed; 14 funded and on-going; 3 to be funded as soon as funding questions or conditions have been met.). Another 14 projects were under development, many of which are expected to be approved and underway in the next six months.

Skill Development in Operations Research

- Design and delivery of a Qualitative Methods Workshop in Dhaka for 15 researchers from local institutions.
- Design and delivery of a one-month Operations Research course for 22 participants at the East West Population Institute Summer Seminar.
- Appointment of a Bangladeshi professor to a one-year fellowship with the project to develop local capability in OR.
- Development of training materials in OR for use by staff and others in local workshops.

Dissemination

- Organization of the Operations Research in Health Development (ORHD) group, staffing of its Secretariat, and sponsorship of its first annual meeting.
- Dissemination seminar held for presentation of preliminary results from three Bangladeshi OR projects.
- Dissemination seminar held for presentation of results of YKB project in Indonesia.
- Presentation to a group of government officials and representatives of the press of an address on "Operations Research and Innovation in Bureaucracies."
- Presentation at AVSC of an introductory session on operations research and the ASIA/OR project.

Administration and Project Support :

- Establishment of a regional office in Jakarta and a "mini-office" in Bangkok.
- Recruitment of local administrative and support staff for the Jakarta and Dhaka offices.
- The posting of Dr. Michael Bernhart to Dhaka as Senior Social Scientist.
- The posting of Dr. Neeraj Kak to Indonesia as Resident Advisor to the BKKBN Urban project.
- Appointment of two interns for Indonesia and Nepal for six-month periods.
- Visits by administrative staff to Bangladesh, Indonesia and Thailand to establish administrative and financial systems, hire local accountants and auditors, and assist staff in getting settled.

1. STATUS OF PROPOSALS AND CONCEPT PAPERS

Eighteen projects have been approved to date, 14 of which have been funded. We are waiting for the Pakistan government's approval to fund the Diagnostic study and for revisions and Mission approval of the Nurse-Midwife study in Sumatra, the PKMI sterilization study (also in Indonesia), and the Ayurvedic study in Sri Lanka.

In addition, a proposal has been developed for a large, high priority study on alternatives to the current voluntary sterilization reimbursement system in Bangladesh. This is an expensive, complex, and labor-intensive project and will require the appointment of a full-time Program Coordinator) as well as a senior OR person to design and direct the research. This study has major implications for project staffing and budgeting, and will require reassessment of funding possibilities of other subprojects under development if it is to be funded by URC. This is discussed in greater detail in the next section.

Another large project under development is the K.B. Mandiri study in Indonesia. This project will also require a fulltime advisor. However, URC expects to recruit a local researcher to fill this position. Nevertheless, it also is an expensive study and this has implications for funding of other projects.

Other projects under development are shown below (numbers in parentheses indicate priority).

SOUTH ASIA

Bangladesh

- A follow-on to the TAF study to test ways to improve field worker performance (1).
- Development and testing of ways to use management information systems to improve field worker performance (1).
- Development and testing of family planning messages on radio (2).
- Designing and testing ways to increase the emphasis on family planning in the Swarnivar project (2).
- Integrating family planning and health components through team building at the field worker level (3).

India

- Development of ways to improve acceptance of oral contraceptives (1).

Nepal

- Identification and testing of cost-effective ways to improve coverage in three FPIA-supported projects (1).
- Improving acceptance of IUDs through systematic follow-up and counselling (2).

Sri Lanka

- Satisfied users as motivators for pill and IUD acceptance (1).
- Investigate the decline in VS acceptance and develop strategies for dealing with it (3).

SOUTHEAST ASIA

Indonesia

- **Factory-based family planning (1).**
- **Assessment of voluntary sterilization reimbursement mechanisms and cost analysis (2).**
- **Evaluation of Norplant (2).**

Philippines

- **Alternative AIDS IEC schemes for Hospitality Girls in Angeles (1).**
- **Health education on AIDS for high-risk individuals in Manila (1).**

The status of these and other potential OR projects is described in Appendix B.

2. COUNTRY STRATEGIES

Country strategies for Bangladesh, Nepal, India, Sri Lanka, and Pakistan are attached (Appendix C). The strategies for Thailand and Indonesia will be forthcoming in the next 30 days. No strategies have been developed for Burma and the Philippines since opportunities for family planning research in both those countries are extremely limited. However, our staff will continue to monitor the political climate in both countries in case an opportunity presents itself.

3. OR WORKSHOPS

One of URC's objectives is to institutionalize OR, to build it into the day-to-day management of family planning service delivery agencies. URC staff approach this task through continual on-site technical assistance in OR to the subprojects, frequent meetings with the service delivery administrators who are the clients of OR, and through special meetings and workshops.

Paul Richardson participated in two OR workshops in Indonesia that were sponsored by BKKBN. The first was held in Medang, Java for participants from Eastern Indonesia. The second was held in Padang, Sumatra, for participants from Western Indonesia. These workshops produced a number of concept papers, one of which was later developed into a proposal (Nurse-Midwives) that URC expects to fund.

Two special workshops were conducted by URC during this period.

Workshop on Qualitative Research Methods: 15-19 February, 1987 Dhaka, Bangladesh

The purpose of this workshop was to strengthen the qualitative research skills of individuals with whom URC is working in Bangladesh. Fifteen senior researchers attended the workshop, which combined lectures and discussions with a series of practicals in a field setting. The qualitative methods covered were interviewing, focus groups, and direct observation. The immediate results were that the training given in the Workshop was replicated for junior and field researchers in two URC supported projects, with apparent good effect. URC plans to replicate the workshop in Southeast Asia in the near future.

East West Population Institute Summer Seminar: Operations Research in Family Planning and Health, Honolulu, June 1-26, 1987.

This four-week workshop, which was held at the EWPI in Honolulu, focused on four major themes: 1) an overview of OR principles and procedures (definitions, theory, methods, utility, limitations); 2) case examples of OR projects underway or completed in Asia; 3) instruction in a range of OR techniques (both quantitative and qualitative); and 4) development of OR concept papers for studies to be undertaken by the participants when they returned home.

Out of 60 applicants to the workshop, 18 participants were selected to attend. This included a large contingent of five participants from Bangladesh, two from Thailand, and one each from Sri Lanka, Pakistan, Nepal, Indonesia and the Philippines. Participation in the workshop was very high, a pre-post test showed that significant knowledge and skills had been gained, and perhaps most important, 16 concept papers were developed. In addition, a core curriculum was developed that could be used by URC staff in conducting workshops on a variety of themes, and which could form the basis for a university-level course on Operations Research.

4. DISSEMINATION

Although it is too early to disseminate results of the studies funded by URC, our staff participated in both formal and informal dissemination activities.

For example, a number of briefings and luncheon presentations were sponsored by URC to disseminate preliminary results of research projects and to exchange views on methodological issues that came up during the course of the studies.

Two formal workshop/seminars were held, one to present the YKB I results (chaired by BKKBN), and the other to present results from the Pathfinder/QBL project (chaired by Pathfinder).

Dr. Paul Richardson made a presentation on OR to the Atmajaya University Research Center, and another at the Population Research Center, Gadjja Mada University, Yogyakarta.

Dr. Jack Reynolds made presentations on OR and the ASIA/OR project at the East West Population Institute, the University of Hawaii School of Public Health, and at a luncheon seminar for Bangladeshi social scientists in Dhaka.

Dr. Michael Bernhart addressed a group of government officials and representatives of the press on "Operations Research and Innovation in Bureaucracies.

Myrna Seidman participated in AVSC's staff development program on Operations Research. She provided an overview of the Asia/OR project and illustrated the three phases of OR through a case study presentation of an ongoing project.

Operations Research Group in Health and Development

The ORHD grew out of an Ad Hoc OR group that began meeting periodically at APHA and NCIH meetings several years ago. URC spearheaded the development of this group and secured funding from the ASIA/OR project to support a small Secretariat. A steering committee was formed and articulated OFHD's objectives as: 1) to increase knowledge of the uses and potential of OR as a tool for improving the planning, management, and delivery of services in all development sectors; and 2) serving as a forum for exchange of information and experience on OR studies and methods. Serving as secretariat for ORHD, URC staff organized a committee, which met twice to plan a program to be held in conjunction with the NCIH meeting. The planning committee consisted of representatives of the major AID OR contractors. The ORHD meetings provided a forum to explore the current use of OR as a practical management tool and consider opportunities for expanding OR's applications.

The meetings were well attended. The papers presented and the discussions held elicited interest and lively discussions, and there was substantial support for continuing these dialogues in future professional meetings. A summary of the meeting was prepared and distributed to participants and invitees.

5. PLANNED ACTIVITIES FOR THE NEXT SIX MONTHS

During the next six months our first set of priorities will be to concentrate on project development, including funding and starting operations on those projects approved but not yet funded; completing proposals for those concept papers and proposals under development; starting the sterilization project in Bangladesh; and setting priorities for allocation of our remaining funds for subprojects.

Our second priority will be to hire a senior social scientist to work with Dr. Reynolds, and take over as head of the Dhaka office when Dr. Reynolds returns home.

Our third priority will be to provide technical assistance to those projects that are funded to enable host country researchers to complete their research projects, prepare quality research reports, and disseminate their findings.

Our fourth priority will be to develop the OR skills of local researchers through special workshops (e.g., Systems Analysis, Rapid Surveys, Computer Applications, and Qualitative Methods).

6. REGIONAL OFFICES

A second office was opened during this period in Indonesia, and a "mini-office" was established in Bangkok, where Dr. Peerasit Kamnuansilpa has space at the MOPH's Management Improvement Unit, a project sponsored by PRICOR, and which Dr. Peerasit works on part-time. These offices facilitate technical assistance, as well as project development, since they are much more convenient to the study sites than offices in the U.S. As expected, they have encouraged studies to be developed in the countries where the offices are located, i.e., Indonesia, Bangladesh and Thailand. The existence of these offices has established a URC "presence" in the areas served; as a result, researchers and service organizations have probably taken greater initiative in proposing projects than would have otherwise been the case. Also, they enable the staff to keep in frequent contact with USAID Missions in the region. These advantages have not come without cost, however, as will be detailed below.

Both offices recruited local support staff during this period, which has relieved professional staff of time consuming clerical and administrative duties.

7. EXPENDITURES

Financial statements for the period September 1, 1986 through August 31, 1987 are included as Appendix D. These statements show cumulative expenditures for the first two years of \$3,125,311 and a current balance of \$1,018,032. Total obligated funds for 16 approved studies was \$1,580,529. Adding the estimated budgets for an additional 16 studies under development brings the total subproject budget to \$2,976,867.

Expenditures for personnel have been lower than estimated for field staff, due to the fact that one position in Dhaka has not been filled, but higher for Honolulu and Chevy Chase staff. This is because Dr. Reynolds, in particular, has been filling in for field staff and corporate support requirements have been much greater than expected. Several factors account for the latter: 1) administrative start-up costs have been greater than anticipated, due to the costs associated with establishing the regional offices; 2) support costs for financial staff to process subcontracts, payments, audits, and reports has been higher than expected due to the volume of work and the inexperience of the applicants and field staff in financial management; 3) an intensive recruiting effort required additional personnel time; and 4) funds were allocated to the support of a Secretariat for the ORHD, which was located in the Chevy Chase offices.

With support costs for field staff, regional offices and Chevy Chase support running higher than expected, and with the possibility that the Bangladesh VS study would absorb a large amount of the budget, there is a possibility that the project will run short of funds. To avoid this, additional funding will be sought and line item reductions will be made. Dr. Reynolds will prepare a budget analysis for the remainder of the project during the next quarter.

8. PROBLEMS AND PROPOSED SOLUTIONS

Establishment of Field Offices

Field offices have now been established in Bangladesh and Indonesia, and local staff have been hired to provide administrative, financial and logistical support to URC's social scientists. The URC office in Dhaka is now functioning but it took over six months to obtain clearances to rent and equip the space, have telephones connected and generally make the space usable. This required a good deal of Dr. Cheema's time, which affected project development to some degree.

Dr. Richardson is still working out of space rented from YKB but is seeking to rent other space. Even establishing the temporary office at YKB, hiring staff, and setting up administrative systems took considerable time, which also affected project development.

To deal with these problems, URC provided additional assistance from URC/Chevy Chase to establish local administrative and financial procedures. These included the development of local compensation plans, establishment of accounting procedures, contracting of local accountants to check Regional Office accounts and to serve as auditors of subprojects, and the development of simplified contracting procedures (e.g., purchase orders, fixed price contracts, etc. in place of standard cost-reimbursable contracts). The URC Chevy Chase support staff also provided additional assistance in reviewing subproject proposals and budgets to relieve the field staff of much of this portion of project development.

Costs

The costs of establishing offices in Dhaka and Jakarta have greatly exceeded budget estimates and URC will be preparing requests for a modification in the equipment list included in the contract and a waiver of AID housing allowances for both Indonesia and Dhaka.

In addition, the costs of housing expatriate staff and providing for their support greatly exceeded AID/W estimates of standard allowances. URC used local USAID allowance schedules in setting realistic allowances, and even though we stayed well under these allowances, the overall impact on our budget has been significant.

The additional support provided by URC/Chevy Chase staff has also increased total charges to the contract. Beside the administrative and financial support mentioned above, the project has had difficulty recruiting senior scientists for the Dhaka office, and several intensive recruiting efforts contributed to the increased costs.

URC financed several activities that were not initially anticipated, which also contributed to additional expenditures. These include: 1) funding of two AIDS research projects and their associated proposal development and monitoring costs; 2) support of consultant costs for the Stella Maris project in India; 3) support of the Secretariat and associated staff and conference costs for the ORHD; 4) use of more consultants than budgeted for technical assistance in project development and workshops; 5) communication costs between five international sites (Chevy Chase, Honolulu, Dhaka, Jakarta, Bangkok); and 6) high budgets for selected (but significant) research projects (BKKBN-Urban, Low Performance, TDRI, KB Mandiri, VS reimbursements).

Offsetting these increases have been savings due to: 1) understaffing the Dhaka regional office; 2) hiring local staff instead of expatriates for consultant and staff assignments; 3) combined assignments (PRICOR and ASIA/OR) to reduce travel costs; 4) fixed price contracts to reduce financial monitoring and audits; and 5) a concerted effort to reduce operating costs in the field and Chevy Chase.

The net result is that the project has been able to fulfill its technical expectations while keeping costs within manageable boundaries. Current projections show a shortfall of from \$200-500,000 over the five years of the project. URC will continue to monitor expenditures closely, cut expenditures where possible, and seek additional sources of outside revenue to support its core field staff. A constraint that is significant is that the ceiling on the URC contract cannot be increased. Thus, either costs have to be reduced, or additional revenues outside the contract have to be obtained. Four cost-cutting strategies are available: 1) contain Chevy Chase and field costs; 2) reduce budgets and/or reduce the number of subprojects; 3) reduce the duration of the project; and 4) substitute local research staff for more expensive expatriate staff.

Two revenue generating options are also open: 1) seek support for research projects (and staff) from outside sources; and 2) generate other work to substitute for ASIA/OR work for core field staff.

URC will prepare a budget projection and recommend one or more cost-cutting and/or revenue generating options.

Staffing

Staffing continues to be a critical project concern in our Dhaka field office. Although a considerable amount of time has been spent in recruitment, we have not been able to resolve this problem.

Dr. Ann Evans left the project in the middle of November and Dr. Michael Bernhart joined the staff and moved to Dhaka around the same time. Thus two of the three positions in Dhaka have been filled without a break in service.

In December, discussions were held with Dr. Jayanti Man Tuladhar regarding appointing him to the staff opening in Dhaka. He was hired as an interim employee pending USAID/Dhaka approvals, and arrangements were made for him to work with Dr. Cheema in Nepal and attend the Dhaka qualitative methods workshop. During this interim period, however, a number of issues prevented us from hiring Dr. Jayanti, not the least of which was the resistance within Nepal of hiring a Nepalese to work in Nepal at an international salary.

A similar problem arose when we attempted to hire a Bangladeshi who recently earned his Ph.D. in the United States. Although extremely qualified, AID and Bangladesh Government regulations prohibited us from offering him a competitive salary and he took another position. The irony is that with our tight budget we may have to pay five times what it would have cost to hire an equally-qualified Bangladeshi.

We have continued to search for expatriate staff. Dr. Marion MacDorman was brought to Dhaka and carried out a consultancy. Although she was impressive, a number of budget issues arose at the same time. The most significant was the very high cost of the VS study, which would necessitate cuts in other budget lines. Given this uncertainty, the fact that Dr. MacDorman is a junior level candidate, and the possibility that we would only be able to hire one expatriate, we had to postpone a decision on her recruitment until the VS and budget issues were resolved.

Several other candidates were interviewed in Washington, but for a variety of different reasons, either were not appropriate for the position or could not accept the living conditions (lack of an international high school is one serious constraint).

One other candidate, who is scheduled to visit Dhaka in September, is Dr. Koray Tanfer, who's credentials are impressive.

In the meantime, Dr. Jack Reynolds offered to relocate to Dhaka for one year to fill the gap while a replacement is recruited. Dr. Reynolds is scheduled to arrive in Dhaka in late September or early October. He will work approximately 50% time on projects in Bangladesh (principally the VS and MIS studies), another 25% on regional studies, and 25% on PRICOR studies in Thailand.

Dr. Neeraj Kak was appointed as resident advisor to the BKKBN in Indonesia in April, 1987. In addition to his work with BKKBN, he continues to assist Dr. Richardson in developing OR projects.

Administrative Support

The decentralization of research services occasioned by the establishment of regional offices has required a parallel decentralization of administrative support. The general trend has been to move administrative responsibilities to the field in the search for the appropriate balance that offers responsiveness to local situations without sacrificing economies of scale. As mentioned above, some innovations already developed include purchase orders, fixed price contracts, hiring of local accountants, and streamlined communications.

Local Research Capability

An issue that constrains project development and the completion of research projects on time, and at high quality, is the sparsity of local research talent. The number of qualified local researchers is so limited that the few who can be found are overly committed and even if hired, often do not devote the time needed to carry out their assignments.

Qualified researchers are particularly difficult to find in Indonesia, Pakistan, Sri Lanka and Bangladesh. Those who are identified are often strong in data collection, but weak in research design and analysis, as well as proposal development.

URC is trying to deal with this problem in several ways: 1) by providing more TA from our field staff; 2) by providing workshops and specific written instructions for proposal preparation; 3) by holding workshops in research methods; 4) by hiring local staff as consultants, and in Bangladesh, a Senior Fellow, to spend time with the staff and learn OR and proposal development; and 5) by building external consultants into the research projects to provide the needed assistance.

It seems clear, from this experience and prior experience with PRICOR, that considerable training in OR will be required if this approach to problem-solving is to be carried out by local researchers, much less institutionalized.

Hartals, Bureaucracies, Revolutions and Floods

Finally, it is important to identify one of the most significant constraints on OR in this region: exogenous variables, as it is so esoterically termed.

It has been impossible to do any work in Burma because of the government's opposition to family planning. It has been impossible to do any work in the Philippines for a similar reason - although it is not clear what that government's position is.

It has not been possible to get any projects going in Pakistan, eventhough: 1) we have had strong support from the USAID Mission and AID/Washington; 2) our staff has made numerous trips to Pakistan to discuss OR opportunities; 3) the head of the designated agency with which we are to work (NIPS) attended a URC workshop on OR in July, 1986, helped develop three concept papers during that workshop, and assured our staff that they would be approved within two weeks; and 4) a proposal was written by URC staff and approved for funding by AID/W and the USAID Mission. The reality is that URC has no control over decisions in Pakistan. OR in family planning is not a priority.

We have been told that India is not interested in AID-related assistance, and it is clear that government concerns about foreigners collecting and disseminating data about Indian programs is very threatening. Nevertheless, we have developed two projects in India. However, even though one was approved "technically" by AID/W, we could not fund it because it dealt with a controversial issue.

Bangladesh has experienced its worst flooding in 40 years. Added to its usual series of strikes, systemic breakdowns and bureaucratic inefficiency (it takes 60 signatures to clear a shipment from abroad, for example), it is a wonder that any of our projects have been able to proceed. As one eminent scholar once said, "these things really mess up a controlled experiment".

It is understandable that many researchers would gravitate to the more stable countries, such as Thailand. We have as well. However, we continue to pursue OR opportunities in all other countries in the region, because those are the countries where the need is greatest and our assistance can be most useful. But it isn't easy.

APPENDIX A
ACTIVITY SUMMARY

A.1 BIMONTHLY SUMMARY OF PRODUCTS AND ACTIVITIES

This report summarizes the activities of each two-month period, lists the principal products, and discusses several important issues related to our activities during the period.

SEPTEMBER - OCTOBER, 1986

- OR Review Committee approval received for subproject in Thailand.
- Participation in OR workshop in Java.
- Orientation on operations research provided to Dr. Michael Bernhart prior to his relocation to Dhaka.
- Proposal development visits made to Thailand, Nepal, Pakistan, and India.
- Approval received from the Government of Indonesia for establishment of regional office.

The AID Research Review Committee approved a proposal entitled "Increasing Contraceptive Prevalence in Low Performance Provinces", developed in conjunction with Dr. Peerasit Kamnuansilpa and the Ministry of Public Health. The project is testing the effectiveness of decentralized administrative planning and resource allocation on increasing contraceptive prevalence in four provinces where prevalence is low. The project is located in the Family Health Division of the MOPH and is managed and funded directly by URC.

Approval was received from the Government of Bangladesh for the establishment of URC's Regional Office for Southeast Asia, and for Dr. Paul Richardson to reside in Indonesia.

Dr. Michael Bernhart (who relocated to Dhaka in November) completed work on an OR proposal for The Asia Foundation in Bangladesh that compares high and low performing subprojects. Prior to that he participated in several meetings and briefings with PRICOR and Asia staff on operations research, and had a working orientation to OR and the Asia project with Dr. Reynolds in Bangkok.

Dr. Paul Richardson participated in a BKKBN workshop on Operations Research in Malang, Java. The workshop was held for BKKBN staff in Eastern Indonesia and resulted in the development of several concept papers.

URC staff traveled extensively during this period. Several staff went to Thailand: 1) to work on the "Low Performance" proposal with Dr. Peerasit; 2) to establish the administrative mechanism for direct funding of the project; and 3) to monitor and assist the Prince of Songkhla University (PSU) project staff with their study on Volunteers. Staff also traveled to Nepal to meet with CEDPA staff about collaborating on a project CEDPA is developing in Nepal and to explore with FPIA the possibility of developing a project to test methods

of effectively using volunteers. USAID/Nepal Mission priorities for OR were also defined during this visit. Staff traveled to Pakistan to meet with NIPS (National Institute for Population Studies) to develop proposals based on three concept papers developed during the OR Workshop held in Dhaka in June. A trip was made to India to discuss the Stella Maris project with the Mission and to meet with Indian NGOs to assist them in identifying OR opportunities.

URC staff in Jakarta continued work on a large BKKBN proposal to design and test a system for improving FP outreach in urban areas.

NOVEMBER - DECEMBER, 1986

- OR Review Committee approval received for 3 subprojects in Bangladesh.
- Consultants recruited to assist BKKBN in Indonesia and project staff in Dhaka in proposal development.
- Dr. Michael Bernhart posted to Dhaka. Dr. Ann Evans left her position in Dhaka.
- Administrative staff recruited for Jakarta office.
- IMCH project proposal endorsed by POPCOM and USAID in the Philippines.
- Proposal development and project monitoring visits made to Nepal, Thailand, Bangladesh, and Indonesia.
- Presentation on OR to faculty at Atmajaya University, and participation in OR workshop in Sumatra, Indonesia.

The AID Research Review Committee approved three Bangladesh OR proposals entitled: "Improving Geographical Coverage of Family Planning in the Urban Areas of Chittagong and Dhaka", "Improving the Performance of The Asia Foundation Subprojects", and "Evaluating the Effectiveness of Newly Introduced Interventions in Pathfinder CBD Projects." Subcontracts were developed with RAPPORT Bangladesh, Ltd., Associates for Community and Population Research (ACPR), and Quest for Better Life (QBL) to carry out these projects.

A project on incentives, developed with the Stella Maris Clinic in southern India was, reviewed by the committee and approved technically, but funding was not approved because of the sensitive nature of the subject matter. Funding was secured from another source, and URC did honor a commitment to the principal consultant on the project, Dr. Janice Stevens, who traveled to the project to get it started.

Dr. Paul Richardson participated in a second BKKBN-sponsored workshop on OR, this one held in Padang, Sumatra for participants from Western Indonesia. Dr. Richardson also made a presentation on OR and the ASIA/OR project to faculty of Atmajaya University Research Center. This eventually led to the development of an OR project dealing with family planning in urban factories.

Dr. Neeraj Kak was recruited for a three-month consultancy to assist Dr. Paul Richardson in developing a large Operations Research project with BKKBN, Indonesia. Dr. Fred Munson carried out a 3-week consultancy to assist Dr. Michael Bernhart to develop a concept paper on Improving Field Worker Performance in Bangladesh.

Dr. Michael Bernhart moved with his family to Dhaka to take up his position as Sr. Social Scientist. At the same time, Dr. Ann Evans left the project, effective November 19th.

Dr. Paul Richardson made substantial progress in establishing a field office in Jakarta and hired an administrative secretary to handle his typing and other financial and administrative duties.

After considerable delay, approval was received from POPCOM and the USAID Mission in the Philippines for a concept paper developed with the Institute for Maternal and Child Health. Staff assistance was scheduled to assist Ramon Eduarte in developing a complete proposal.

Dr. Jack Reynolds traveled to Dhaka and Jakarta to assist in orientation of Dr. Michael Bernhart as he assumed his new duties, and to meet with Dr. Cheema and Dr. Richardson on administrative issues relating to the Dhaka and Jakarta offices, as well as to work on proposal development. Visits were also made by staff to Nepal to follow up on the FPAN/CEDPA project and to identify other opportunities, and to Thailand to monitor and provide technical assistance to the Prince of Songkhla University (PSU) project.

JANUARY - FEBRUARY, 1987

- Qualitative Methods Workshop conducted in Dhaka for 15 participants.
- YKB study completed and dissemination workshop held.
- URC begins work on first AIDS prevention proposal.
- USAID/Jakarta approval received for resident advisor for BKKBN OR project.
- Meeting held to plan OR dissemination sessions during NCIH conference.
- Administrative and support staff recruited for Dhaka office.
- Staff travel to Thailand, Bangladesh, Nepal, Sri Lanka, and Pakistan for project development and monitoring.

A very successful Workshop on Qualitative methods for Operations Research was held for 15 participants in Dhaka. The 5-day Workshop addressed such methods as interviewing, focus groups, and field practice in actual subproject settings.

The study of utilization and self-sufficiency of YKB clinics was completed and a dissemination seminar was held in January, chaired by BKKBN. The seminar led to the identification of strategies for improving services and self-sufficiency. Work began shortly thereafter on a proposal to test those strategies.

URC began working with PDA in Thailand to develop an AIDS prevention project, a topic that AID/Washington considered high priority for the ASIA/OR program.

The BKKBN Family Planning Outreach Project approved by USAID/Jakarta. The purposes of the project, whose operational costs are being funded by the Mission, is to develop and test alternative strategies for improving family planning services in the urban areas of Indonesia. USAID/Jakarta also approved a position for a two-year resident advisor to assist BKKBN in carrying out the project. This position is being funded by URC.

A meeting was held to plan OR information exchange and dissemination activities to be conducted during the NCIH meeting by ORHD (for Operations Research in Health Development, an informal OR group founded by URC and supported, in part, by the ASIA/OR project). Two sessions were planned: a Sunday afternoon panel presentation and forum addressing the contributions of Operations Research, and a two-hour roundtable session on Monday afternoon addressing technical and methodological topics of interest to OR professionals.

Mr. Tony Bennett was assigned to the Low Performance project in Thailand by the MOPH. He is assisting Dr. Peerasit Kamnuansilpa with this project. Dr. Peerasit hired a Research Assistant and secretary for the project.

Office guards, drivers, and administrative staff were recruited in Dhaka to provide maintenance, security, and support to the Dhaka project office and staff. A project vehicle was purchased for the Jakarta office and a messenger/driver hired.

Dr. Reynolds traveled to Thailand to assist in project development and implementation, and to Jakarta and Dhaka to review the progress of funded projects as well as administrative and financial issues of the regional offices. Beverley Graham also traveled to Bangladesh, Indonesia, and Thailand to assist in subproject contracting and in setting up necessary administrative and financial support arrangements. Dr. Bernhart traveled to Pakistan to develop a systems analysis project with NIPS. Dr. Cheema traveled to Nepal to finalize the CEDPA proposal and develop concept paper for IUD and FPIA projects.

MARCH - APRIL, 1987

- Resident Advisor for the BKKBN project in Indonesia, Dr. Neeraj Kak, took up his post in Jakarta.
- Administrative and financial procedures for field offices were reviewed and streamlined.
- OR Review Committee Approval received for subproject in Thailand.
- Consultant assisted in assessing family planning needs in experimental provinces in Thailand.
- Proposal development and technical assistance visits made to India, Sri Lanka, and Thailand.

Dr. Neeraj Kak, who previously conducted a three-month consulting assignment in Jakarta with BKKBN, took up his position as Resident Advisor in Indonesia to work with BKKBN and YKB in project development and monitoring. His primary responsibilities are to assist BKKBN in carrying out the Urban Family Planning Outreach Project.

A review of Chevy Chase administrative and financial procedures was conducted during Dr. Cheema's visit to Washington. The review identified improvements in support procedures, which should result in more efficient administrative and financial backstopping. The roles of Chevy Chase administrative/financial staff were redefined and Dhaka office staff were given increased responsibility in subcontract development and monitoring.

The AID Research Review Committee approved the proposal "Demographic Transition and the Reallocation of Health Budgets in Thailand." Subcontracts were developed with the Thailand Development Research Institute (TDRI) and DEEMAR Company, Ltd. to carry out this project.

Jonathan Hayssen provided consultant assistance to Dr. Peerasit in assessing family planning service needs in the experimental provinces of the Low Performance study (Thailand).

Two AIDS (Acquired Immune Deficiency Syndrome) proposals were developed in Thailand, one with PDA in Bangkok, and the other with Khon Kaen University in the Northeast. Both studies will attempt to identify and test ways to encourage "commercial sex workers" to take action to prevent the spread of AIDS.

Staff traveled to Sri Lanka to work with FPASL on the "Ayurvedic" and the "Satisfied User as Motivator" (SAM) proposals, and to redesign a proposed project with SLAVSC (Sri Lankan Association for Voluntary Surgical Contraception). Staff also traveled to Thailand to meet with FPIA regarding project development in Nepal, to provide technical assistance to Porntip (PSU), to finalize proposal budgets, and to develop AIDS OR studies.

MAY - JUNE, 1987

- OR workshop held at East West Population Institute Summer Seminar.
- OR Review Committee approval received for 5 subprojects: 2 in Bangladesh and 1 each in Indonesia, Pakistan, and Thailand.
- Intensive recruitment of candidates for Dhaka vacancy undertaken.
- Barkat-E Khuda appointed as Senior Research Fellow in Dhaka office.
- ORHD dissemination meeting held in conjunction with NCIH.
- Project development visits made to India and Nepal.

Jack Reynolds and Melinda Wilson conducted a workshop on OR at the East West Population Institute Summer Seminar. The workshop, which covered both the theory and practice of OR in family planning and health, was well received by the 22 participants. Sixteen OR concept papers were developed, a few of which might lead to funded projects. In addition, an OR curriculum was developed which could become the basis of an academic course on OR.

The AID Research Review Committee approved 5 OR projects: "Increasing Contraceptive Prevalence in Lakshmipur District", "An IUD Study to Assess Follow-Up Needed for Removal or Re-Insertion" (both in Bangladesh), "Evaluation of YKB Family Planning Clinics to Formulate Strategies for Improving Utilization and Self-Sufficiency - Phases III & IV" (Indonesia), "Diagnosis of Pakistan's Population Welfare Program", and "Operations Research into Strategies for Sexually Transmitted Diseases Prevention" (Thailand). Subcontracts were developed with Development Researchers and Associates (DRA), Bangladesh Fertility Research Program (BFRP), Yayasan Kusuma Buana (YKB), and Population and Community Development Association (PDA) to carry out these studies. A subcontract with National Institute of Population Studies will be developed as soon as Government of Pakistan approval is received.

An intensive recruiting campaign was undertaken to fill the third Social Scientist position in Dhaka. Several candidates were interviewed but no individual meeting all, or even most, of the requirements well qualified was identified.

Barkat-E Khuda, a Bangladesh economist/demographer from the University of Dhaka, was appointed for a one-year term as a Senior Research Fellow with the Dhaka office. Dr. Khuda attended the E/W Population Institute Summer Seminar and worked with Jack Reynolds on proposal development.

The first official meeting of the ORHD was held in conjunction with the NCIH annual meeting. The meeting purposes were to give OR greater visibility in the professional and donor communities, create awareness of the uses of OR as a decision making tool, and provide a forum for exchange of information on OR theory and practice. Two sessions were held; the first was an overview of the history of OR and the current "cutting edge" issues facing OR. Roundtable discussions on OR technical issues comprised the second day's program. The sessions were well attended and generated a lot of interest. A report on the meeting was prepared and disseminated to the OR professional community.

JULY - AUGUST 1987

- Recruitment of candidates for staff positions in Dhaka continued. Dr. Reynolds arranges to move to Bangladesh for a year while recruitment continues.
- OR Review Committee approval received for 5 subprojects: 2 in Indonesia and 1 each in Nepal, Sri Lanka, and Thailand.
- Draft proposal developed for major sterilization payment project in Bangladesh.
- Two interns hired for placement in Indonesia and Nepal.
- Staff traveled to Bangladesh, Thailand, and the Philippines to develop and monitor projects.

Two candidates were identified for the social scientist position in Dhaka. The first candidate, Marian MacDorman, worked in Dhaka for three weeks in July and the second candidate, Koray Tanfer, was to carry out an assignment in September.

In a related development, Dr. Jack Reynolds will relocate to Bangladesh for one year while staff recruitment continues. He will assume the role of Project Director and Regional Director for the South Asia office. Dr. Jatinder Cheema will be reassigned to work on the Bangladesh Voluntary Sterilization project as Project Coordinator. These reassignments were expected to be effective October 1, 1987.

The AID Research Review Committee approved 5 projects: "Improving Acceptance and Quality of Voluntary Sterilization Services through the Screening, Referral and Follow-Up of Pre- and Post-VS Clients", "Improving the Participation of Private Nurse-Midwives in the Delivery of More Effective Family Planning Methods in Sumatra" (both projects in Indonesia), "Improving Clinics and Outreach Services Using Community Women Volunteers" (Nepal), "Ayurvedic Practitioners as Providers of Family Planning" (Sri Lanka), and "Study of AIDS Prevention Strategies in a High-Risk Population" (Thailand). Subcontracts were developed with Integrated Development Systems (IDS), Population Services Lanka (PSL), and Khon Kaen University (KKU) to carry out these studies. Subcontracts will be developed with Perkumpulan Kontrasepsi Mantap, Indonesia (PKMI), and BKKBN as soon as final approvals are received on the Indonesian subprojects.

A proposal for a large, high priority project in Bangladesh was developed to study alternatives to the current voluntary sterilization reimbursement system. This will be the largest OR project to date, estimated cost being approximately U.S.\$500,000.

On another assignment, Dr. Reynolds spent three weeks in Burma and took advantage of that visit to explore OR opportunities there. Although Ministry of Health officials were interested, both family planning and external assistance for research are highly sensitive issues. It is unlikely that an OR project will be funded there in the near future.

Two University of Hawaii School of Public Health interns were given six-month appointments. They are assisting URC staff in project development while also fulfilling their intern requirements toward the MPH degree. Ruth Harvey has taken up her placement with the Jakarta office and Ann Sturley will begin her internship in November working with IDS in Nepal.

A.2. STAFFING

Current staffing of the project includes a small support staff at URC's main office in Chevy Chase, MD; field staff in offices in Dhaka, Jakarta and Bangkok; and the Project Coordinator, located during this period in Honolulu.

<u>Name, Degree, Title</u>	<u>Location</u>	<u>Major Responsibilities</u>
Jack Reynolds Ph.D. Project Coordinator	Honolulu, HI	Project management, staffing, TA to field staff in proposal development, reporting, dissemination, skill development.
Myrna Seidman MPH Project Administrator	Chevy Chase, MD	Administrative support Ad Hoc OR Group
Marilyn Baltz Administrative Asst.	Chevy Chase, MD	Administrative support
Patricia MacDonald Research Associate	Chevy Chase, MD	ORHD
Jatinder Cheema Ph.D. Senior Scientist	Dhaka	Develop and monitor OR projects, disseminating Reg. Dir., South Asia, training; office management.
Michael Bernhart Ph.D. Senior Scientist	Dhaka	Develop and monitor OR projects, dissemination, training.
Paul Richardson Ph.D. Senior Scientist	Jakarta	Develop and monitor OR projects, Director, SE Asia dissemination, training, office management
Neeraj Kak Ph.D. Resident Advisor	Jakarta	Technical assistance to BKKBN; develop and monitor OR projects, dissemination.
Peerasit Kamnuansilpa Research Associate	Bangkok	Advisor to MOPH on Low Performance Study.
Barkat-E Khuda Ph.D. Senior Fellow	Dhaka	Assist in project development and monitoring, technical assistance and dissemination.

Ruth E. Harvey
U. Hawaii Intern

Jakarta

**Assist in project
development and
monitoring.**

Ann E. Sturley
U. Hawaii Intern

Kathmandu

**Assist in IDS/CEDPA
project in Nepal.**

A.3. CONSULTANCIES

The project budget for consultants is extremely limited. Nevertheless, the project utilized a small number of consultants during the period. Several local consultants were hired on short-term bases to help with project development and establishment of the regional offices. These were Farida Enayet, Satindra Mitra, Shamsun Nahar, Abu Sayeed, and Ramon Eduarte.

International consultants hired to provide technical assistance and/or develop research proposals were:

Neeraj Kak, Nov. 1- Jan. 25, 1987, Jakarta. Dr. Kak served a three-month consultancy to finalize the BKKBN, Urban KB Mandiri project and obtain approval from BKKBN for the project.

Fred Munson, Nov. 15 - Dec. 8, 1986, Dhaka. Dr. Munson prepared a paper that summarized the issues in field worker performance and proposed a project for implementing changes in supervision, logistics, and information.

Janice Stevens, Jan. 16-Mar. 15, 1987. Washington. Prepared a report on the progress of the Ammenpettai operations research project in India.

Michael Hendricks, Feb. 7 - 15, 1987, Dhaka. Dr. Hendricks presented a well-received workshop on qualitative research methods (see Section 4 above).

Jonathan Hayssen, April-May, 1987. Provided assistance to Dr. Peerasit in assessing family planning needs in the four experimental provinces of Thailand that are participating in the Low Performance study.

Charles Myers, June 25-July 24, 1987, Bangkok. Completed the data analyses and wrote recommendations for the pricing experiments for the TDRI subcontract in Thailand.

Marian MacDorman, June 30-July 20, 1987, Dhaka. Traveled to Dhaka for orientation. She prepared a country strategy for India, conducted a literature review and reviewed and drafted proposals for projects in India and Bangladesh.

A.4. STAFF AND CONSULTANT TRAVEL

The following list summarizes staff and consultant travel undertaken during the period. Some staff, notably, Dr. Reynolds, combined ASIA/OR and PRICOR work in their travel.

<u>Name/Dates</u>	<u>Itinerary</u>	<u>Trip Report Purpose</u>	<u>Submitted</u>
Jack Reynolds			
Oct. 26-Nov.14, 1986:			Dec. 5, 1986
Oct. 26-Nov. 1	Bangkok	Asia OR/PRICOR	
Nov. 1-8	Dhaka	Asia OR	
Nov. 8-13	Jakarta	Asia OR/PRICOR	
Jan. 4-30, 1987:			Feb. 11, 1987
Jan. 6-10	Bangkok	Asia OR/PRICOR	
Jan. 10-14	Dhaka	Asia OR	
Jan. 14-21	Bangkok	Asia OR/PRICOR	
Jan. 21-30	Jakarta	Asia OR	
Feb. 16-22	Washington	Asia OR/PRICOR	Feb. 25, 1987
Mar. 31-May 3			May 8, 1987
Mar. 31-Apr.17	Dhaka	Asia OR	
Apr. 7-18	Bangkok	Asia OR/PRICOR	
Apr. 18-24	Dhaka	Asia OR	
Apr. 24-30	Rangoon	PRITECH	
Apr. 30-May 3	Bangkok	PRICOR	
Jul. 5-23			July 29, 1987
Jul. 5-7	Bangkok	PRICOR	
Jul. 7-17	Dhaka	Asia OR	
Jul. 17-23	Bangkok	Asia OR/PRICOR	
Aug. 8-10			Sept. 5, 1987
Aug. 8-10	Bangkok	Asia OR/PRICOR	
Aug. 10-28	Rangoon	PRITECH	
Aug. 28-30	Dhaka	Asia OR	
Aug 30-Sep. 1	Bangkok	PRICOR	
Jatinder Cheema			
Sep. 21-28, 1986	Kathmandu	Asia OR	Nov. 14, 1986
Oct. 14-20	Delhi	Asia OR	Nov. 14, 1986
Oct. 21-28	Islamabad	Asia OR	Nov. 14, 1986
Dec. 13-21	Kathmandu	Asia OR	Jan. 29, 1987

Feb. 4-13, 1987	Kathmandu	Asia OR	Feb. 28, 1987
Feb. 22-25	Kathmandu	Asia OR	Feb. 28, 1987
Feb. 28-Mar. 15	Colombo Bangkok	Asia OR	Mar. 25, 1987
Apr. 4-May 18	Bangkok San Fran. Chevy Ch. Delhi Kathmandu	Asia OR Leave Asia OR Asia OR Asia OR	Jun. 24, 1987
May 21-Jun. 1	Bombay Delhi	Asia OR Asia OR	
Michael Bernhart			
Feb. 21-25, 1987	Islamabad	Asia OR	Feb. 28, 1987
Mar. 7-18, 1982	Colombo Kandy Galle	Asia OR Asia OR Asia OR	Mar. 23, 1987
Aug. 14-22	Islamabad Colombo	Asia OR Asia OR	Aug. 23, 1987
Paul Richardson			
Oct. 6-18, 1986:			Jan. 1987
Oct. 6-12 Oct. 12-18	Hadyai, Bangkok	Asia OR Asia OR	
Dec. 6-22, 1986			Jan. 1987
Dec. 10-18 Dec. 18-20	Bangkok Hadyai Dec. 20-22	Asia OR Asia OR Bangkok	Asia OR
Mar. 3-15, 1987	Bangkok	Asia OR	May 1, 1987
May 17-27, 1987:			
May 17 May 18-20 May 21-27	Bangkok Khon Kaen Hadyai	Asia OR Asia OR Asia OR	Aug. 30, 1987
July 4-July 18	Manila	Asia OR	Aug. 30, 1987

Neeraj Kak

Nov. 1, 1986- Jan. 25, 1987	Jakarta	Asia OR
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Apr. 4-	Jakarta	Asia OR
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Beverley Graham

Jan. 15-Feb. 16, 1987		
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Jan. 17-29	Bangkok	Asia OR/PRICOR
Jan. 29-Feb. 5	Dhaka	Asia OR
Feb. 5-8	Bangkok	Asia OR/PRICOR
Feb. 9	Hadyai	Asia OR
Feb. 10-12	Bangkok	Asia OR/PRICOR

CONSULTANTS**Jonathan Hayssen**

Apr.-May, 1987	Jakarta	Asia OR	Aug. 15, 1987
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Mike Hendricks

Jan. 12-Feb. 28	Dhaka	Asia OR	Apr. 15, 1987
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Charles Myers

Jun. 25-Jul. 24	Bangkok	Asia OR	Aug. 7, 1987
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Marian MacDorman

Jun. 30-Jul. 20	Dhaka	Asia OR	Sep. 5, 1987
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Fred Munson

Nov. 17-Dec. 9	Dhaka/Bombay	Asia OR	Jan. 3, 1987
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Janice Stevens

Jan. 16-Mar 15	India	Asia OR	Apr. 15, 1987
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Ruth Harvey

Jul. 26-	Jakarta	Asia OR
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APPENDIX B: PROJECT STATUS REPORTS

- B.1 SUBPROJECT TIMELINES**
- B.2 START AND END DATES, BUDGETS**
- B.3 SOUTH ASIA PROJECT STATUS SUMMARIES**
- B.4 SOUTHEAST ASIA PROJECT STATUS SUMMARIES**
- B.5 PROJECT STATUS TABLE SUMMARY**

Schedule Name: FP Project Status
 Project Manager: Jack Reynolds
 As of date: 25-Oct-87 1:48pm Schedule File: B:STATUS

31

	Who	Status	87 Jan 4	88 4	89 1	90 2	91 2	92 2
1 Indonesia: YKB I (SEA-1)	PR	D	====	ñ	.	.	.	.
2 Thailand: PSU (SEA-13)	PR		+++++	+++++	.	.	.	.
3 Bangladesh: Pathf/QBL(SA-2)	JC		+++++	ñ	.	.	.	.
4 Bangladesh: Path/RAPPORT(SA 1)	MB		+++++	ñ	.	.	.	.
5 Bangladesh: TAF-I/ACPR (SA-3)	MB	D	=====	ñ	.	.	.	.
6 Thailand: Low Perf/URC(SEA-14)	PK, TB, PR		6	+++++	+++++	+++++	+++++	+++++
7 Thailand: Elastic/TDRI(SEA-15)	PR		.7	+++++	+++++	+++++	+++++	+++++
8 Indonesia: BKKBN Urban (SEA-4)	NK, PR		.8	+++++	+++++	+++++	+++++	+++++
9 Indonesia: YKB II (SEA-6)	PR		.	9	+++++	+++++	+++++	+++++
10 Bangladesh: IUD/BFRP (SA-4)	JC		.	10	+++++	+++++	+++++	+++++
11 Thailand: AIDS/PDA (SEA-17)	PR, JR		.	11	+++++	+++++	+++++	+++++
12 Bangladesh: SOPIRET/DRA (SA-5)	MB		.	12	+++++	+++++	+++++	+++++
13 Thailand: AIDS/Khon Kn(SEA-18)	PR, TB		.	13	+++++	+++++	+++++	+++++
14 Nepal: CEDPA/FPAN/IDS (SA-27)	MB	C	.	14	+++++	+++++	+++++	+++++
15 Nepal: IUD/IDS (SA-29)	MB		.	15	====	====	====	====
16 Pakistan: Diagnost/NIPS(SA-24)	MB		.	16	====	====	====	====
17 Sri Lanka: SAM/FPASL/FHB(SA-32)	MB		.	17	====	====	====	====
18 Bangladesh: TAF2/APCR (SA-20)	MB, BK		.	18	====	====	====	====
19 Bangladesh: VS/URC (SA 15)	JR, JC, BK		.	19	====	====	====	====
20 Indonesia: PKMI-1 (SEA-3)	PR		.	20	====	====	====	====
21 Indonesia: PKMI-2 (SEA-7)	PR		.	21	====	====	====	====
22 Indonesia: Norplant (SEA-8)	PR		.	22	====	====	====	====
23 Indonesia: NMW Lumpung (SEA-5)	PR		.	23	====	====	====	====
24 Philippines: AIDS/Man(SEA-11)	PR		.	24	====	====	====	====
25 Indonesia: Atmajaya (SEA-2)	PR		.	25	====	====	====	====
26 Nepal: FP1A/CAR (SA-30)	MB		.	26	====	====	====	====
27 Indonesia: KB Mandri/URC(SEA-9)	NK, PR		.	27	====	====	====	====
28 India: Pill/ASCI (SA-22)	JR		.	28ñ	====	====	====	====
29 Sri Lanka: Ayurvedic/PSL(SA-3)	MB		.	29ñ	====	====	====	====
30 Philippines: AIDS/Angl(SEA-24)	PR		.	30ñ	====	====	====	====
31 Bangladesh: MIS/URC (SA-6)	MB, JR		.	31ñ	====	====	====	====
32 Bangladesh: Swarnivar (SA 8)	JC, BK		.	32	====	====	====	====

D Done --- Task - Slack time (-- -), or
 C Critical +++ Started task Resource delay (- - -)
 R Resource conflict M Milestone > Conflict
 p Partial dependency

Scale: Each character equals 1 month

Schedule Name: FP Project Status
 Project Manager: Jack Reynolds
 As of date: 25-Oct-87 1:51pm Schedule File: B:STATUS

Task	How Long	Early Start	Early End	Budget
Indonesia: YKB I (SEA-1)	4 months	4-Aug-86 8:00am	21-Dec-86 5:00pm	16,509
Thailand: PSU (SEA-13)	20 months	18-Aug-86 8:00am	7-Jun-88 5:00pm	145,091
Bangladesh: Pathf/QBL(SA-2)	6 months	2-Nov-86 8:00am	11-May-87 5:00pm	62,580
Bangladesh: Path/RAPPORT(SA-1)	10 months	2 Nov-86 8:00am	23 Sep-87 5:00pm	42,254
Bangladesh: TAF-I/ACPR (SA-3)	8 months	16-Nov-86 8:00am	27-Jul-87 5:00pm	44,108
Thailand: Low Perf/URC(SEA-14)	39 months	4-Jan-87 8:00am	18-Jul-90 5:00pm	305,082
Thailand: Elastic/TDRI(SEA-15)	30 months	1 Apr-87 8:00am	22-Nov-89 5:00pm	244,006
Indonesia: BKKBN Urban (SEA-4)	26 months	18 May-87 8:00am	3-Sep-89 5:00pm	276,819
Indonesia: YKB II (SEA-6)	12 months	7-Jul-87 8:00am	3-Aug-88 5:00pm	23,113
Bangladesh: IUD/BFRP (SA-4)	9 months	9 Aug-87 8:00am	25-May-88 5:00pm	50,274
Thailand: AIDS/PDA (SEA-17)	12 months	9-Aug-87 8:00am	29-Aug-88 5:00pm	46,615
Bangladesh: SOPIRET/DRA (SA-5)	15 months	9-Aug-87 8:00am	4-Dec-88 5:00pm	51,908
Thailand: AIDS/Khon Kn(SEA-18)	8 months	30-Aug-87 8:00am	16-May-88 5:00pm	4,886
Nepal: CEDPA/FPAN/IDS (SA-27)	36 months	1 Oct-87 8:00am	21-Feb-91 5:00pm	94,870
Nepal: IUD/IDS (SA-29)	3 months	1-Nov-87 8:00am	9-Feb-88 5:00pm	15,634
Pakistan: Diagnost/NIPS(SA-24)	4 months	1-Nov-87 8:00am	13-Mar-88 5:00pm	25,111
Sri Lanka: SAM/FPASL/FHB(SA-32)	15 months	1-Nov-87 8:00am	26-Feb-89 5:00pm	45,000
Bangladesh: TAF2/APCR (SA-20)	16 months	1-Nov-87 8:00am	28-Mar-89 5:00pm	32,646
Bangladesh: VS/URC (SA-15)	22 months	1-Nov-87 8:00am	3-Oct-89 5:00pm	576,000
Indonesia: PKMI-1 (SEA-3)	23 months	1-Nov-87 8:00am	5-Nov-89 5:00pm	130,915
Indonesia: PKMI-2 (SEA-7)	4 months	5-Nov-87 8:00am	17-Mar-88 5:00pm	9,893
Indonesia: Nurplant (SEA-8)	6 months	15-Nov-87 8:00am	24-May-88 5:00pm	56,500
Indonesia: NMW Lumpung (SEA-5)	12 months	15-Nov-87 8:00am	1-Dec-88 5:00pm	27,876
Philippines: AIDS/Man(SEA-11)	14 months	15-Nov-87 8:00am	5-Feb-89 5:00pm	50,000
Indonesia: Atmajaya (SEA-2)	18 months	15-Nov-87 8:00am	11-Jun-89 5:00pm	112,876
Nepal: FPIA/CAR (SA-30)	22 months	15-Nov-87 8:00am	16-Oct-89 5:00pm	55,000
Indonesia: KB Mandri/URC(SEA-9)	24 months	15-Nov-87 8:00am	19-Dec-89 5:00pm	210,000
India: Pill/ASCI (SA-22)	4 months	30-Nov-87 8:00am	6-Apr-88 5:00pm	15,000
Sri Lanka: Ayurvedic/PSL(SA-3)	18 months	30-Nov-87 8:00am	25-Jun-89 5:00pm	34,849
Philippines: AIDS/Angl(SEA-24)	14 months	14-Dec-87 8:00am	6-Mar-89 5:00pm	56,452
Bangladesh: MIS/URC (SA-6)	26 months	15-Dec-87 8:00am	12-Apr-90 5:00pm	65,000
Bangladesh: Swarnivar (SA-8)	18 months	30-Dec-87 8:00am	24-Jul-89 5:00pm	50,000
				===== 2,976,867

B.3 SOUTH ASIA PROJECT STATUS SUMMARIES

1. COUNTRY: BANGLADESH

TITLE: IMPROVING THE PERFORMANCE OF ASIA FOUNDATION SUBPROJECTS

INSTITUTIONS: THE ASIA FOUNDATION, ACPR

DURATION: NOV. 16, 1986 - AUG. 13, 1987 (9 MONTHS)

BUDGET: \$50,688

URC MONITOR: MICHAEL BERNHART

DESCRIPTION: The Asia Foundation provides support to 25 NGO family planning projects. They have observed considerable variations in performance among the projects - some do well, others poorly. The objective of this OR study was to compare the activities of project personnel in several high and low performing projects to determine if factors could be isolated that were responsible for the greater success of the better performing project, so that lessons drawn from the more successful projects could be applied to the operations of the others. ACPR was contracted to undertake the research.

METHODOLOGY: Five high and five low performing projects were identified and a "client-up" research approach was followed: a survey of MWRAs was followed by observation and interviews with fieldworkers, which in turn was followed by interviews and observations of supervisors, and finally central office personnel were interviewed.

STATUS: Data from Phase 1, i.e. problem analysis, have been analyzed. The findings have subsequently been discussed at a solution development workshop held in October, 1987. On the basis of their findings the Asia Foundation and ACPR have submitted a research proposal for testing a new strategy. The research proposal is currently under consideration.

FINDINGS: The contraceptive use rate was higher in the high performing projects (37%) than in the low performing projects (21%), although there does not appear to be any major difference in the behavior of couples in other regards relevant to family planning. For example, the reasons, and their incidence, cited for nonuse were virtually similar for both high and low performing projects.

Differences, although quite subtle, do emerge, however, in program activities. The high performing projects did better in both extent and frequency of coverage than the low performing projects. Respondents in high performing projects were more likely to recall that the FWs promoted family planning directly. The high performing project FWs were much more likely to inform prospective clients of possible side effects before they chose a method. While most of the high performing project FWs sought to identify contra-indications to method use when contacting nonusers, few low performing project FWs did so. In the case of side effects, the low performing project FWs were more likely to recommend a method change, while the high performing project FWs tended to urge patience for minor side effects and if the side effect was not minor, referred women to the clinic.

2. COUNTRY: BANGLADESH

TITLE: EVALUATING THE EFFECTIVENESS OF NEWLY INTRODUCED INTERVENTIONS IN PATHFINDER CBD PROJECTS

INSTITUTIONS: PATHFINDER FUND, QBL

DURATION: NOV. 1, 1986 - NOV. 15, 1987 (12 MONTHS)

BUDGET: \$62,580

URC MONITOR: JATINDER CHEEMA

DESCRIPTION: Pathfinder Fund is currently operating family planning CBD projects in 24 urban areas in Bangladesh. In the course of implementing the program, Pathfinder uncovered a number of interrelated operational problems, the most important of which are: (a) inadequate coverage of clients, (b) inaccurate record keeping, and (c) poor planning and supervision of field operations. In response to these problems, Pathfinder introduced three management interventions, namely, (i) a new work planning system (WP), (ii) reduced client worker ratio (RCWR), and (iii) a simplified record-keeping and control system (RK). These interventions were introduced in 7 project areas to improve coverage, the quantity and quality of contacts with and services provided to potential and current users of family planning, and acceptance and use of family planning among married women of reproductive age in the projects' catchment areas. QBL was contracted to undertake the research. The objective of the study was to examine: (i) whether the interventions have been implemented as planned, and (ii) effects of the new interventions on improving coverage, acceptance of family planning and contraceptive prevalence.

METHODOLOGY: Of necessity, a non-experimental design had to be used because Pathfinder did not set up this program originally as a research project, and thus, there are no control groups and baseline data. Data have been collected from five sources: (a) secondary sources, (b) service statistics, (c) interviews with project staff, (d) interviews with key informants, and (e) a representative survey of 1400 married women of reproductive ages, taking 200 women from each of the 7 project areas.

STATUS: Data collection have been completed. Data analysis and preparation of the Final Report are underway.

FINDINGS: The different interventions were not only not implemented at the same time in the 7 project areas under study, but also the three interventions were not implemented simultaneously. The managers and supervisors generally had a better understanding of the interventions than the field workers. In general, the project personnel faced some problems in implementing the interventions.

The proportion of nonusers and current users visited was higher in areas with more than one intervention than in areas with only one intervention. A similar picture emerges with respect to the frequency of visits. However, there has been no improvement in the frequency of

contact to the nonusers compared to the current users, and there is also no evidence that younger women are more frequently visited. Contraceptive prevalence was highest in an area where all the three interventions were introduced and lowest in an area where only one intervention was introduced.

3. COUNTRY: BANGLADESH

TITLE: IMPROVING GEOGRAPHICAL COVERAGE OF FAMILY PLANNING IN THE URBAN AREAS OF CHITTAGONG AND DHAKA

INSTITUTIONS: PATHFINDER FUND, RAPPORT

DURATION: NOV. 1, 1986 - SEP. 1, 1987 (10 MONTHS)

BUDGET: \$42,254 URC MONITOR: MICHAEL BERNHART

DESCRIPTION: In early 1986, the Pathfinder Fund organized a conference at which the assignment of territories to NGOs in Chittagong was discussed and an action plan was drawn up whereby adjustments were made in assignments to improve coverage. The purpose of this OR project was to assess the success of those reassignments and to prepare for a similar reassignment process in Dhaka by drawing lessons from the Chittagong experience and obtaining baseline data. RAPPORT was contracted to undertake the research.

DESCRIPTION: Thirteen active NGOs were assigned to the different wards in the city to cover the whole of Chittagong Municipal area consisting of urban, semi urban and also some rural localities. A sample of 2000 MWRAs - 200 from each of the 13 NGOs - was interviewed. Besides, basic information on operational problems of the NGOs were also collected through interview of the key personnel of the selected NGOs.

STATUS: The first phase of the study is nearing completion. Report of the Chittagong study has been prepared, and data analysis of the Dhaka study is underway.

FINDINGS: Findings from the Chittagong study suggest that the effects of the reassignment are mixed. The annual rate of new entrants into the program was roughly the same, regardless of whether an area was reassigned to another NGO or not. However, the NGOs that acquired new areas appear to have been more active in visiting clients and prospective clients. Implementation requires: (a) clear assignment of responsibilities to organizations and individuals, (b) a schedule of implementation activities to be observed, and (c) a means to monitor adherence to the implementation plan.

4. COUNTRY: BANGLADESH

TITLE: COPPER-T IUD FOLLOW-UP STUDY

INSTITUTIONS: BANGLADESH FERTILITY RESEARCH PROGRAM

DURATION: AUG. 8, 1987 - MAY 25, 1988 (9 MONTHS)

BUDGET: \$50,274 URC MONITOR: JATINDER CHEEMA

DESCRIPTION: The intra-uterine device (IUD) plays a vital role in the family planning program in Bangladesh. A massive IUD program was started in the mid-1970s with the introduction of the Lippes Loop, and in 1974-75 about 78,000 women accepted this method. In 1982-83, the program replaced the Lippes Loop with the Copper-T 200 (CT-200). In 1984 and again in 1985, approximately 400,000 CTs were inserted. The CT 200 provides effective protection against pregnancy for 3 to 4 years. The primary objective of this OR is to estimate the number of women who have continued to use the original device and to determine: (i) how many will need removal and/or reinsertion in 1987-88; (ii) how to identify these women; (c) how best to get these women to a facility for removal/reinsertion; and (d) how to follow them effectively in the future so as to improve the quality of IUD services. BFRP will carry out the research with assistance from ACPR.

METHODOLOGY: A non-experimental research design will be employed that follows the three OR phases. The principal problem to be examined is how best to identify and provide services to women who need to have their CT 200 removed. Data for the study will come from secondary sources, clinic records and service statistics, provider interviews and client interviews. The study will be carried out in two stages. During the first stage, VFRP will send lists to all the selected upazilas who will review clinic records and obtain all relevant information necessary to construct the sampling frame. The actual data collection will be undertaken during the second stage.

STATUS: The field work has been delayed due to floods. BFRP is currently engaged in pretesting the questionnaire for the client survey.

FINDINGS: NA

5. COUNTRY: BANGLADESH

TITLE: IMPROVING THE EFFICIENCY OF FAMILY PLANNING SERVICES IN RURAL BANGLADESH

INSTITUTIONS: SOPIRET, DRA

DURATION: JUL 1, 1987 - OCT. 1, 1988 (10 MONTHS)

BUDGET: \$51,908 URC MONITOR: MICHAEL BERNHART

DESCRIPTION: SOPIRET is a rural NGO that appears to have enjoyed great success using part time fieldworkers (FPVs). There are, however, great variations in the effectiveness of the fieldworker - some have recruited over 100 adopters, others less than 20. This variability suggests that there is scope for raising the effectiveness of the low-performing fieldworkers. The purpose of this OR project is to examine the factors that account for the variations in the effectiveness of the fieldworkers, and to develop and implement changes that will raise overall project effectiveness. DRA was contracted to undertake the research.

METHODOLOGY: The project will follow the familiar three operations research phases: problem analysis, solution development, and implementation and validation of solutions. During Phase 1 data will be collected from the following sources: review of past experience; direct observation and interview of the activities of 40 high and 40 low performers; observation of 10 to 15 supervision meetings; review of FPV records of the 100 highest and 100 lowest performing FPVs; data on environmental factors; and interview of 625 MWRAs from the "experimental" area and another 625 from a control area. Data will be analyzed and solutions developed during Phase 2. The changes decided upon during Phase 2 will be implemented and validated during Phase 3.

STATUS: The project is underway, but data collection has been delayed due to floods.

FINDINGS: NA.

6. COUNTRY: NEPAL

TITLE: EVALUATE THE IMPACT OF PANCHAYAT-BASED OUTREACH CLINIC SERVICES AND NUTRITION ON CONTRACEPTIVE PREVALENCE

INSTITUTIONS: FPAN, CEDPA, IDS

DURATION: AUG. 15, 1987 - AUG. 14, 1990 (36 MONTHS)

BUDGET: \$94,870

URC MONITOR: JATINDER CHEEMA

DESCRIPTION: The 1981 CPS shows that only 15 percent of MWRA practice family planning in Nepal. Sterilization is the most popular method (12 percent). Only 3 percent use temporary methods and are aware of outreach services. FPAN has undertaken a new project to expand family planning services through Panchayat-based clinics using female volunteers and following an integrated service program made up of nutrition services for clients and income generation and skill development for workers. This study will assess the impact of the project on family planning acceptance and contraceptive prevalence.

METHODOLOGY: Three surveys will make up the bulk of the study: a baseline, mid-term, and final survey of MWRA carried out over a three-year period. A process evaluation will also be conducted during the mid-term assessment to identify improvements that could be made in the delivery program.

STATUS: The effective date of the project was changed to August 15. Planning and sample design will be carried out in August, a questionnaire is to be submitted to URC for review on Sept. 1, preliminary site visits for mapping will take place in early September. Field data collection will not begin until after the rainy season and the Deepabali holidays. It is now scheduled for Oct 26-Nov 26.

FINDINGS: NA

7. COUNTRY: SRI LANKA

TITLE: STRENGTHENING AYURVEDIC ROLE AS FAMILY PLANNING PROVIDER

INSTITUTIONS: POPULATION SERVICES LANKA, MARGA

DURATION: OCT 1, 1987 - APRIL 1, 1989 (18 MONTHS)

BUDGET: \$34,849

URC MONITOR: JATINDER CHEEMA

DESCRIPTION: The contraceptive prevalence rate in Sri Lanka rose considerably during the latter half of the 1970s. The proportion of current users increased from 32 percent in 1975 to 55 percent in 1982. Yet, the Contraceptive mix adopted by Sri Lankan couples is dominated by traditional methods, and among modern methods, sterilization. One of the mechanisms adopted by the Government to improve the use of modern

temporary methods is the use of Ayurvedics to deliver family planning services. Population Services of Sri Lanka has been training Ayurvedics to deliver family planning and has had an active program to provide pills and condoms to the Ayurvedics who have been trained to distribute contraceptives in the field. An evaluation of the family planning activities of trained Ayurvedic Practitioners (APs) indicated a high AP dropout rate within the first two years after training. Also, a large number of APs who were trained never participated in the program. The purpose of this study is to determine whether APs can be an effective and cost-effective channel for delivering family planning services, and to design a strategy for training, supervising and supporting APs. This strategy will be reviewed in a PSL-MOPI workshops and a final strategy adopted for testing or implementation.

METHODOLOGY: The research team will gather and analyze data to determine how APs should have performed, why they did not, and how they could be made more effective at a cost the government can afford. Interviews will be held with 88 active APs, 64 dropouts and 95 who never participated. About 50 percent of the students who have undergone training will be followed up. A sample of 1,985 MWRAs will be interviewed as a baseline for testing the revised strategy in a follow-on project. Data will be analyzed to identify factors that constrain and facilitate AP performance. This information will then be used to develop a revised strategy. A cost analysis will also be conducted to estimate the cost to the government of institutionalizing this strategy.

STATUS: The proposal was approved in August. Field work is expected to begin shortly.

FINDINGS: NA.

B.4 SOUTHEAST ASIA PROJECT STATU

8. COUNTRY: INDONESIA

TITLE: IMPROVING THE UTILIZATION AND SELF-SUFFICIENCY OF YKB CLINICS

INSTITUTIONS: YKB

DURATION: AUG. 4, 1986 - DEC. 12, 1986 (4 MONTHS)

BUDGET: \$16,509 URC MONITOR: PAUL RICHARDSON

DESCRIPTION: YKB is a private foundation operating 8 FP/MCH clinics in Jakarta. These clinics provide services to lower-middle and middle income clients on a fee-for-service basis. The clinics have met with limited success and are underutilized. There is a serious question as to whether they can become self-sufficient when USAID support ends. The purpose of this study is to determine whether clinic operations can be redesigned to make them more attractive to clients, to reduce costs, and to increase income so that they become self-sufficient. If a viable model is developed, it would be tested in a follow-on project.

METHODOLOGY: Data gathering includes a sample survey of 539 past, current, and potential contraceptive users, and in-depth interviews and observations of family planning providers to determine the factors that facilitate or limit the utilization and self-sufficiency of clinics. The results were analyzed and reviewed by a "solution development" committee that proposed operational changes.

STATUS: Project was completed in January, 1987. Changes were identified and implemented. A follow-up study is assessing the impact of those changes (see YKB II).

FINDINGS: After 3 years of operation, only 1 of 8 clinics was self-sufficient. The causes were grouped in five "problem clusters": 1) limited staff skills, knowledge, opportunities and incentives; 2) inadequate administrative leadership; 3) limited services; 4) competition from other service outlets; and 5) inappropriate location.

YKB generated a strategy to deal with these problems that included closing three clinics, relocating another clinic, improving the appearance of the clinics, increasing clinic hours, placing more emphasis on outreach and promotion, adding staff incentives, improving the training and education of clinic staff, establishing linkages with the communities and BKKRN, and expansion of clinic services.

9. COUNTRY: INDONESIA

TITLE: IMPROVING FAMILY PLANNING OUTREACH IN THREE URBAN AREAS OF INDONESIA

INSTITUTIONS: BKKBN-INTEGRATED, YKB, URC

DURATION: MAY 18, 1987 - OCT. 16, 1989 (23 MONTHS)

BUDGET: \$276,819 **URC MONITOR:** NEERAJ KAK

DESCRIPTION: The National Family Planning Program (NFPP) in Indonesia is one of the most successful in the world, yet it has not been as effective in urban as in rural areas. This has been due, in part, to the adoption of the same strategy for both areas, a strategy that was based on rural norms and organizational patterns. The purpose of this project is to test alternative strategies for improving FP services in urban areas. The strategies are: 1) periodic contacting of all eligible couples; 2) improved method-specific IEC; 3) deployment of semi-commercial outreach workers; and 4) strengthening of linkages between outreach workers and service providers.

METHODOLOGY: A quasi-experimental design is being used, with experimental and control sites in each of three urban centers: Jakarta, Bandung and Bogor. Pre and post interventions surveys will be supplemented with individual and focus group interviews of providers and clients. An improved MIS will be designed to monitor the new approach, and a process analysis will be conducted and fed back to devise corrective measures.

STATUS: The project was approved in March, 1987, the Resident Advisor (Dr. Neeraj Kak) arrived in April and BKKBN began project activities in May. Research assistants were hired in June, began collecting secondary data and identified potential project sites. The study sites were selected in July. Work began on the sampling frame and questionnaire development in August. Interviewers were selected and trained.

FINDINGS: NA

10. COUNTRY: INDONESIA

TITLE: IMPROVING UTILIZATION AND SELF-SUFFICIENCY OF YKB CLINICS, II
INSTITUTIONS: YKB

DURATION: JULY 7, 1987 - JULY 6, 1988 (12 MONTHS)

BUDGET: \$23,113 URC MONITOR: PAUL RICHARDSON

DESCRIPTION: This project is designed to test the strategy developed under the YKB I project and will focus on four mid-range clinics (one of the eight is already self-sufficient, and YKB decided to close three that were not viable). The strategy includes increasing knowledge of clinics and services they provide, improving clinic staff communication and technical skills, increasing staff motivation to recruit new clients, designing and implementing a new management information system, and upgrading clinic location and appearance.

METHODOLOGY: The objective of this study is to determine if the strategy that is implemented leads to clinic self-sufficiency and to identify the components of the strategy that contribute most to increasing clinic utilization. The evaluation of the project will be an ongoing process, with careful monitoring of each intervention strategy through the MIS during the testing period. Revisions in the interventions will be made as appropriate to improve the effectiveness of the strategy. A follow-up survey, that replicates the baseline interviews with MWRAs and staff, will be conducted at the end of the test period.

STATUS: The project got underway in June. Meetings were held to improve linkages, a coupon system was developed and prototyped, changes made in clinic hours and staffing patterns, and other changes outlined in the strategy were implemented in June and July.

FINDINGS: In August, three YKB clinics had an overall increase of 15 percent in clients. One clinic was relocated and had a 13 percent decline as a result of the move.

11. COUNTRY: INDONESIA

TITLE: IMPROVING SCREENING, REFERRAL AND FOLLOW-UP OF VOLUNTARY STERILIZATION CLIENTS

INSTITUTIONS: PKMI

DURATION: OCT 1, 1987 - OCT. 16, 1989 (24 MONTHS)

BUDGET: \$130,915 URC MONITOR: PAUL RICHARDSON

DESCRIPTION: Although the demand for VS has increased substantially since 1974, when it was first introduced, it is still not a formal part of the national program. As a result, family planning and health personnel do not promote VS, clients are not well-informed, and VS service points are underutilized. PKMI has made a major effort to train VS providers, but VS screening, referral and follow-up is weak. The purpose of this study is to test an improved system of screening, referral and follow-up (S-R-F) in four project sites in major urban areas of Indonesia.

METHODOLOGY: The project involves three stages: planning, testing, and evaluation. In the planning stage, the present S-R-F system will be analyzed and a revised system designed for testing. A quasi-experimental design is planned, with control groups in Jakarta (the largest study site). Pre and post data will be collected from family planning and health providers, VS clients, and VS service statistics. The emphasis will be on in-depth interviews to determine how and why the S-R-F processes do or do not work. However, key quantifiable performance indicators will also be collected to assess the impact of the project on VS acceptance rates.

STATUS: The project was approved in July, with conditions. These were addressed, but USAID raised concerns about the amount of time the PI had available to devote to the project. This issue was finally resolved toward the end of August. A revised budget had to be prepared, and a contract was expected in September, with startup in October.

FINDINGS: NA

12. COUNTRY: THAILAND

TITLE: IMPROVING CONTRACEPTIVE PREVALENCE THROUGH VILLAGE VOLUNTEERS
INSTITUTIONS: PRINCE OF SONGKHLA UNIVERSITY, MOPH

DURATION: AUG. 15, 1986 - APRIL 14, 1988 (20 MONTHS)

BUDGET: \$145,091 URC MONITOR: PAUL RICHARDSON

DESCRIPTION: Studies have shown that population growth rates in the Southern region of Thailand is higher than in other regions, and that fertility rates for Muslims are higher than for Buddhists. CPRs are also low in a number of provinces in the Northeast, especially among Khmer-speaking Thais in provinces near the Kampuchea border. This project builds on a previous OR project that used village volunteers to promote family planning acceptance in Southern Thailand. The MOPH is interested in learning if this approach can be effective in: a) low-performing provinces in the South that are largely Muslim; and b) in predominantly Khmer-speaking provinces in the Northeast. The purpose of this study is to test the approach in one province in the South (Satun) and one in the Northeast (Surin).

METHODOLOGY: The study is a simple quasi-experimental pre-test, post-test, control group design. A baseline survey of 900 MWRA was conducted in each province, interviews were held with village volunteers, and with religious leaders in the South. The interventions include a training/orientation program for religious leaders and volunteers, village level meetings to discuss family planning, and distribution of condoms and oral contraceptives by the volunteers. The follow-up survey was to be identical to the baseline survey.

STATUS: The CPR in the Buddhist site in the Northeast was found to be much higher than expected, and it was dropped from the study. The village meetings were completed and staff prepared for the follow-up survey which was scheduled for August and September. Data coding and entry are expected to be completed in November.

FINDINGS: The baseline surveys indicated that CPRs may be significantly higher than the MOPH calculations in many of the "low performing" districts. Underestimation may be due to overreliance on service statistics, thereby missing contraceptives provided by private sources. If this is so, contraceptive prevalence in Thailand may be even higher than published figures show.

13. COUNTRY: THAILAND

TITLE: INCREASING CONTRACEPTIVE PREVALENCE IN LOW-PERFORMANCE AREAS
INSTITUTIONS: URC, MOPH

DURATION: JAN. 1, 1987 - MAR. 31, 1990 (39 MONTHS)

BUDGET: \$305,082 **URC MONITOR:** PAUL RICHARDSON

DESCRIPTION: Contraceptive prevalence averages 65 percent in Thailand, however, there are some 220 districts where prevalence is well below this average. The MOPH is now concentrating on increasing the CPR in those districts by providing three additional interventions: 1) village volunteer prescription of oral contraceptives; 2) one-day campaigns at subdistrict health centers; and 3) intensified promotion of sterilization. The MOPH has agreed to give "block grants" to 4 of the 22 provinces involved in the project and allow them to decide how best

to use those resources to increase prevalence. URC will assist these provinces in assessing FP needs, developing "optimum" ways to utilize their resources, designing and implementing MIS to monitor the effects of their decisions. In effect, this is a test of decentralized management on prevalence.

METHODOLOGY: A quasi-experimental design is being employed, with the 4 provinces as the experimental group and the 2 provinces as controls. A mini CPS was undertaken in 372 villages of 93 districts in the four experimental and two control provinces. Based on those data, the research team would work with the experimental provinces to identify appropriate interventions. Those interventions would then be implemented and monitored over a two-year period. A follow-up survey would then be conducted to measure the impact of the decentralized approach.

STATUS: The mini CPS showed much higher CPRs than expected in the experimental and control provinces, ranging from 67 to 77 percent. However, a post-enumeration survey showed that only 70 percent of MWRA's were actually interviewed and the minisurvey overestimated CPR by 10 percentage points, due to the lower use rate of the unenumerated women. In July, the MOPH concluded that the post-enumeration survey cast doubt on the accuracy of both the service statistics and the baseline survey estimates, they decided to do a more scientific CPS in the entire Northeast to determine which provinces have the lowest prevalence, and of these, which are the lowest performing districts.

Concurrently, the experimental interventions are being developed. The MOPH designated Udorn, Srisaket, Ubon and Korat as the provinces to receive a lump sum to be managed and allocated in accordance with local priorities. Planning meetings have been held with each province and preliminary intervention strategies have been developed. The research team will begin MIS development as soon as the fiscal 1988 budget is allocated and the CPS launched. All provinces are expected to begin service activities in January, 1988.

FINDINGS: The most surprising finding is the high CPR in the experimental and control provinces. It was possible to generate crude estimates of total fertility and to adjust the CPRs. The adjusted TFRs are considerably lower than the 1984 survey rate of 3.75 for the Northeast. The CPRs are significantly higher than the 60.8 figure from the 1984 CPS-3. Internally, however, the baseline TFRs and CPRs are consistent. The rates are shown below:

Province	Experimental		Control		
	TFR	CPR	TFR	CPR	
Udorn	2.74	68.6	Chaiyapoon	2.09	76.7
Srisaket	2.63	71.0	Ruriram	2.40	69.6
Ubon	3.07	66.6			
Korat	2.29	73.7			
Total	2.69	69.9		2.18	73.9

14. COUNTRY: THAILAND

TITLE: TESTING THE ELASTICITY OF CONTRACEPTIVE PRICES IN THAILAND

INSTITUTIONS: TDRI, DEEMAR, MOPH

DURATION: APRIL 1, 1987 - SEP. 1, 1989 (30 MONTHS)

BUDGET: \$244,006 URC MONITOR: PAUL RICHARDSON

DESCRIPTION: The problem to be addressed in this study is how to maintain and increase the coverage of services in the face of reduced public budgets to support them. Recent decreases in desired family size, increases in income, and other changes in household behavior make reduction of government subsidies of family planning possible. This study will develop repricing schemes for contraceptives and test them in the North, Northeast and South.

METHODOLOGY: Existing cross-sectional data sets are being analyzed to estimate price, income and cross elasticities of demand for oral contraceptives, injectables, IUDs and ligation. A simulation model will estimate the consequences of increasing prices and/or reducing subsidies on contraceptive prevalence. One or more recommended pricing schemes will then be tested in clusters of experimental districts in the three regions. Data will be gathered on monthly changes in prices paid, prevalence, method mix and utilization in the experimental districts and in control districts, where current pricing will continue.

STATUS: The project got underway in April. The consultant, Dr. Charles Myers, arrived in June to work with the project team on the analysis of the secondary data sets. Analysis is still underway on CPS 3 data and will continue through 1987. The baseline questionnaire will be finalized in October and the survey is scheduled to get underway in December. Several modifications have been made to the design: all four regions of Thailand will be included; and the number of survey rounds will be reduced from 6 to 4.

FINDINGS: NA

15. COUNTRY: THAILAND

TITLE: OR INTO IEC STRATEGIES FOR STD PREVENTION/AIDS

INSTITUTIONS: PDA

DURATION: AUG. 1, 1987 - APR. 1, 1988 (9 MONTHS)

BUDGET: \$46,615 URC MONITOR: PAUL RICHARDSON

DESCRIPTION: The incidence of AIDS is currently low in Asia, including Thailand, however, the threat of an outbreak is real, given the large tourist industry and the free mobility of Thais who travel to foreign countries. Commercial sex workers are a particularly vulnerable group, and potentially a significant source of transmission of the disease. The purpose of this project is to develop an educational and condom distribution strategy that can be effectively used with several high risk groups (bar girls and boys, massage parlor workers, and vocational school students) to prevent the spread of AIDS.

METHODOLOGY: The study will employ an action-research strategy. Information will be collected from the target groups and managers of bars and massage parlors as to current KAP with respect to AIDS, and acceptable strategies for educating the target groups. Qualitative data will be collected to help in developing the strategies, and a baseline KAP survey will be conducted. The educational interventions will be phased in, starting with one target group, then modifying the intervention as experience is gained, and moving to the next target group. A follow-up survey will be carried out to measure the impact of the program on KAP.

STATUS: Startup was delayed one month, and the project got underway in August. PDA staff have conducted preliminary visits and interviews with individuals and groups involved in AIDS. The project manager, Wilas Techo, left PDA and was replaced by Dr. Pakorn.

FINDINGS: NA

16. COUNTRY: THAILAND

TITLE: STUDY OF AIDS PREVENTION STRATEGIES IN A HIGH-RISK POPULATION

INSTITUTIONS: KHON KAEN UNIVERSITY

DURATION: AUG. 28, 1987 - APR. 28, 1988 (8 MONTHS)

BUDGET: \$4,886

URC MONITOR: PAUL RICHARDSON

DESCRIPTION: This study is similar to that of PDA, but located in the Northeast of Thailand. Commercial sex workers are to be screened, provided with condoms and education about AIDS, and then followed over the life of the project.

METHODOLOGY: A KAP baseline is planned, to be followed by development and testing of the IEC intervention and a follow-up KAP survey after 6 months.

STATUS: The project got underway in August. The screening and baseline survey were scheduled for September.

FINDINGS: NA

PROJECT STATUS - SOUTH ASIA

Country	Title	Status	Budget	Duration	Institution	URC Monitor	Comments
1. Bangladesh	Improving geographical coverage of FP in the urban areas of Chittagong & Dhaka	4	\$42,254	11/1/86 9/1/87 10 mo.	Pathfinder RAPPORT	Bernhart	Dhaka conference held. Chittagong conference scheduled.
2. Bangladesh	Evaluating the effectiveness of newly introduced interventions in Pathfinder CBD projects	4	\$62,580	11/1/86 4/11/87 6 mo.	Pathfinder QBL	Cheema	Preliminary report under preparation. Solution development seminar planned for Sept 1987.
3. Bangladesh	Improving the performance of Asia Foundation Subprojects	7	\$50,688	11/16/86 8/13/87 8 mo.	Asia Foundation ACPR	Bernhart	Phase I research completed. Report being prepared.
4. Bangladesh	Copper T IUD Follow up Study	4	\$50,	11/87 5/25/88 9 mo.	HRFP	Cheema	Field work commencing early September.
5. Bangladesh	Improving efficiency of FP services in rural Bangladesh	4	\$51,908	7/87 10/88 15 mo.	SOPINET/ DRA	Bernhart	Project initiated; field work underway.
6. Bangladesh	Improving the MIS of the MOHFP	3	\$65,000	10/87 5/89 26 mo.	MOHFP	Bernhart	Proposal being reviewed by JR.
7. Bangladesh	Improving Continuation Rates in CBD projects	1			Pathfinder	Cheema	Under discussion with Pathfinder and USAID.
8. Bangladesh	Increased FP Emphasis in Swanirvar projects	1	\$50,000	10/1/87 5/1/89 18 mo.	Pathfinder	Cheema	Under discussion with Pathfinder and USAID.
9. Bangladesh	Increasing the number of Traditional Healers providing FP	1			FPAB	Bernhart	Under discussion with USAID.
10. Bangladesh	Increasing the number of Volunteer Groups providing FP	1			FPAB	Bernhart	Under discussion with USAID.

Status: 1. Idea 4. Monitor 7. Finished
 2. Concept 5. Evaluate 8. Dropped
 3. Proposal 6. Dissemin 10. Admin

Country	Title	Status	Budget	Duration	Institution	URC Monitor	Comments
11. Bangladesh	Increasing Religious Leader support for FP	1			FPAB	Bernhart	Under discussion with USAID.
12. Bangladesh	Improving the performance of maturing subprojects	1			FFIA	Cheema	Under discussion with USAID.
13. Bangladesh	Impact of health interventions on FP acceptance	1			FPSTC	Bernhart	Under discussion with USAID.
14. Bangladesh	Improving the effectiveness of mass communication	1			Min Plan Min Comm Min Health SMP, FPAB	Bernhart	Past communication research under review.
15. Bangladesh	Remuneration payments to VSC acceptors and referrers	3	\$576,000	10/1/87 8/1/89 22 mo.	MOHFP	Reynolds	Proposal under review.
16. Bangladesh	Improving supervisory performance	2					CP developed at EWPI seminar.
17. Bangladesh	Integrating FP and health components through team building	2					CP developed at EWPI seminar.
18. Bangladesh	Providing credits to rural communities	2					CP developed at EWPI seminar.
19. Bangladesh	Extending results of Pathfinder interventions res.	1			Pathfinder	Cheema	Under discussion with Pathfinder.
20. Bangladesh	Phase III of TAF Study	3	\$50,688	8/30/87 12 mo.	Asia Fdn ACPR	Bernhart	Phase II workshop scheduled for mid Sept. Proposal will follow.
21. Bangladesh	Decentralization and management of FP services	1				Cheema	Under discussion with researcher.
22. India	Community outreach and distribution in urban and semi-urban areas to promote use of pill.	3	\$15,000	4 mo.	Administrative Staff College	Cheema	Proposal developed and under review by URC.
23. India	Design of a monitoring and evaluation system	2			MACONS	Cheema	Concept paper submitted to URC by research group.

Status: 1. Idea 4. Monitor 7. Finished
 2. Concept 5. Evaluate 8. Dropped
 3. Proposed 6. Dissem 10. Admin

Country	Title	Status	Budget	Duration	Institution	URC Monitor	Comments
24. Pakistan	Improve CSM performance thru analysis and testing of price, brand name and promotional/educational strategy	2	TBD	17 mo.	National Development Finance Corpn	Cheema	CP prepared at OR workshop in July 1986. Mission approved but requested we put project in hold till CSM project is established.
25. Pakistan	Diagnostic Study of Pakistan Population Program	3	\$25,111	8/87 12/87 4 mo.	NIPS	Bernhart	Project delayed by GOP clearance process. Expected start date Nov 1.
26. Pakistan	Design and test alternative field worker supervision	2	\$47,000	? 17 mo.	NIPS	Bernhart	CP prepared for GOP "pre-clearance". Further development pending SA results.
27. Pakistan	Orient FWAs to focus efforts on young, low parity	2	\$41,000	18 mo.	NIPS	Bernhart	CP prepared for GOP "pre-clearance"; on hold until SA study completed.
28. Pakistan	Increasing FWC coverage	1	\$67,000	18 mo.	NIPS PWD	Bernhart	Project idea came out of PWD. Awaits SA results.
29. Pakistan	Increasing PLHD involvement	1	\$67,000	18 mo.	NIPS PWD	Bernhart	Project idea came out of PWD. Awaits SA results.
30. Pakistan	Strengthening mass communication	2	\$82,000	23 mo.	NIPS PWD	Bernhart	Concept paper submitted to USAID and AID/W.
31. Nepal	Evaluate impact of Panchayat based outreach clinic services & nutrition on CPR	4	\$94,870	8/15/87 8/14/90 36 mo.	IDS/CEDPA/ FPAN	Cheema	Project approved. Field work will begin as soon as access to research sites possible.
32. Nepal	Improving FP performance of Govt. hospitals by strengthening outreach and clinical services with special emphasis on sterilization.	1	TBD	TBD	TBD/AVSC	Cheema	Discussions on hold until AVSC has done need assessment scheduled for November.
33. Nepal	Improving IUD acceptance through a systematic follow-up and counselling	3	\$15,634	8/1/87 11/1/87 3 mo.	IDS	Cheema	Proposal under preparation. Mission concurrence obtained for the CP, cable sent to S&T/POP.
34. Nepal	Developing and testing of strategies to improve coverage among three FP/IA supported projects in Nepal.	2	\$55,000	10/1/87 8/1/89 22 mo.	Center for Action Research	Cheema	S&T/POP reviewing CP. Mission and FP/IA concurrence obtained.

Status: 1. Idea 4. Monitor 7. Finished
 2. Concept 5. Evaluate 8. Dropped
 3. Discussion 6. Discontinue 9. Admin

Country	Title	Status	Budget	Duration	Institution	URC Monitor	Comments
35. Sri Lanka	Strengthening Ayurvedic role as FP provider	4	\$34,849	10/1/87 4/1/89 18 mo.	Population Services Lanka (PSL)	Cheema	Project approved. Field work to begin early October.
36. Sri Lanka	Satisfied users as FP motivators for pills and IUDs.	3	\$45,000	10/1/87 1/1/89 15 mo.	FPASL/FHB	Bernhart	FPA reviewing proposal. CP concurred by the Mission.
37. Sri Lanka	Investigate decline in VSC acceptance	2	\$40,000	6 mo.	Sri Lanka AVSC	Bernhart	SLAVSC attempting to recruit qualified research group.

Status: 1. Idea 4. Monitor 7. Finished
2. Concept 5. Evaluate 8. Dropped
3. Proposal 6. Dissemin 10. Admin

PROJECT STATUS: SOUTHEAST ASIA

Country	Title	Status	Budget	Duration	Institution	Comments
1 Indonesia	Improving of Utilization&Self-sufficiency of YKB Clinic(1&2)	7	\$ 16509	08/04/86 12/10/86 4 Mo.	YKB	Project was completed in January 1987. A number of recommendations were made for improving the utilization of self-sufficiency.
2 Indonesia	Factory Based Family Planning An Operations Research Project	3	\$ 112876	10/05/87 04/14/89 18 Mo.	Atmajaya U	Copy of proposal sent to URC/Hon and ST/POP in July. Feedback received from ST/POP and URC/Hon. TIPPS met with project team to explore support for CBA. CTO met with project team and reviewed proposal with URC/Jkt in Sept. CTO concurs with project with explanations. T.A. support of TIPPS still not clarified.
3 Indonesia	Improving screening, referral and follow-up of VS clients	4	\$ 130915	10/01/87 10/16/89 23 Mo.	PKMI	Project was approved by ST/POP in July. URC/Jkt responded to concerns of AID/Jkt in August. CTO and AID/Jkt concurred with project for start-up of Oct. 1, 1987.
4 Indonesia	Improving FP outreach in 3 urban areas of Indonesia	4	\$ 276819	05/18/87 07/17/89 26 Mo.	YKB BKKBN-INT	Baseline survey underway in Bandung and will begin soon in Bogor and Jakarta. Project interventions will start around November 7, 1987.
5 Indonesia	Improving the Participation of Private NMWs in Lampung	3	\$ 27876	10/05/87 10/14/88 12 Mo.	BKKBN Lmp	Proposal sent to ST/POP in July. Concurrence from ST/POP received in Aug. Project site changed from Bengkulu to Lampung, Sumatra. Proposal revised and submitted to USAID/Jkt, BKKBN and ST/POP. CTO visited project site and requested explanations regarding methodology and levels of prevalence.
6 Indonesia	Improving of Utilization&Self-sufficiency of YKB Clinic(3&4)	4	\$ 23113	07/07/87 07/06/88 12 Mo.	YKB	YKB has instituted a number of changes in the clinics. Clinics have started various

Status:

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| 1. Idea | 4. Monitor | 7. Finished |
| 2. Concept | 5. Evaluate | 8. Dropped |
| 3. Proposal | 6. Dissemin | 10. Admin |

Country	Title	Status	Budget	Duration	Institution	Comments
						activities to attract new clients. There has been an overall increase in the number of clients coming for various FP/MCH services.
7 Indonesia	Assessment of Reimbursement Mech. & Cost Analysis of VSC	2	\$ 9893	11/02/87 02/12/88 4 Mo.	PKMI	Plan was developed for funding of consultancies to study operational and financial issues related to VSC costs, reimbursements, and surgical fees. Plan was presented to CTO in Sept. After discussion with PKMI and AID/Jkt, it was agreed to rewrite plan as full proposal and keep budget under \$10,000 to expedite approval process.
8 Indonesia	Evaluation of Norplant	2	\$ 56500	11/16/87 05/15/88 6 Mo.	BKS PENFIN YKB	CTO reviewed the concept paper in September. The proposal is now being written.
9 Indonesia	BKKBN Village FP Program KB Mandiri Pilot Project	3	\$ 210000	11/30/87 01/12/89 24 Mo.	URC	BKKBN is in the process of reviewing Terms of Reference for KB Mandiri Project. Activities covering problem analysis and solution development will begin in October. CTO visited Yogyakarta and held discussions with BKKBN-Provincial officials in September.
10 Philippines	Improving FP Service Delivery System of the IMCCSD Clinic	8	0	23 Mo.	IMCCSD	Project has been put on hold by AID/Manila. USAID will not permit changing of service fee by clinic/outreach workers for USAID subsidized methods.
11 Philippines	Alternative IEC Schemes on AIDS for Hospitality Girls	3	\$ 56452	12/14/87 02/13/89 14 Mo.	PCF	AIDS project team formed in July. Concept paper reviewed by project monitor in Aug. and mini-proposal received in Aug. Project team drafted full proposal in Sept. and sent to project monitor. CTO visited project team in

Status:

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| 1. Idea | 4. Monitor | 7. Finished |
| 2. Concept | 5. Evaluate | 8. Dropped |
| 3. Proposal | 6. Dissemin | 10. Admin |

PROJECT STATUS: SOUTHEAST ASIA

Country	Title	Status	Budget	Duration	Institution	Comments
						first of Oct. to review project proposal
12 Philippines	Health Education on AIDS for High Risk Individuals	3	\$50000	12/14/87 12/13/89 24 Mo.	RITM KABALIKAT	AIDS project team formed in July. Concept paper sent to URC/Jkt and forwarded to ST/POP. CTO visited project team in first of Oct. to review project proposal.
13 Thailand	Improving Contraceptive Prevalence through Village Volunteer	4	\$ 145091	08/15/86 04/14/88 20 Mo.	P.Songkhla U MOPH	Post-intervention surveys of Satun and Surin were started in August. Data entry will be completed by mid-Nov and the project monitor will develop plan for data analysis and report.
14 Thailand	Increasing Contraceptive Prevalence in Low-Performance Areas	4	\$305082	01/01/87 03/31/90 39 Mo.	URC MOPH	Baseline data was entered, analyzed and presented to the MOPH during June-Aug. Contraceptive use was found to be significantly higher in the so-called "low performance" provinces than expected. USAID requested members of the project team to carry out a prevalence survey of all provinces in the Northeast to determine the need for additional FP inputs.
15 Thailand	Testing the Elasticity of Contraceptive Prices in Thailand	4	\$ 244006	04/01/87 09/01/89 30 Mo.	TDRI MOPH	During June through December, the project team has been analyzing CP-3 data and developing the multi-round survey instrument. The number of rounds was decreased, and the number of regions increased from 3 to 4. Questionnaire will be finalized and pre-tested by Nov. Baseline will start in December.
16 Thailand	Community Incentives to Increase Contraceptive Prevalence	8	\$150000		PDA	
				24 Mo.		

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| 1. Idea | 4. Monitor | 7. Finished |
| 2. Concept | 5. Evaluate | 8. Dropped |
| 3. Proposal | 6. Dissemin | 10. Admin |

Country	Title	Status	Budget	Duration	Institution	Comments
17 Thailand	OR Into IEC Strategies for STD Prevention/AIDS	4	\$46615	08/01/87 09/01/88 12 Mo.	PDA	Project started in August. Project team is contacting CSW establishments to determine project design and develop baseline data gathering instruments. CTO visited project in September.
18 Thailand	Study of AIDS Prevention Strategies in a High-risk Populatn.	4	\$4886	08/28/87 04/28/88 8 Mo.	Khon Kaen Un	P.O. finalized and project started in August. Survey of CSWs completed and pre-intervention report finished. P.I. must undertake more in-depth interviews of CSWs.

Status:

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| 1. Idea | 4. Monitor | 7. Finished |
| 2. Concept | 5. Evaluate | 8. Dropped |
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APPENDIX C
COUNTRY STRATEGIES

BANGLADESH

Problem Areas

The present rate of contraceptive coverage is far too low to avert a ballooning population crisis in the most densely populated large country in the world. Additionally, the rate at which contraceptive use has been growing in recent years is too slow to offer hope of early relief. Among the contributing factors are: the desire for large families; among those who do want to adopt a modern method, one-third do not; and, limited coverage -- only half of the currently active users can expect a visit from a program field worker at intervals shorter than six months. A problem that affects program management is that two aspects of the program believed useful in motivating higher use rates may be in conflict with AID policies.

OR Opportunitites

1. Until recently field workers (FWs) were required to meet method specific targets as a condition of receiving their salaries. The existence of those targets raised the potential for overzealous recruiting and they were recently abandoned. No alternative scheme for directing and motivating FW behavior has been implemented in their stead.
2. Payments are currently being made to acceptors of permanent methods and their helpers. It is unclear whether these payments present a threat to the dispassionate decision to adopt a permanent method or whether they influence the rate of adoption at all. They are at the margin of AID policy on voluntarism and free Choice of method. The effect of their removal is unstudied as is the development of alternative avenues to reduce barriers to adoption.
3. Coverage in the rural areas is especially sparse; field workers tend to visit homes in their immediate vicinity and many prospective clients are never visited. NGOs were recently given permission to operate in rural areas; this provides not only expanded resources but also the opportunity to experiment with alternative delivery options.
4. Despite the poor coverage provided by field workers, it appears that primary reliance continues to be placed upon them to alter the high fertility aspirations held by most couples in the country. Little research has been done on the utilization of mass media to promote contraceptive use and a small family norm. At present 75 minutes of broadcast time is allocated daily to family planning messages; it is not known whether the current broadcasts are effective or how they could be made more effective.
5. During 1984 --- thousand women received Copper T IUDs. The effectiveness of those devices is now expiring. No program yet exists for locating those women for counselling, extraction of the device, and possible replacement.

OR Activities

1. Support a project to establish credible indicators of field worker performance that report on the quality of the services provided and are consistent with program objectives. Develop and test a system of rewards keyed to those indicators to determine if the quality and coverage of services can be increased.
2. Gauge the effect of current payments to acceptors and their helpers on demand for VSC services. Develop and test alternatives that reduce access barriers to sterilization services but do not distort the decision making process.
3. Experiment through NGOs with alternative strategies in the organization and management of field workers.
4. Determine the effectiveness of current mass media efforts and test the effect of different messages, time slots, presentations, etc.
5. Determine the approximate number of women who received 1984 implants of the Copper T IUD. Develop and test ways of locating those women.

PAKISTAN

Problem Areas

Pakistan has the highest natural population growth rate of any country in the region and one of the lowest rates of contraceptive prevalence. Although there has been an official (or officially sanctioned) program in Pakistan for nearly thirty years, contraceptive prevalence has only rarely and marginally exceeded 10 of the couples at risk during that period. In response, the program has recently received a sizable injection of resources which have gone primarily for new facilities and additional personnel. Initial indications are that these resources have been partially implemented; it is not known whether those resources that have been implemented are appropriate responses to program needs or whether they are effective in extending services to a manifestly underserved population.

OR Opportunities

1. Define priorities for improvement. In a program that seems to be ridden with as many problems as the PWP, it is difficult to know where to start. Given the heavy agenda confronting program officials to revive a moribund program and their ability to undertake only a limited number of change projects, the first task could be to assist in setting priorities for action. Those priorities would be a function of which problems were most constraining program effectiveness.
2. Establish OR projects in priority areas. After the most constraining problems had been defined, those that are appropriate to OR interventions could be addressed. Possible project areas include:
 - a) Family Welfare Center operations
 - b) Program outreach
 - c) Supervision of operations
3. Strengthen non-government service organizations. Two major NGO activities have emerged recently. One is a social marketing program, the other is an attempt to coordinate and strengthen NGO service providers. Both efforts provide opportunities for OR interventions.

OR Activities

1. Systems analysis of the national program to identify the most pressing constraints on program performance. This analysis could also feed into the planning process if it identified maldistribution of resources.
2. OR projects in the areas identified in activity Pt 1.
3. Assistance to the NGO coordinating group in carrying out OR projects with member organizations, especially in the areas of program outreach.
4. Assistance to the social marketing program in improving pricing, promotion, packaging, and distribution strategies.

INDIA

Problem Areas

Ministry of Health and Family Welfare service statistics convey an optimistic picture of the Indian population program. In 1985- 86, 35 percent of eligible couples were effectively protected by family planning methods. Yet, this overall indicator obscures important variations in acceptance between regions, between methods, and by age and parity of acceptors. The percentage of couples effectively protected ranges from greater than 50 percent in Punjab, Maharashtra, and Haryana, to 20 percent or less in Bihar, Uttar Pradesh, and Jammu and Kashmir. More than 75 percent of those protected are sterilization acceptors. The average age of wife at sterilization acceptance is 30.5, with an average parity of 3.5 living children. Due to these problems, the substantial level of contraceptive use in the country has not had the desired impact on fertility. Despite the 35 percent of couples protected by family planning, Sample Registration Statistics show a decline in the crude birth rate of only eight percent in the past decade.

OR Opportunities

1. Identify the obstacles which lead to low levels of use of spacing methods. Analyze current fieldworker incentives and service delivery systems with the aim of restructuring programs to emphasize spacing methods. Develop method specific IEC and service delivery strategies to promote the use of spacing methods.
2. Develop strategies to encourage contraceptive use among young, low-parity women. Target IEC programs through media sources which reach young people. Emphasize the health and financial benefits of spacing or delaying low parity births.
3. For many years, program managers have been puzzled by the wide variations in contraceptive use between Indian states. Many researchers think that the current structure of the Indian family planning program - which relies heavily on field visits by ANM.s and female fieldworkers - is not replicable in high purdah areas. The habitual clustering of field visits around the fieldworker's home or office seems to be even more pronounced in these areas, as many female workers do not feel comfortable travelling alone to other villages. A study is needed to examine the operational problems present in these areas, and to suggest possible structural changes in the Government program to accommodate regional differences.

OR Activities

1. Support projects designed to identify problems which contribute to the low acceptance of OC's and IUD's in India, and which will develop replicable interventions designed to improve project performance with regard to spacing methods.
2. Support IEC studies which will evaluate current Government IEC programs and design alternative strategies to encourage young married couples to accept spacing methods.

3. Support a study of fieldworker performance and coverage in low performance states. Design alternative strategies to improve fieldworker coverage given existing cultural constraints.
4. Support studies which will identify other OR problems which lead to low levels of contraceptive use in certain Indian states. Develop interventions to streamline family planning program efforts and improve IEC activities in those states. Field-test practical solutions which will lead to improved program performance

NEPAL

Problem Areas

Despite Government program efforts, well below 10 of the eligible women in Nepal are current users of contraceptives. Patterns of method mix of acceptance show a disturbing trend toward acceptance of the least effective and most temporary methods. 58 of the new acceptors in 1984/85 accepted condoms, 21% oral contraceptives, 18 sterilization, 2.7 depo-provera, and only 0.2 IUD's (Govt. of Nepal, 1987). Because family planning fieldworkers are given targets for new acceptance which they are supposed to meet, there is some question as to whether all of the couples reported as condom acceptors are really regular users of the method.

Problems of distribution of contraceptives are exacerbated by the inaccessibility of much of the population, who live in remote mountain villages not connected to the rest of the country by modern transportation systems. Although family planning centers exist in most districts, program officers face severe problems in communication, accessibility of the population to service centers, and provision of adequate medical services in remote areas. Due to the wide variations in terrain and accessibility by region, there is a pressing need to design service provision systems which will be effective in each region.

OR Opportunities

1. Improve fieldworker performance by establishing better selection, training, supervision, workplan, and record keeping systems. Modify target systems and develop strategies to make fieldworkers more accountable for the use of contraceptives that they distribute. Develop strategies which will effectively incorporate community level volunteers into the family planning service structure.
2. Design regional strategies for the provision of family planning and health services, which will take into account regional variations in topography, transport and Communications, as well as regional cultural differences. The aims of this would be both to increase the effectiveness of current efforts, and to expand FP coverage to reach more remote areas.
3. Institutionalize the provision of family planning services in existing regional Government hospitals. Design more effective outreach systems for provision of oral contraceptives and condoms, improve referral networks to encourage acceptance of sterilization and IUD's.
4. Develop strategies to improve efficiency and performance in NGO CBD projects. Assist in developing successful and cost-effective programs which can be used as a model in future expansion of services.

OR Activities

1. Support a systems analysis of fieldworker performance in several areas of rural Nepal. Identify problems which inhibit fieldworker efficiency, and design interventions to solve those problems. Identify areas of potential collaboration between Government health workers and community volunteers.
2. Support an in-depth study to examine the strengths and weaknesses of the Government program structure as it is implemented in a variety of different topographic regions. Identify the types of operational systems which work best in which contexts. Develop appropriate strategies for resource allocation, management, decision-making, and organizational infrastructure for service delivery at the regional, district, and Panchayat levels for each of the major topographic regimes. Develop strategies to increase regional FP coverage and to effectively reach remote villages.
3. Support a project to identify the most cost-effective ways to implement and structure FP/MCH service systems in regional Government hospitals. Develop and test effective referral and follow-up linkages between hospitals and fieldworkers to make it easier and more convenient for clients to accept IUD's or sterilization.
4. Support OR research designed to evaluate and improve the efficiency of CBD projects. Develop successful solutions to operational problems which can be utilized by NGO managers in improving the performance of CBD programs.

SRI LANKA

Problem Areas

The Sri Lankan program enjoys a high rate of contraceptive use but two major problems have emerged in the past three years. The first is the steady and rapid decline in VSC acceptors; the number of total acceptors has dropped by one-third in each of the past two years. The second problem is the flight of users of modern temporary methods to traditional ones; more couples are abandoning modern methods for traditional ones than the reverse. The move to less reliable methods is compounded by widespread misbeliefs concerning reproductive physiology and the "safe" period of the ovulatory cycle.

OR Opportunities

1. The reasons for the drop in VSC acceptance are not known. Many hypotheses have been put forward but they have not been evaluated in a comparative manner which would aid policy makers and program managers to determine which remedies justify experimentation. There is a clear need to establish the causes of the decline in VSC acceptance and to test responses to it.
2. Recent data indicate that a surprisingly high percentage of acceptors of all methods report complications or side effects from method use. This may have a bearing on both problems. In that there is no hard evidence to support the belief that the method related problems are more severe in Sri Lanka, the basic issues appear to be those of changing perceptions and expectations. The OR opportunity presented here is to develop or strengthen components within the national program that directly address the negative perceptions that have grown up around method use, particularly the use of modern temporary methods.

Country Strategies

OR Activities

1. Support an investigation into the factors behind the decline in VSC acceptance. Work through the SLAVSC if that organization can demonstrate the capacity to conduct the research as well as implement appropriate experiments.
2. Follow up on an earlier OR study which used satisfied acceptors to provide reassurance to other couples. The earlier study was not adopted by the national program and the current Minister has stated strong interest in replicating the study and improving upon the model.
3. Determine why a high percentage of Ayurvedics (independent paramedics) have not applied their training in family planning and have ceased offering FP services. Presumably these individuals are credible service providers whose endorsement of contraceptive methods would boost acceptance and continuation and who could extend services to currently underserved populations.