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**EVALUATION OF THE AFRICA
OPERATIONS RESEARCH/TECHNICAL
ASSISTANCE PROJECT**

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Fieldwork
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Glossary

A.I.D.	Agency for International Development
A.I.D./W	Agency for International Development, Washington
ABSF	Association Burkinabe des Sages-Femmes
ACNM	American College of Nurse Midwives
AIBEF	Association Ivoirienne pour le Bien-être Familial (Côte d'Ivoire)
AIDS	acquired immunodeficiency syndrome
AMREF	African Medical and Research Foundation (Kenya)
ARFH	Association for Reproductive and Family Health (Nigeria)
ASBEF	Association Senegalaise pour le Bien-être Familial
ATBEF	Association Togolaise pour le Bien-être Familial (Togo)
AVSC	Association for Voluntary Surgical Contraception
AZBEF	Association Zairois pour le Bien-être Familial
BIT	Board of Internal Trade (Tanzania)
CA	Cooperating Agency
CBD	community-based distribution
CDC	Centers for Disease Control
CEDPA	Center for Development and Population Activities
CERPOD	Center for Research on Population and Development
CHAK	Christian Health Association of Kenya
CIS	Computer Information Systems, Ltd. (Zimbabwe)
CTO	cognizant technical officer
CYP	couple year of protection
DFA	Development Fund for Africa
DFH	Division of Family Health (Kenya)
DFMH	Division of Family and Mental Health (Cameroon)
DHS	Demographic and Health Surveys (project)
DSF	Directorate of Family Health (Burkina Faso)
EPI	expanded program of immunization
FISA	Family Planning Association of Madagascar (Fianakaviana Sambatra)
FLAS	Family Life Association of Swaziland
FPAK	Family Planning Association of Kenya
FPMD	Family Planning Management Development (project)
FPPS	Family Planning Private Sector (project — Kenya)
GTZ	Association for Technical Cooperation (Germany)
HBED	Health Behavior and Education Department
HPN	health, population and nutrition
IEC	information, education, and communication
INOPAL	Operations Research in Family Planning and Maternal-Child Health for Latin America and the Caribbean (project)
INTRAH	Program for International Training in Health
IPPF	International Planned Parenthood Federation
IRD	Institute for Resource Development (Macro Systems, Inc)
ISSA	Integrated System for Survey Analysis
JHPIEGC	Johns Hopkins Program for International Education in Reproductive Health
JIRAMA	Jiro Sy Rano Malagasy (Madagascar)

JSI	John Snow, Inc.
KAP	knowledge, attitudes, and practices
KATH	Komfo Anokye Teaching Hospital, Kumasi (Ghana)
MOH	Ministry of Health
MOHSA	Ministry of Health and Social Action (Burkina Faso)
MORE	Maximizing Results of Operations Research (project)
NCC	Nairobi City Commission (Kenya)
NCPD	National Council on Population and Development (Kenya)
NGO	non-governmental organization
ODA	Overseas Development Administration (U.K.)
ONAPO	Office National de la Population (Rwanda)
OR	operations research
OR/TA	Operations Research/Technical Assistance (project)
OYB	operating year budget
PCS	Population Communications Services (project)
PHC	primary health care
POPTECH	Population Technical Assistance (project)
PRICOR	Primary Health Care Operations Research (project)
PSND	Project des Services des Naissances Desirables (Zaire)
PSRI	Population Studies and Research Institute (Kenya)
PVO	private voluntary organization
R&D/POP	Bureau for Research and Development, Office of Population
REDSO	Regional Economic Development Services Office
RFP	request for proposals
SCF	Save the Children Federation (Gambia)
SDP	service delivery point
SEATS	Family Planning Service Expansion and Technical Support (project)
SIDA	Swedish International Development Authority
SOMARC	Social Marketing for Change (project)
TBA	traditional birth attendant
TOHS	Tanzania Occupational Health Services
UMATI	Tanzania's family planning organization
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development (mission)
UTH	University Teaching Hospital (Senegal)
ZNFPC	Zimbabwe National Family Planning Council

Project Identification Data

Project Title: Africa Operations Research/Technical Assistance Project

Geographic Focus: Africa-wide

Project Number: 936-3030

Project Dates:

Agreement Signed: August 1988
End Date: August 1993

Project Funding:

Authorized Life-of-Project Funding: \$16.8 million

Mode of Implementation:

Contract with the Population Council

(Part of the global Strategies for Improving Service Delivery Project (936-3030): total funding, \$44,642,000; duration, August 1988 - September 1996.)

Executive Summary

Summary of Contractor Performance

The Africa Operations Research and Technical Assistance (OR/TA) Project, implemented by the Population Council, continues the Agency for International Development's (A.I.D.) two-decade commitment to operations research. Since its inception in 1988, the project has carried out more than 60 subprojects in 16 countries, exceeding the number of activities stipulated in its contract. Overall, implementation of the project has been of high quality. Subprojects had significant policy relevance, both at national levels and for broader international audiences. The project staff was resourceful in identifying subproject opportunities, responding to host country and USAID mission interests and concerns.

In carrying out subprojects, the Population Council collaborated with national and regional institutions in both the public and private sectors. Activities were frequently developed or implemented with other Cooperating Agencies (CA) in the field. Collaboration with International Planned Parenthood Federation (IPPF) affiliates was particularly notable.

Technical assistance (TA) provided by both core staff and resident advisors was timely, fully collaborative, and generally of high quality, a view shared by both USAID missions and host country institutions. This is an important part of the OR process, although the demand for TA, and the type provided, varies as a function of the maturity and quality of local programs. There were several subprojects, however, that would have benefited from more frequent and more intensive technical assistance and supervision by Population Council staff.

Major Project Achievements

The project has successfully built on experiences of prior OR activities funded by A.I.D.'s Bureau for Research and Development, notably in adapting the PRICOR Thesaurus approach for service diagnostics in developing the situation analysis and in capitalizing on groundwork laid in host countries by Columbia and Tulane Universities in previous OR contracts. The standardization of the situation analysis methodology is a significant contribution to helping program managers improve service delivery and the quality of care offered to clients.

Subproject results indicate that OR remains an important way to introduce and test the feasibility of various approaches to service delivery in new contexts, particularly with respect to integrated health programs and workplace-based programs.

Overall, with about half the subprojects completed, the OR/TA project appears to be accumulating a fairly impressive record in terms of impact. The project has already begun to leave a legacy of qualitative change, documented in revised procedures, upgraded training, and different supervision strategies, in several of the countries where it has had subprojects. Likewise, if programs proceed as currently indicated, it is likely that services will expand in several countries as a result of subproject activities. Finally, as a result primarily of training and technical assistance, the project has begun to institutionalize OR capabilities in several countries, with individuals and institutions having developed

the in-house capacity to carry out OR. In addition to this kind of impact, the project has also had a broader impact on the field of family planning OR, mainly through the development or revision of materials and methodologies.

Lessons Learned

This project has provided a number of insights on OR. It has shown that situation analyses, which provide a comprehensive assessment of the functioning of family planning subsystems, are useful in helping program managers improve service delivery and the quality of care. Likewise, it has illustrated that OR is most successful when carried out as an iterative process, with successive stages of problem identification, solution testing, results assessment, modification, and then a return again to test the success of the modifications. The project has also demonstrated that, although OR is extremely important in introducing new family services in the face of opposition, it can be a more effective refining tool under conditions in which the potential is good for following up findings to effect change. Such conditions exist when

- national programs are established with a comprehensive strategy, implementation plan and institutional structure;
- family planning programs are dynamic and growing and actively looking for ways to expand and improve;
- the institutional structure of the family planning program permits effective utilization of results; and
- donor financing and interest actively support implementation of alternative delivery approaches and improvements in established service delivery systems.

Recommendations for Final Project Year

As the project enters its fifth and final year, the majority of activities have already been programmed. The mix of activities planned is appropriate, although no new subprojects should be undertaken during the remaining term of the contract, except for activities that contribute directly to the country strategies in the Office of Population priority countries (specifically, Nigeria, Kenya and Tanzania).

Special attention should be given to ensuring analysis of data collected in on-going and planned situation analyses and using the data to identify interventions and follow-on research activities to address problems.

The recently established dissemination unit in New York should undertake special efforts to communicate study results and information about follow-up activities to interested constituencies, particularly within the Office of Population.

The OR/TA staff should continue with plans for a regional end-of-project conference, using as a possible model a similar conference sponsored by the University Research Corporation in Singapore in 1990.

The monograph summarizing studies and results should be written and should consist of cross-national analyses of a limited set of critical issues, such as the experience with community-based distribution,

involvement of males in family planning, quality of care, service delivery by traditional birth attendants, underutilized methods, and integration of family planning and other health activities (e.g., AIDS and the expanded program of immunization).

A user-friendly guide should be prepared to facilitate analysis of data collected through the situation analysis methodology. This would be a companion volume to the recently published *Guidelines and Instruments for a Family Planning Situation Analysis*.

Future Directions

Separate OR Project

Foremost, the needs of newly emergent African family planning programs indicate that there should continue to be a separate Africa OR project. The goals of the project would include expansion and improvement of service delivery systems in new country contexts. This would be accomplished both by carrying out research and implementing program changes and by providing technical assistance. To the extent feasible, this project could also participate in joint subprojects with other CAs, including evaluating activities and conducting programmatic research meeting other CAs' needs.

Country Selection and Subproject Activities

The OR project should be permitted to carry out activities in both Office of Population priority and non-priority countries in Africa, although the approach will differ. In priority countries, OR activities should be developed and implemented as part of country plans. In the non-priority countries, the approach to be followed in project development and implementation should be flexible so as to support national programs and respond to the level of institutional development and strategies being pursued.

The divisions of the Office of Population should assess their research needs and priorities, and as relevant, include them in strategic country plans being developed. To the extent that the research needs can be addressed through OR, divisions should make their needs known as the request for proposal for the follow-on OR project is developed.

Where possible, OR activities should concentrate their efforts and support an iterative process including diagnosis, problem-identification, testing of solutions, and reassessment to identify success of solutions, etc.

The number of subprojects should be de-emphasized even further, and more emphasis should be placed on provision of technical assistance, not necessarily connected to specific subprojects.

Experimental designs should be used sparingly; they are most appropriate when there are two or more legitimate and equally plausible interventions to be compared. Whenever possible, more than one setting should be selected for each intervention or the whole study should be replicated elsewhere so that if an unexpected threat to the design occurs, the study question can still be answered.

The Office of Population and the contractor should develop mutually agreeable means of documenting technical assistance (e.g., periodic reports in addition to regular trip reports). Special attention should be given to routinely documenting the activities of resident advisors.

Staff and Structure

The headquarters of the Africa OR project should be based within commuting distance of Washington, D.C., with staff including at least the director, and two to three associates, as well as necessary administrative staff. In addition, there should be regional offices located in East and West Africa, headed by deputy directors, and including technical project staff. Resident advisors should continue to be utilized where appropriate.

The technical skills for the OR project should include both family planning program management expertise and service delivery skills, in addition to the current mix of social sciences research capabilities, family planning and public health, communications, and computer applications.

Dissemination, Collaboration, Institutionalization

Although there are many constituencies for OR, the most important should be the national family planning programs and the USAID missions, with the understanding that the OR staff will work collaboratively with local CAs and will continue to disseminate information and results globally.

The project should continue to emphasize the dissemination of OR findings and experience, through diverse means including newsletters, manuals, papers presented at conferences and published in recognized journals, workshops and conferences. The staff should include one or two members who are skilled in dissemination.

A need continues for institutionalizing local capacity to carry out OR, although it is acknowledged that this is a time- and labor-intensive process. As skills develop, the model of the OR network in Nigeria may be applied in other contexts.

1. Introduction

1.1 Project Overview

The Africa Operations Research and Technical Assistance Project (Africa OR/TA), implemented by the Population Council, began in 1988. The project is one component of a larger umbrella project, Strategies for Improving Service Delivery, which also includes support for operations research (OR) activities in the Asia and Near East and the Latin America and Caribbean regions. The project builds on a 20-year history of support for OR by the Agency for International Development (A.I.D.) in both the population and health sectors. The Africa OR/TA project follows in the tradition of earlier work in Africa undertaken by Columbia, Tulane, and the Johns Hopkins Universities.

Through the Africa OR/TA project, A.I.D. continues its efforts to meet the need for family planning by promoting the development of services and improving the quality of existing services, increasing access, improving availability of underutilized methods, and targeting special groups. This is done by carrying out research appropriate to host country needs, by disseminating the research results nationally and internationally, and by providing TA to solve problems and to use research results. At the same time, efforts are made to institutionalize local capacities to carry out operations research.

This five-year, \$16.8 million dollar contract is scheduled to conclude in August 1993. The present evaluation is being undertaken both to assess the performance of the current contract and to make recommendations to guide activities for the final year of the project and to offer suggestions for the preparation of a follow-on project.

1.2 Purpose of Evaluation

The purpose of this evaluation, as described in the scope of work for this assignment, is "to assess the lessons learned during the current Africa OR/TA contract with regard to:

- a. the development of the research agenda
- b. the process of research implementation
- c. the major research findings of the project
- d. utilization of OR results, and
- e. the institutionalization of OR capacity

with the ultimate goal of evaluating the impact of the project on the improvement of family planning services in Africa." (See Appendix A: Evaluation Scope of Work.) The assessment is also intended to offer recommendations concerning the design of a subsequent operations research project in Africa.

A management review carried out in January 1992 (Way, 1992), soon after the end of the third year of the project, determined that the contractor had already met and exceeded the number of operations research projects and TA activities specified in the contract. Thus, the current evaluation focuses primarily on assessing the effectiveness and quality of the activities undertaken. Additionally, the evaluation considers the appropriateness of the project design, as specified in the project

document, the management of the project by the Bureau for Research and Development/Office of Population/Research Division (R&D/POP/R), and the implications of A.I.D.'s priority country strategy for future project design.

1.3 Evaluation Methodology

The evaluation team drew data from four principal sources: document reviews, interviews, USAID mission cables, and site visits to five African countries where OR/TA activities have been carried out. A list of persons interviewed and a bibliography of documents reviewed are attached as Appendices B and C, respectively. The team also examined many of the project reports, manuals, and papers listed in Appendix D.

Interviews were conducted with Population Council staff from its headquarters in New York City and the regional offices in Nairobi, Kenya and Dakar, Senegal. The team met with USAID staff in each country visited, project directors in collaborating organizations, and project counterparts in local ministries of health. The evaluation team also conducted interviews, in person or by telephone, with staff of many Cooperating Agencies (CA) with which the OR/TA project collaborated.

Fieldwork for the evaluation took place between August 10 and September 4, 1992. During the first week, three members of the team (Adamchak, Horn, Williamson) worked in Washington, D.C., reviewing documents, interviewing A.I.D. staff, and contacting relevant CAs. They also were briefed by two project staff members from the New York office of the Population Council. The entire team (including Neuse) assembled in Nairobi, Kenya, to meet staff of the project headquarters. Field visits to Kenya, Tanzania (Neuse and Williamson), Burkina Faso, Mali, and Senegal (Adamchak and Horn) were made during the period of August 14 to 28. The team visiting West Africa was also able to interview the director of the Division of Family and Mental Health of the Cameroon Ministry of Health (MOH) about activities in that country. A final week was spent in Washington, preparing the report, conducting additional telephone interviews, and briefing R&D/POP staff on evaluation findings and recommendations.

1.4 Prior Evaluations

Two recent documents, one general and one specific, provide the context for this evaluation. In 1988, A.I.D. commissioned an historical evaluation of its operations research program (Williamson, 1988). The review targeted major points for improvement of the program, and for this present evaluation, provides a jumping off point from which to assess change, both on the part of A.I.D. and of the contractor.

The other, the management review carried out at the end of the third year of the contract (see Section 1.2), was specific to the Africa OR/TA project. Because this present evaluation follows so closely on the heels of that review, it has deferred to the supporting document on some issues (project performance relative to stipulated deliverables, for example) which were well covered in the previous document.

Both documents are summarized below.

1.4.1 1988 Operations Research Program Evaluation

Findings

The 1988 evaluation of the worldwide OR program (Williamson, 1988) included three key components: an assessment of the first three years of the program under the then current project paper; a comparison of the program with the prior decade of OR experience; and recommendations for future A.I.D.-supported OR activities.

The evaluation found that the objectives of the OR program had remained constant over the previous 15 years, namely, "to provide TA and financial support to developing country family planning programs to improve their service delivery through . . . subprojects that diagnose existing service delivery problems; to try new approaches to service delivery; and to collect and make available information useful for improving service delivery" (p. vi). These general objectives still apply to all the regional projects of the OR program today.

Performance

Over time, the OR program, including the Africa OR/TA project, has *diversified* the types of subprojects it has supported. The first major change is that it has moved away from its original emphasis on establishing and evaluating rural household and community-based distribution (CBD) of pills and condoms to looking at a broader range of services delivery approaches (clinics, factories and activities in direct support of national family planning programs such as improved management, training, logistics, supervision and information systems). The second change is that research design has moved from an emphasis on testing whether a given activity can work in a new context to analyzing where problems lie in existing programs. Specifically, early on, most projects used experimental or quasi-experimental designs. As implemented by the Africa OR/TA project, the program now contains an increasing number of diagnostic or evaluation studies, especially situation analyses (see Section 2.4.1).

The orientation of the worldwide OR program has become more *localized* so as to be in a better position to meet country needs for improving family planning service delivery. The Africa OR/TA project has continued this trend by creating two regional offices (Nairobi and Dakar), by stationing its project director in the field, and by hiring several resident advisors (Zaire, Mali, Nigeria, and Burkina Faso). Some of the Africa OR/TA work has been supported by USAID mission buy-ins (e.g., Mali, Zaire, Burkina Faso, and Kenya), indicating field support for this centrally funded project.

Several suggestions of ways to improve the OR program made in 1988 have been important for the implementation of the current project:

- Institution Building. The Africa OR/TA project has emphasized and fostered *institution building*, notably among researchers in Nigeria and with the Center for Research on Population and Development (CERPOD) in Mali, a regional center engaged in a wide range of research and training activities in francophone Africa. In other countries, the ministries of health have been the major recipients of institutional strengthening in OR and in general have increased their OR capabilities.

- **Dissemination.** In order to improve *dissemination* within the Africa OR/TA project, a staff person was reassigned from Kenya to New York to be responsible for dissemination activities. In addition to project reports and summaries, manuals, and other products, the project publishes a newsletter, "African Alternatives," and distributes one-page "Updates" of subprojects in progress. The Population Council was asked to carry on some of the work previously done by the Maximizing Results of Operations Research (MORE) project, notably maintaining and distributing an OR subproject database. Additional information will become available during the final year of the project.
- **Number of Subprojects.** The *number of subprojects* has remained an issue for the current project since the contractor has been overly concerned with fulfilling (or exceeding) the number of subprojects specified in the project document. In retrospect, it appears that the Africa OR/TA project undertook too many small projects and isolated activities, a view shared by project staff and A.I.D./Washington.
- **Technical Assistance.** In response to A.I.D./Washington's earlier concern about insufficient TA, provision for non-project-associated TA that does not require testing solutions in the field was explicitly included in the Scope of Work for the Africa OR/TA project. This has given project staff greater flexibility in carrying out field work and has legitimated the role of TA.

1.4.2 Third Year Management Review

Findings

At the end of the third year of activities, a management review of the OR/TA project was undertaken to consider progress towards achieving project objectives. That review determined that the project had been very successful to date, supporting OR/TA activities in 16 countries. At the time of the review, about half the activities involved quasi-experimental designs and the remainder were diagnostic and evaluation studies. The review highlighted the major contribution made by the project in the development of the situation analysis methodology. Because progress towards achieving objectives was excellent, the review focused on the future and made the following two major recommendations:

- Any further subproject development should center on activities that will enhance the broader application of findings of ongoing projects, and should focus on Office of Population priority countries, including Kenya, Tanzania, and Nigeria.
- Project staff should continue their efforts to facilitate greater dissemination and utilization of OR subproject findings.

Performance

As recommended, the Population Council has limited new subproject activities for the final two years of the project. Of 15 subprojects started in late 1991 or 1992, or planned for 1993, 9 are being carried out in the three priority countries: Nigeria (5), Kenya (2) and Tanzania (2). Of the 6 remaining subprojects, several were in the pipeline at the time the management review was carried

out. One responds directly to a USAID mission request for baseline data to support bilateral activities (Senegal situation analysis), and one, a study of lessons learned from CBD experience in Africa, will result in a monograph.

In keeping with the recommendation in the 1988 program evaluation (see Section 1.3.1), the Africa OR/TA project reassigned a staff member from the regional office in Nairobi to headquarters in New York City where he will head a new inter-regional OR dissemination unit. In addition to supervising publication of project documents, this associate is assuming major responsibility for planning the one-day operations research conference to be held in conjunction with the 1992 annual meeting of the American Public Health Association, and will play a key role in organizing a regional conference scheduled for the final year of the project. The project also hired a communications officer, posted in the Nairobi office.

2. Performance of Africa OR/TA Project

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2. Performance of Africa OR/TA Project

2.1 Project Scope of Work

The Africa OR/TA project was initiated in FY 1988 as part of the global Strategies for Improving Service Delivery umbrella project (936-3030). The five-year, \$16.8 million contract was awarded to the Population Council in August 1988. The contract scope of work specified that the purpose of the project was to apply operations research in order to develop cost-effective ways to better satisfy the desire for family planning services in Africa by

1. Promoting the development of family planning services;
2. Increasing access to family planning services and supplies;
3. Increasing the availability and use of underutilized contraceptive technologies;
4. Improving the operations of programs to make them more efficient and sustainable;
5. Improving the quality of existing services; and
6. Providing more acceptable services to special population groups.

To achieve these objectives, TA was to be provided to African agencies in order to

1. **Identify family planning OR opportunities that meet African regional- and country-specific service delivery needs**, by collaborating with A.I.D., public and private family planning service and research organizations, international donors, and CAs. Identification of OR opportunities would emerge from the need to test a new service delivery system or a specific component. In some cases, diagnostic studies would be conducted to identify constraints in the current service delivery system. Specific OR activities were to address A.I.D. population policies and priorities, country development needs, local agency interests, broader policy implications, potential impact of the proposed intervention, and the unmet demand for family planning in francophone Africa;
2. **Prepare between 30 and 40 OR subproject protocols** by working closely with collaborating organizations;
3. **Implement research designs and, as appropriate, family planning and maternal and child health service delivery activities**, by providing ongoing TA in all phases of research design and implementation, as well as application of research findings for program improvement; and
4. **Disseminate OR methodologies and subproject results in-country and in Africa**, by assisting host country agencies to analyze research findings, write progress and final reports, formulate policy conclusions, and disseminate results; organizing two regional OR conferences during the last quarter of the project; developing a mailing list database for the distribution of OR materials; preparing an OR monograph during the last year of the project that summarizes the studies and results achieved; and editing and reprinting the Population Council's *Handbook for Family Planning Operations Research Design*.

The total estimated cost of the Africa OR/TA contract is \$16,843,210. The primary source of funding for this contract was R&D/POP/R; however, USAID missions have also provided funding for specific activities in which they had a special interest. Obligations as of June 1992 totaled \$16,654,000. Of this amount, \$14,354,000 was provided by R&D/POP and the remainder represented buy-ins from the missions. R&D/POP has also supported two University of Michigan Population Fellows in the Dakar Regional Office.

2.2 Description of Accomplishments

Overall, the Population Council has made excellent progress in carrying out the requirements in the contract scope of work, despite difficulties encountered in obtaining approvals to open regional offices and political instabilities in several countries, most notably Zaire. The OR/TA project also went through several (four) changes of the cognizant technical officer (CTO), but working relations between the project staff and A.I.D./W have been uniformly excellent and characterized by a high degree of professionalism.

By the end of the fourth year, the OR/TA project had met or exceeded most of the major project objectives (see Appendix E). Several other important activities, including two regional conferences and preparation of a monograph, are scheduled for the final year of the project.

In identifying family planning OR activities, project staff have made visits to 22 countries in sub-Saharan Africa. A total of 67 subprojects have been developed, of which 32 are complete, 30 are ongoing, and the remaining 5 are still in the proposal stage. These projects have been implemented in 16 countries, slightly more than half in francophone countries in keeping with one of the priorities of the contract. Preference was also to be given to private sector activities, which resulted in more than 40 percent of subprojects being initiated with non-governmental organizations (NGO), private voluntary organizations (PVO), and private firms. (See Appendix F for a complete listing of subprojects. In this report, subprojects are usually referred to by number rather than by name.)

With respect to subproject themes, the 67 subprojects fall roughly into three categories, with about equal emphasis on each:

- **Community-Based Distribution.** Almost one-third of the subprojects continue to focus on CBD systems, both large- and small-scale. This follows in the long-standing OR program tradition of investigating the feasibility of community-based distribution of family planning services (see Section 1.3.1).
- **Clinic Functioning.** Another third of the subprojects, including all the situation analyses, focused on clinic functioning. These studies were diagnostic or experimental or they involved the provision of TA not directly related to a prior research effort.
- **Other.** The remaining third of the subprojects included private sector activities, workshops, institution-building efforts, and preparation of guidelines and handbooks.

With respect to subproject type, the breakdown is as follows:

- Nearly half of the subprojects (32) are classified as diagnostic or evaluation studies, which attempt to define the nature of problems affecting service delivery or to examine long-standing family planning programs or activities. Among these are eight situation analyses with one more, in Senegal, planned. Situation analysis focuses on factors, such as availability, functioning, and quality of family planning activities, to provide information managers need to improve service delivery.
- Another 24 are classified as experiments, or field intervention studies, which test approaches to overcoming a service delivery problem.
- The remaining 11 are nearly evenly divided between workshops to develop or refine OR skills (6) and TA activities (5).

In addition to the individual subproject activities focused on TA, resident advisors in Burkina Faso, Mali, Nigeria, and Zaire implement studies and provide TA (see Section 2.4.4 below).

To date, the project has published complete final reports for 16 subprojects. Condensed final reports have been prepared or are soon to be available for more than half of these, allowing a rapid overview of subproject activities and results. The project also publishes a newsletter and has issued 17 "Updates" of ongoing projects. The project staff have also been active in disseminating research findings to professional audiences. More than 30 papers have been presented at conferences and seminars worldwide, published in peer-reviewed journals, or appeared as book chapters. More than a dozen others have been drafted.

Specific details of the project activities and accomplishments are discussed in the remainder of this chapter and in Chapter 3.

2.3 Development of the Research Agenda

The research agenda of the Africa OR/TA project reflects the global concerns of family planning service delivery, namely non-clinical means to provide services (CBD, workplace distribution) and quality of care, as well as a number of cross-cutting issues that can be addressed through CBD or clinic-based projects, including increasing use of underused methods, male involvement, and relationship with AIDS. Within this broad orientation, country-specific activities were tailored to meet prevailing needs, interests, and resources.

2.3.1 Process of Identifying Subprojects

In order for OR subprojects to be directly or indirectly useful in improving service delivery, they must address the right questions. Research questions for the Africa OR/TA project originated from many sources including USAID missions, the Regional Economic Development Services Offices (REDSO), national family planning offices or ministries of health, research priority and proposal development workshops, follow up from work done by Columbia University and Tulane University under the previous OR projects, research needs of International Planned Parenthood Federation (IPPF)

affiliates, CAs or other service delivery organizations, opportunity visits by contractor staff, (which match project skills and capacity with local family planning needs), and outcomes of situation analyses.

Collaborating institutions were selected based on several criteria, including local need, capacity to carry out OR, and willingness to carry through with results of the research.

For some countries, virtually all strategies of project development were used (see Appendix F). For example, in Kenya the development of the contraceptive guidelines wallchart and reference manual, *Family Planning Policy Guidelines and Standards for Service Providers* (#14), the evaluation of the Family Planning Private Sector (FPPS) project (#18), and the appraisal of the role of CBD in the Kenyan family planning program (#28) were undertaken at the request of USAID/Kenya. The situation analysis for the Kenya Ministry of Health (#23), the male involvement study for the Family Planning Association of Kenya (FPAK) (#24), and the study of traditional healers with the African Medical and Research Foundation (AMREF) (#21) were undertaken in response to requests by the respective organizations. The situation analysis of the Nairobi City Commission (NCC) clinics (#27) was requested by the NCC and Pathfinder International. Several proposals were developed in response to findings of the situation analysis (#23), including the studies on waiting time, missed opportunities for information, education, and communication (IEC), and voluntary surgical contraceptive referrals (#17, #20, #22).

In contrast, the initial projects undertaken in Tanzania were selected following an opportunity visit during which a list of possible topics and agencies with which to work was developed. Final selection of projects with the Board of Internal Trade (BIT) clinic (#50 and #51) and the Tanzania Occupational Health Services (TOHS) (#49) was governed both by the interest of the Population Council in developing projects related to the private sector and the then limited capacity of the public sector to undertake such projects. The role of USAID/Tanzania was relatively minor in this case, as the Health, Population and Nutrition (HPN) officer arrived only in January 1991, almost midway through the contract period. Similarly, both the National Family Planning Program and the Family Planning Unit of the MOH had relatively little input at the time the projects were developed, because both the program and the unit were themselves just being established. They are, however, directly involved with the ongoing situation analysis (#48) and view this activity as being more relevant to national needs.

The three research activities undertaken in Mali under Phase II of the Family Planning Social Marketing and Community Based Distribution subproject (#34a, 34b and 34c) were identified through a process of consensus-building with the relevant organizations participating in family planning activities in the country. A round table discussion was held, with representatives of the Ministry of Health Division of Family Health and Direction of Social Affairs, the National Institute for Research on Public Health, the People's Pharmacy of Mali, the Social Marketing for Change (SOMARC) project, and the Population Council in attendance. Research interests were prioritized by their short-, medium- and long-term importance, and three short-term topics were selected for investigation.

The situation analyses are proving to be important both as a means to suggest further research (as in Kenya) and as a quick way to identify interventions and opportunities for TA to improve programs (Nairobi, Burkina Faso — see below in Section 4.5 — and probably in Senegal [#44], where the situation analysis is being undertaken for the express purpose of targeting interventions for previously selected clinics).

The proposal development workshops have been most productive in developing useful OR projects when they have been directly undertaken, as they were in Kenya, as a means to follow up problems identified through situation analyses and diagnostic studies. Nevertheless, their training function remains important, as the participating researchers gain some awareness of the utility of OR and they are able to refine their knowledge in carrying out funded research rather than be limited only to an academic exercise. The workshops also provide an opportunity to offer "training of trainers," as they are implemented in collaboration with local institutions such as CERPOD that can conduct similar workshops independently in the future.

2.3.2 Relevance of Topics Selected

Relevance of the topics selected for research or the types of TA offered can be defined in two ways: whether they are relevant to the needs of the audience, i.e., the requesting agencies or potential users of the research results; and whether they are appropriate, given the contractual guidelines of the project — i.e., whether they address a crucial issues such as introduction of new contraceptives, the relationship of family planning to AIDS, gender issues, quality of care, impact of family planning on women, and ineffective use of methods.

By and large, potential users found the subproject activities undertaken by the Population Council relevant. A review of the projects completed or under way at the time of the evaluation shows that more than two-thirds have high policy relevance, either by responding to immediate national needs or by investigating local applications of previously tested means of service delivery. CBD projects in both Mali (#34 and #35) and Cameroon (#5) are cases that are relevant by both standards. The remaining subprojects were considered not to be directly relevant to family planning policy; these included activities to improve management information systems, secondary data analysis, and several evaluations.

Some subprojects asked important questions: for example, Cameroon (#6): Will male involvement facilitate promotion and delivery of family planning services? Kenya (#17): How can the long waiting times be reduced? Madagascar (#30): How can IUD acceptance be increased? Others considered important topics but may have asked questions grounded on certain assumptions that themselves had not been tested or proven in that particular context. To cite two examples, in subproject #24 (Kenya, male involvement), the question being asked was whether it was better to have male CBD agents, female CBD agents, or a mix of each. More basic questions would have included an inquiry into the best way to foster male involvement and/or a study of the impact of male involvement on contraceptive use. Another example (Tanzania, #49) involves a factory-based project. The questions asked concern the effectiveness of introducing family planning and AIDS education into male- versus female-staffed factories and with and without CBD workers. The more basic question, however, relates to the costs and benefits to factories of introducing family planning (and AIDS prevention) services to their workers.

The research topics for the diagnostic and evaluation studies generally conform to the emphases in the research agenda mentioned above. For example, five of the evaluations studied CBD activities, and three of the diagnostic studies considered underutilized methods.

The majority of projects are also appropriate and relevant on the second dimension, the Africa OR/TA project scope of work. Some, however, were inappropriate or only marginally relevant in that they were neither research activities nor TA to improve program functioning. These topics appear to have been requested by local USAID missions, mainly because the Population Council's regional

offices were conveniently located or because the OR/TA project provided a convenient means to channel financial or technical resources. Other centrally funded projects might have been more suitable agents for some projects, such as PCS to prepare the contraceptive guidelines and manual done in Kenya (#14), or POPTECH to field the evaluations of the Kenya FPPS project (#18) or the evaluation of the Kenya MOH in-service training (#16). In addition, a number of projects were more focused on single clinics than on entire systems of service delivery (#1, #36a, b, and c, #46, #50, and #51).

Although the projects met the broad parameters of the research issues defined in the contract scope of work, it was thought that some of the subprojects, particularly several related to AIDS prevention, cost of family planning services, and contraceptive technology, addressed these issues superficially. This appeared to reflect a lack of depth or background in these areas on the part of the research staff.

2.3.3 Constraints and Facilitating Factors

In the 16 countries in which the Africa OR/TA project has operated, a common constraint has been institutional weakness in the face of widespread need to meet unmet demand for family planning. Underlying all efforts to carry out family planning activities are the very low level of program development in most countries and the marginal commitment to population activities. Of the 16 countries in which the Africa OR/TA project worked, only Kenya, Zimbabwe, and Ghana achieve moderate family planning program effort scores in 1991, as assessed by Ross, et al. (1992). Ten countries are characterized as having weak programs and the Côte d'Ivoire as having a very weak or no program (Table 11 in Ross, et al.). (No program effort scores are listed for The Gambia and Swaziland.) Six of the countries perceive their population growth rates to be satisfactory. Two of the nine that find their growth rates too high are making no direct interventions to limit growth.

Other constraining factors include the incapacity of collaborating organizations to implement changes indicated by OR, the unavailability of resources to expand services, weak infrastructure, limited access, and political instability, notably in Zaire, Rwanda, Madagascar, and to an extent, Togo. Political instability also forced cancellation of a project in southern Senegal and prohibited making a requested site visit to Liberia.

For the most part, the project has focused greater effort on alleviating more tangible and definable constraints, such as by strengthening capacity of local institutions to implement change (Burkina Faso, Mali, Zaire, Kenya); by expanding services and improving access (Kenya, Cameroon, Mali, Madagascar); or by facilitating improvements in infrastructure (Kenya, Nairobi, Senegal, Burkina Faso, Nigeria, Tanzania, Zimbabwe). In several cases, however, notably Burkina Faso, Mali, and Cameroon, the project is making important inroads in changing the perception and commitment of national policy makers and family planning program managers.

Facilitating factors are the obverse of constraints. Work has proceeded well in cases in which the counterpart institution has the capacity to implement change, as was seen dramatically in Burkina Faso. Also, expansion has proceeded or is planned in countries for which adequate funding is available, including Kenya, Senegal, Mali, Zimbabwe, and Burkina Faso.

2.4 Research Implementation Process

2.4.1 Appropriateness of Research Design

Subprojects were of four types: evaluation or diagnostic studies (including situation analysis) (32), experimental studies (24), workshops (6), and TA (5). Issues of design are relevant only to the first two types.

Diagnostic and Evaluation Studies

The 32 diagnostic or evaluation studies can be categorized as follows:

Situation Analyses (9). The considerable progress made in standardizing procedures and instruments (questionnaires) for the situation analysis is one of the project's major accomplishments. The questionnaires have been published. The work is also being adapted for use in other regions and in at least one other sector (health).

Given the increased experience with and understanding of the situation analysis, a next step in its use will be to link these tools with a population-based sample survey such as the Demographic and Health Surveys (DHS). The DHS individual questionnaire provides data on women's reproductive behavior, and the service availability module permits identification of service delivery points in the sample clusters from which women are selected. Service availability studies return to the communities from which respondents to the DHS were drawn and interview knowledgeable community informants about types of health and family planning services available to women and children in the community. The situation analysis differs from the DHS service availability module, in that it is more detailed, relying on observation and individual interviews rather than interviews of key informants, and it attempts to get a representative sample of service delivery points for the region or country. It provides a comprehensive assessment of the functioning of family planning subsystems, allowing for the determination of quality of care provided to clients and permitting an assessment of the quality of care received by clients. A link between the situation analysis and the DHS would permit an evaluation of whether variation in program functioning influences community or individual fertility or use of contraception. Such a linkage will be tested in Tanzania, where national and regional seminars presenting DHS and situation analysis data together are planned.

Diagnostic (12) and Evaluation (11). Although at some level the differences between these two descriptors may be more semantic than actual, it appears the evaluations focused on more long-standing or established projects and programs, whereas the diagnostic studies were generally on a small scale, working with non-public sector programs.

The research designs appear to have been appropriate, reflecting a mix of existing data sources particularly service statistics and newly collected information, as well as suitable combinations of qualitative and quantitative methods of data collection.

Experimental Studies

The OR program has traditionally emphasized experimental or quasi-experimental research designs and the Africa OR/TA project supported many such subprojects. (The main difference between the

two is that the quasi-experimental designs do not have the restriction of randomly assigning the population to study groups, as do experimental designs, yet they do control many threats to validity.)

Since many are still ongoing, it is not easy to evaluate the results. One important observation might be made, however, based on interim findings. These experiments tend to be vulnerable to unanticipated events (e.g., illness or transfer of a key supervisor or service provider, personalities of supervisors, staff not carrying out the original design). When there is only one setting/case/provider/clinic for each intervention, the validity of the whole study is jeopardized if something unexpected happens. Although this did not happen often, there were several studies (#20, #22, #24, #32) for which the findings were rendered less reliable due to their highly individualistic conditions. Questions of reliability might have been allayed had two or more comparable settings been included in the research.

Experimental studies completed to date have been generally less successful than the situation analyses, in part because it has been difficult to maintain integrity of research designs. For example, in the study of the effect of husbands' involvement in the pre-introduction trial of Norplant in Madagascar, wives were unwilling to be randomly assigned to the study groups that controlled the level of husbands' knowledge; they held strong opinions regarding their spouses' participation.

2.4.2 Research Instruments

Overall, the research instruments used in different subprojects appeared to be appropriate, given the research questions under investigation. Contraceptive knowledge, attitudes, and practices (KAP) surveys generally followed standardized models. Discussion guides were prepared to orient focus group discussions. Standard interview guides were prepared to ensure comparability of results, even for relatively small numbers of interviews.

Situation Analysis

The situation analysis was developed based on the experience of the PRICOR Project (Primary Health Care Operations Research) implemented by the University Research Corporation's Center for Human Services, which developed and tested the Primary Health Care Thesaurus. The Africa OR/TA project refined and adapted a similar methodology and now calls it "situation analysis."

The situation analyses collect data on key indicators of seven family planning service subsystems: logistics and supplies; facilities; staffing; training; supervision; information, education and communication; and record keeping. Data are collected through interviews with service providers and clients, observation, and inventories. The information collected allows three levels of questions to be asked: Are subsystems in place? If in place, are they providing services? If providing services, of what quality?

Its value as a way to operationalize concepts of quality of care has been particularly timely since the Africa OR/TA project was being fielded just as increased attention was being given to quality of care issues by the family planning community. The methodology has proved to be an effective way to assess care provided and received, and efforts are under way to construct indices of quality of care from data collected in this project. It has also been an important tool to facilitate donor coordination and to rationalize program activities.

Materials

Manual. A manual, *Guidelines and Instruments for a Family Planning Situation Analysis Study* (Fisher, et al., 1992), is available in English, and a French translation is being prepared. The manual is concise and provides a clear rationale for carrying out a situation analysis. It includes a description of the uses of situation analysis and the purposes to which information learned may be put. It does not provide any illustrations of data analysis or tables, however, that might be helpful to someone newly exposed to this type of analysis.

Handbook. The project was also called upon to update the *Handbook for Family Planning Operations Research Design*; this was published in 1991 in both English and French. The second edition retains the basic format of the earlier (1983) edition, with revision and expansion of some sections. Whereas the first edition was based mainly on OR field experience in Asia, the new version has become more global through the addition of examples from Latin America and Africa. It is a basic "how to" book, describing the application of OR to family planning settings. It is used primarily in training by collaborating institutions, but also by other professionals in the field.

New chapters include an expanded introduction of the processes and methods of health and family planning OR; strategy selection to solve identified problems; and a fuller description of the elements of a study intervention. There is also an expanded discussion of selecting a study design. The chapter on reporting research findings now acknowledges the need to prepare a dissemination strategy and to use communication channels other than classic research reports. A new, albeit brief, chapter on utilization of study findings is also included.

The handbook continues to be popular. It has been translated into six languages; plans exist for translation into three others.

Training Guide. In collaboration with CERPOD, the Population Council prepared a training guide on OR techniques and diagnostic studies, applicable to family planning programs (*Guide de Formation sur les techniques de recherche operationnelle en matière d'études diagnostiques appliquées aux programmes de planification familiale*, Doumbia, et al., 1992). Initially prepared as the framework for a two-week regional training seminar held in Bamako, the guide includes a collection of the outlines used to organize each of 20 training sessions, themselves paralleling the structure of the research proposal described in Fisher, et al. (1983). Useful appendices accompany the manual, including examples of subjects for OR, research questions, descriptions of qualitative and quantitative methods, sampling strategies, and others.

The guide makes an important contribution to institutionalizing the capacity to do OR in francophone countries. In resource-poor Africa, standard didactic materials are perhaps more essential than in other regions. Only 100 copies of the guide were printed; a follow-on OR project may consider supporting the preparation of more.

2.4.3 Implementation of Subprojects

Most of the subprojects are being carried out as specified in the proposals. Exceptions have occurred where political disruptions delayed or prevented completion of subprojects (e.g., Madagascar, Zaire, Togo and Rwanda). In some cases, time was very short for implementing an intervention and completing the studies, especially if they followed a situation analysis as was the case in Kenya. Obviously, it takes time to start up a new project and to develop subprojects and more time at the

end to write up the results. The five-year time frame of the project can be a constraint on implementation of subprojects involving interventions.

In some cases, the expected outcomes of intervention projects were unclear (e.g., numbers of acceptors? users of more effective methods? couple years of protection (CYP)? contraceptive prevalence?). In the past, OR projects have emphasized CYPs provided. In the subprojects visited during this evaluation, however, none expressed results in terms of CYP nor were denominators available. In some cases, this may be rectified through post-intervention surveys scheduled to take place later in the contract period.

With the rise in significance of condom use in Africa and within OR subprojects due to the AIDS epidemic, the concept of CYP of condoms for family planning (versus AIDS prevention) has become increasingly murky. In the case of subprojects involving male involvement and/or AIDS prevention, the project needs to deal with the issue of how the impact of condom distribution will be assessed.

Although many subprojects are still ongoing, with their outcomes still unclear, few seem likely to have an appreciable demographic impact in the short run: Many are small scale, oriented to improving quality of services, or experimenting with new modes of service delivery. Their significance is more likely to be realized by spurring an expansion of services in the future in countries with very limited service options at the present time.

2.4.4 Research Training and Technical Assistance

An implicit goal of the contract is to develop and strengthen the capacity of local institutions to carry out operations research independently. Much of the institution building under the project has occurred through research training and provision of technical assistance, as described below (see also Section 4.8).

Overall, TA provided by both core staff and resident advisors was timely, fully collaborative, and generally of high quality, a view shared by both USAID missions and host country institutions. This is an important part of the OR process, although the demand for TA, and the type provided, varies as a function of the maturity and quality of local programs.

Research Training

The Africa OR/TA project has provided research training through formal workshops as well as informal hands-on experience, through which researchers learn by implementing OR subprojects. The project supported five research training workshops. Three workshops (Kenya, #19, Rwanda, #42, CERPOD, #35) focused on the design and development of proposals for OR studies, and the project provided funding to support qualified proposals. CERPOD will sponsor one more workshop of this type for Sahelian researchers in early 1993 with Africa OR/TA support. Independently of each other, CERPOD workshop instructors and the Cameroonian Director of the Division of Family and Mental Health cited the value of the training received by the two Cameroonian participants. Although the participants were hard pressed to carry out the OR study they designed at the workshop once they returned home, due to the press of other responsibilities, they persevered and completed the work. They gained confidence in their abilities to carry out OR on their own, and have planned additional studies as the family planning program develops. These researchers now form the nucleus of an OR group in Cameroon.

These three workshops produced mixed results in terms of the research proposals developed. Three proposals were funded from the Kenya workshop, all building on the findings of the situation analysis conducted there. The studies were successfully completed and resulted in additional improvements in clinic operations. The workshop in Rwanda produced three proposals (although two subprojects were later suspended due to political turmoil), but the workshop served the additional purpose of providing OR and instructional training to two CERPOD staff members who participated as facilitators. In turn, they helped develop the workshop carried out in Mali. The Mali workshop also produced three satisfactory proposals, carried out in Cameroon, Senegal and Togo; funding was available to support up to five. Although small in scale, the research offers a relatively inexpensive way to investigate important questions in the different countries and to provide applied training for the investigators.

Another workshop (Nigeria, #38) was held in conjunction with efforts to start an OR training program in Nigeria. The fifth training workshop (Kenya, #15) trained researchers to use Integrated System of Survey Analysis (ISSA), the software initially used to process data collected in the situation analysis. This was a collaborative effort carried out with IRD/Macro Systems, developers of the software.

In addition, each research subproject required at least some TA in research design, project implementation, and preparation of reports. Host country counterparts' comments on the quality of the OR staff were very favorable; they were well liked and respected for their technical abilities. The OR manual was made more appropriate for Africa and CERPOD refined the OR training course and prepared materials in French. Refining and publishing the questionnaires for situation analysis was also an important contribution to improving the quality of research training.

Technical Assistance

Role of Technical Assistance. At the time the Africa OR/TA project was designed, A.I.D. was putting increased emphasis on the role of TA in carrying out OR activities. Most recently, the focus of the TA has moved from studying and refining community-based approaches to identifying solutions to management problems.¹

Recognition of this evolution is clear in the project contract, which calls for TA to be provided to implement research designs, disseminate project results, and *to solve service delivery problems without field testing solutions*. For the latter, it was expected that most TA would be provided by resident advisors, working with local colleagues to improve the capacity of the organization to deliver services. Examples listed in the contract include "developing computer systems to improve management, processing, and analyzing existing service statistics to assess productivity and set goals, and identifying staffing problems."

Although only five subprojects (#3, #14, #37, #56, #61) are specifically identified as TA, virtually all of the studies have benefited from sustained assistance provided by the staff of the Population Council at all stages of project implementation. Staff visit subproject sites quarterly, contributing to instrument design, interviewer training, activity implementation, computer technology, analysis, and

¹As Blomberg (1991:470) notes: "The A.I.D.-funded family planning OR enterprise has evolved over the years (as has the goal of the technical assistance component) from a program of demonstration and pilot projects aimed at showing the feasibility of offering family planning services where none were previously available; to studying and refining community-based approaches to contraceptive method distribution; to focusing on finding solutions to management problems in family planning service delivery in a variety of settings and structures..."

report writing. The diverse range of routine TA includes computer training in Kenya and Zimbabwe, data management in The Gambia, Mali, and Senegal (and soon in Burkina Faso), data analysis in all 16 countries, review of CBD policies and development of contraceptive prescription guidelines in Kenya, and reorganization of management and financial systems in Zaire.

For the most part, intermittent TA provided by project staff (other than resident advisors) was sufficient and successful. Given the large number of subprojects undertaken, however, it is not surprising that several projects suffered difficulties and would have benefited from more sustained, aggressive attention from the Population Council. The TOHS subproject in Tanzania (#49) has been particularly plagued in its implementation. A total management change delayed project implementation, and the baseline study has yet to be reported. Although the former was unavoidable, the latter reflects too little support and supervision from the Africa OR/TA staff. The intervention was introduced without the benefit of the baseline data, and now the data entry itself is suspect. The situation should have been rectified earlier; that it was not has, in part, contributed to a sense at USAID/Tanzania that the Population Council has not provided adequate support.

One potentially important study encountered more than its share of problems in design, management, and implementation. Starting in 1989, the Africa OR/TA project provided support to AMREF to explore and then experiment with community-based distribution of condoms and other contraceptives using traditional healers (#21). The study results are of interest to a large number of programs in Africa (and perhaps elsewhere) as traditional healers are perceived as a large, as yet untapped private sector-oriented resource at the community level, both for family planning promotion and contraceptive distribution and for information dissemination and condom distribution for HIV/AIDS prevention. To date, a great deal of time, effort, and resources have been expended on this study with relatively little useful data or results to show for it. Clearly, the Population Council's initial confidence that AMREF had the wherewithal to manage the study was misplaced. Although this was recognized quickly and acted upon, to the point of threatening to cut off project funding, the situation at the time of this evaluation had not changed sufficiently to assure the utility of the final results. Closer supervision and more assertive TA were clearly warranted by this subproject.

These two subprojects presented the most striking cases of insufficient TA among the subprojects reviewed. There was no evidence of systematic patterns of inadequate TA at particular project stages, and no host country counterparts complained of a lack of assistance or attention. The sole complaint voiced referred to TA provided by CERPOD staff to one of the subprojects they monitored (#36); the assistance provided in two TA visits was seen as inadequate and poorly timed. It is possible that this was due to both the overcommitment of CERPOD staff in their routine activities and to their comparative inexperience in providing TA in operations research. Presumably, the opportunity to monitor three research projects will improve their capabilities.

Resident Advisors. A less formal aspect of TA contributing to institutionalization is the role of resident advisors. The project initially installed four resident advisors: two in Zaire and one each in Mali and Burkina Faso. All of the advisors were African; those in Mali and Burkina Faso are local citizens. With the exception of one of the advisors in Zaire, who was removed from the project, each of these men has been responsible for strengthening the commitment to and capacity for OR in their host institutions.

Although the resident advisors have primary responsibility for overseeing Africa OR/TA subprojects in their respective countries, they also have the flexibility of providing support to other OR and

related work that may be undertaken by local researchers. TA activities carried out by the resident advisor in Burkina Faso offer an interesting illustration of the range of supplemental work provided. They include

- Participating in design and execution of a KAP survey in four provinces of Burkina Faso to obtain a profile of residents to develop an education program in MCH/family planning/nutrition;
- Planning the publication of a quarterly Bulletin of Information and Communication for the Directorate of Family Health (DSF);
- Ongoing computer training for DSF staff in WordPerfect 5.1 and Harvard Graphics, including training a secretary charged with progressive training of others in the family planning service;
- At the invitation of the Center for Training of Health Service Personnel and the National School of Public Health, preparing the curriculum for a seminar on training and supervision of OR for about 15 participants from 6 countries;
- Aiding the development of a research unit in OR for the DSF. The first contract to be carried out by the unit will be a situation analysis of the national MCH program, financed by the World Bank; and
- Ongoing assistance to the Research Network on Reproductive Health and liaison with the executive secretariat of the network in Dakar.

Sustained TA efforts being facilitated with project support may be significantly under-reported. Population Council staff were unaware of the role of the resident advisor in Burkina Faso in most of the activities listed above. Likewise, a similar range of activities being undertaken by the resident advisor in Mali was not included in the Population Council listing of TA activities. Although the Africa OR/TA project was not providing direct input to these other activities, they could be carried out, or at least carried out in a more rigorous way, due to the presence and participation of the resident advisors.

2.4.5 Collaboration

The Africa OR/TA project has many constituencies: R&D/POP, including the Office of the Director and all six technical divisions; A.I.D.'s Africa Bureau; USAID missions; REDSO Offices in both East and West Africa; CAs (both U.S. and field offices); host country family planning managers (in ministries of health and in such PVOs and NGOs as IPPF affiliates); other donors, such as UNFPA, World Bank, and European and Japanese donors; and the international family planning scientific community.

Other interested parties include the OR staff themselves and selected staff from the Population Council in New York, and staff from the previous OR projects carried out by Columbia University and Tulane University.

A difficult task of the Africa OR/TA project has been to try to meet the needs of the many constituencies and to determine which ones are the most important. The project has given priority

Table 1
Collaborating Organizations and Projects

Organization or Project	Country	Subproject Number¹
ACNM	Burkina Faso	4
	Gambia	9
AMREF	Kenya	21
AVSC	Ghana	11
	Kenya	17, 22, 29
	Nigeria	37, 38
	Senegal	45
CDC	Togo	52
CERPOD	Mali	35, 36
FPMD	Burkina Faso	2
INTRAH	Burkina Faso	2
	Cameroon	6
	Kenya	16
IRD/Macro International	Kenya	15
JSI	Kenya	18
Pathfinder	Kenya	27
	Nigeria	37, 38
POPTECH	Kenya	16
Population Council/NY ²	Kenya	18, 29
	Regional	61
PCS/JHU	Burkina Faso	2
	Nigeria	37, 38
Save the Children	Cameroon	5
	The Gambia	8, 9
SEATS	Burkina Faso	1, 2
	Cameroon	6 ³
	Côte d'Ivoire	12, 13
	Tanzania	49 ³
	Zimbabwe	60
SOMARC	Mali	33

¹Subprojects are identified in Appendix F. ²N.Y. non-project staff. ³Follow-up activities are under discussion.

to the host country constituencies (USAID missions, national family planning and health managers, local service delivery organizations, and in-country CAs) while still attempting to reach the international audience through published papers, presentations, newsletters, etc. These priorities seemed reasonable.

Two constituencies that indicated that their needs were not being met were several staff members of the Office of Population and some U.S.-based CAs. Within the Office of Population, the Information and Training Division and the Family Planning Services Division expressed concern that their research needs were not being met and that they were not sufficiently informed about the lessons learned by OR. The Director of the Office of Population also made the point that the need for innovative, globally relevant projects was not being met by the project. Among the CAs, SEATS and INTRAH expressed concern that their research priorities had not been sufficiently considered in setting the research agenda and selecting projects although SEATS had participated in over 10 percent of the Africa OR/TA subprojects (see Table 1 on opposite page). Although the Office of Population's comments are valid to a point, the various Divisions could have made a greater effort to take opportunities presented to them to suggest their priorities to the project. Likewise, it appears that the CAs in question could have been more assertive in requesting Population Council assistance and in clearly defining their own research needs.

Collaboration with Other Organizations

Shortly after the Africa OR/TA contract was awarded, the Population Council held an initial meeting with representatives of CAs and other interested parties such as UNFPA to announce the project, introduce some of the staff, review the scope of work, and solicit ideas on how cooperation might be developed. A smaller meeting was held later to go into more detail. Although these meetings were logical and well-intentioned activities encouraged by A.I.D., their usefulness may have been limited since they occurred early in the project before any specifics, such as target countries, had been determined. The CAs tended to discuss their own projects and give very brief, often vague, suggestions of project ideas or themes. These did not appear to give much (if any) guidance to the Africa OR/TA project.

Nevertheless, it is apparent that collaboration in the field between the Africa OR/TA project and CAs as well as with international organizations has been extensive, as would be expected for a regional and field-based project. The project has collaborated with 14 CAs and 2 international organizations, 14 of them CAs, in 28 subprojects, most frequently with AVSC and SEATS (seven subprojects each — see Table 1). Collaboration is a matter of degree; thus some of the following collaborations were relatively minimal while others were extensive. In some cases, CAs were involved in project activities from the outset (Pathfinder, #27; SEATS, #60; IRD, #15). In others, their participation was solicited once specific points of intervention were identified through OR (SEATS, #6, #49; INTRAH, #2).

With nearly half of the subprojects undertaken by the OR/TA project including some level of collaboration with other family planning organizations, it was not possible to assess the nature, extent, or value of each collaborative activity. Nevertheless, the number of collaborative projects clearly indicates that the Population Council has attempted to link its OR activities with the needs and mandates of CAs and other organizations. The excellent relationships with several CAs have served, in many cases, as key links to the follow up and implementation of findings of the studies. For example, Pathfinder International structured its recent proposal for assistance to the Nairobi City Council clinics on the findings of the situation analysis (#22) conducted in 1991. The findings of the situation analysis in Burkina Faso were used to coordinate the technical inputs of four A.I.D. CAs,

and three donor organizations. This experience demonstrates that the situation analyses offered good opportunities to work with CAs, mainly by identifying problems with different subsystems of service delivery that were readily addressed by the technical expertise of the respective organizations.

Collaboration with Host Country Organizations

Almost three-quarters of the Africa OR/TA subprojects involved collaboration with one or more local organizations. Formal host country collaborations occurred most often with ministries of health, including the office responsible for the national family planning program, or with IPPF affiliates. Some projects were developed through close collaboration of management staff and researchers, whereas others, particularly those undertaken in the early stages of the project, were developed more independently (see Table 2 on opposite page).

Several other types of local collaborating organizations, such as some localized PVOs running CBD programs that are not included in Table 2, are less easily categorized. The mix of institutional arrangements appeared to be appropriate (i.e., emphasizing national family planning programs) and was not unduly weighted toward research institutes or universities, although these were sometimes included.

Projects with IPPF affiliates typically focused on new intervention strategies, diagnostics, or quality of care. The large number of activities undertaken with IPPF affiliates is likely a function of two factors: in many African countries, the IPPF affiliate often has a longer history of service provision than does the national government; and as private, or in some cases parastatal associations, they met the contract requirement to focus activities on the private sector.

Collaboration with Donors

Although UNFPA and the German Association for Technical Cooperation (GTZ) occasionally fund family planning OR, A.I.D. supports most of the OR around the world. Generally, collaboration with other donors takes place after research results have been obtained; findings are then used to help tailor the interventions supported by the respective organizations. In several countries, other donors in the population field have used (or await) the results of situation analyses: Kenya (World Bank, UNFPA), Burkina Faso (GTZ, UNFPA, Netherlands), Mali (World Bank), and Senegal (UNFPA). This is not surprising since the situation analyses provide a snapshot of existing family planning services. In Kenya, the Swedish International Development Authority (SIDA) was interested in the research on the follow-up system in Chogoria (#26) as it planned to invest resources there. The Nigeria situation analysis was funded jointly with the U.K.'s Overseas Development Administration (ODA). ODA is also placing an associate professional officer as a staff member in the Population Council Nairobi office as of January 1993.

2.5 Project Staff and Role of R&D/POP/R

2.5.1 Staffing

The project staff is of very high quality, both in terms of professional expertise and in enthusiasm and motivation. The project director has recruited a diverse, international group, with skills including social science research, computer applications, administrative and financial management, evaluation,

Table 2

Host Country Collaborating Institutions and Subprojects

Institution	Country	Subproject Number
Ministry of Health/ National FP Program	Burkina Faso	2, 3, 4
	Cameroon	6, 7, 36
	Kenya	14, 16, 17, 20, 22, 25
	Madagascar	30, 32
	Mali	33, 34
	Rwanda	42, 43
	Senegal	44
	Tanzania	48
	Togo	52
	Zaire	54, 55
	Zimbabwe	59, 60
IPPF Affiliates	The Gambia	10
	Côte d'Ivoire	12, 13
	Kenya	24
	Madagascar	30, 32
	Togo	36
	Senegal	46
	Swaziland	47
	Zaire	57
Zimbabwe	59, 60	
Population Commission/ Population Coordination Units	Kenya	15, 19
Population Research Institutes/Universities	Kenya	17, 22
	Mali	35, 36
	Nigeria	37, 38, 39, 40
Local Hospitals/Clinics	Ghana	11
	Kenya	17
	Tanzania	50, 51
	Senegal	36b
	Zaire	55
Organizations Serving Private Industry	Madagascar	31
	Tanzania	49, 50, 51

family planning and public health. Given the increased emphasis on TA and program implementation in conjunction with specific research activities, the demand for both types of expertise was higher than was anticipated at the onset of the project. At the conclusion of the Zaire buy-in (see Section 1.4.1), one of the resident advisors moved to the Dakar office. He provides management TA to host country institutions, incorporating research in planning and management systems.

The Population Council staff have been valiant in their efforts to serve the 16 countries and conduct the number of studies commissioned under the contract. They have, however, been more effective when concentrating their efforts and supporting what the project calls the "iterative process," which includes successive stages of problem identification, solution testing, results assessment, modification, and then a return again to test the success of the modifications and through which the desired goal is achieved, little by little. For example, this was the case in Kenya and Burkina Faso; in these countries, operations research is becoming a standardized and ongoing process for problem identification and solution.

At the same time, the OR project has done important work in introducing limited activities in countries such as Cameroon, which until recently had been overtly pronatalist and unwilling to undertake virtually any family planning activities at all.

2.5.2 Role of A.I.D. (R&D/POP/R and Missions)

Over the first four years of the Africa OR/TA project, four CTOs monitored project activities. Although such discontinuity often results in problems, in this case none seemed to arise. Also, in contrast to the findings of the 1988 program evaluation, this evaluation found no evidence of micromanagement of the project. The contractor believed that the project received the support it needed and was not burdened by delays imposed by A.I.D./Washington. Relations between A.I.D./W and the contractor were amicable and professional.

Turnover in mission personnel sometimes resulted in diminished support for previously approved projects (e.g., Zimbabwe, Tanzania, and Kenya).

2.6 Dissemination Activities

One means to promote the use of research findings is to disseminate the information to a broad audience. In view of its wide range of constituencies interested in subproject outcomes (see Section 2.4.5), the project responded by making information available through a variety of formats (see Appendix D for a list of project publications). These include technical manuals, such as the *Guidelines and Instruments for a Family Planning Situation Analysis Study*, with an initial printing of 5,000 copies for distribution to those interested in using the methodology and the *Handbook for Family Planning Operations Research Design*, second edition (available in French); training and counseling reference materials, such as the "Contraceptive Guidelines Wall Chart" and "A Guide to Family Planning Methods"; numerous final reports and condensed final reports of specific subprojects; a newsletter, "African Alternatives," and one-page family planning project "Updates." The project staff have also been active in making presentations at conferences, and in publishing reports in peer-reviewed professional journals.

The Population Council met its contract requirement of compiling a mailing list database for its materials, but there is some concern that some materials, particularly the "Updates," are being sent

to inappropriate audiences. In an effort to rectify this, the Population Council included a "bounce-back" postcard with a recent "Update" mailing, to ascertain the recipient's interest in the item. Although the "Updates" in particular have been criticized in Washington as being trivial, they were very much valued and appreciated by host country institutions, who had a strong sense of pride that their projects were being profiled and publicized in this way.

3. Project Impact

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3. Project Impact

3.1 Overview

With half of its subprojects complete, it is not too early to assess whether results of operations research subprojects have been followed up and utilized, once Population Council funding support has been reduced or completed. Overall, the initial evidence of this kind of impact is quite impressive. The Africa OR/TA project has already begun to leave a legacy of qualitative change, documented in changed procedures, upgraded training, different supervision strategies, etc., in several of the countries where it has had subprojects. Likewise, if programs proceed as currently indicated, it is likely that services will expand in several countries (Cameroon, Mali, Burkina Faso). Finally, as a result primarily of training and technical assistance, the project has begun to institutionalize operations research capabilities in several countries, with individuals and institutions having developed the in-house capacity to carry out operations research. In addition to this kind of impact, the project has also had a broader impact on the field of operations research in family planning, mainly through the development or revision of materials and methodologies.

To be sure, quantifiable indicators of impact, such as CYP, are not yet available for some of the large-scale projects still under way, and thus demographic impact is harder to assess. Moreover, the Population Council may not always be fully aware of the impact of research or TA, given that its collaboration with implementing institutions may end once research results are disseminated or TA has been carried out.

Reviewing the impact that has been achieved through the project suggests the following topics as organizing themes:

1. Changes in service delivery programs
2. Anticipated expansion of services
3. Engaging local support to advance programs
4. Improved quality of care
5. Reduced costs and improved efficiency of services
6. Improved training of service providers
7. Institutionalization of OR capacity
8. Identification of new research directions.

3.2 Changes in Service Delivery Programs

The Africa OR/TA project has played a significant role in making inroads in service delivery in several countries that previously lacked any rural or community-based family planning services. Two projects in Cameroon are introducing services in rural areas. One project (#6) integrating family planning with primary health care is the first rural-based program of any scale in the country. A study using male opinion leaders (#7) is the first government rural-based family planning to be undertaken.

In Mali, the CBD project using male and female animators (#33) being carried out in 2 of the country's 10 provinces is the first rural program to use community residents as service providers. (A

project run by the Center for Development and Population Activities [CEDPA] in one province uses clinic midwives to make home visits.)

Many of the subprojects were of small scale and were carried out with NGO family planning organizations. Nevertheless, research results are likely to have an impact beyond their immediate applications. For example, in applying the findings of the evaluation of the Chogoria family planning follow-up system (Kenya project #26), project managers reduced the number of community health workers serving the project and shifted responsibilities of those remaining from tracking of possible discontinuers to health education. Larger implications of the work provide support for the notion that CBD programs evolve through a series of stages, and the development experienced here may provide an important benchmark for similar programs.

A number of studies investigated why some contraceptive methods, notably the IUD, sterilization, and Norplant, are underutilized in Africa (Ghana, #11; Madagascar, #30, #32; Kenya, #22; Zaire, #54). Generally, these research projects revealed lack of information, provider prejudices, and cost to be prohibiting factors; when these obstacles were removed, clients often accepted these methods. The results spurred change in several programs, widening the range of choice available for contraceptive users.

3.3 Anticipated Expansion of Services

Although many subprojects are still ongoing and their outcome remains unclear, few seem likely to have an appreciable demographic impact in the short run. Their significance is more likely to be realized by spurring an expansion of services in the future in countries with very limited service options at the present time.

USAID/Cameroon reports that the MOH is interested in expanding the project using male opinion leaders to reach a larger share of that country's rural population. In Mali, based on the demand for services evident in the baseline study of the CBD project as well as monthly reports made by the animators, negotiations for project expansion to two more provinces have already begun.

UNICEF, UNFPA, and the National Council on Population and Development in Kenya have expressed interest in expanding the project using traditional health providers (#21) to other regions of the country; AMREF, the implementing organization, has been asked to prepare a proposal to do so.

The findings of the situation analysis in Burkina Faso (#2) contributed to the development of a five-year intervention program by UNFPA to expand services. The research results also spurred plans to reach out to new audiences. The MOH plans to create youth centers, where young people can receive contraceptive counseling, and to conduct a new study on contraceptive knowledge and practices among adolescents working in the informal sector.

3.4 Engaging Local Support to Advance Programs

Operations research laid the groundwork that moved newly emergent programs forward, notably in Burkina Faso, Mali, and more recently in Cameroon.

Many of the subprojects used community leaders or local residents to promote contraceptive use or to provide services (Cameroon, #6; The Gambia, #8; Kenya, #21, #24; Mali, #32). This grassroots support and locally sponsored persuasion has been important worldwide as a way to increase acceptance of family planning programs and was shown to be equally significant in these diverse African contexts. Increased support among actual and potential users diffuses political concerns about possible opposition to family planning, and facilitates the introduction of programs to new communities.

It remains the case that OR offers a non-threatening means to test service delivery strategies on a limited scale, strategies that often are expanded once local support is engaged. In large measure due to the efforts of the Population Council and previously, Columbia University, the next OR contract will be less likely to encounter resistance, and the need to use OR in this way: family planning programs are generally now accepted (albeit with varying levels of official support).

3.5 Improved Quality of Care

The results of many of the subprojects have been used, contributing to improved family planning services in many countries. For example, the report of the workshop on CBD guidelines issued jointly by the Kenya MOH, the National Council on Population and Development, and the Population Council (#25) has been adopted as authoritative by the more than 20 organizations providing CBD services. Although the Ministry has not yet issued official guidelines, this consensus document serves to standardize and rationalize the services provided by a diverse set of organizations. Similarly, the contraceptive guidelines to service providers, *Family Planning Policy Guidelines and Standards for Service Providers*, and the accompanying wallchart (#14) have been distributed to every family planning clinic in Kenya. This has also served to standardize the practices of service providers. Additionally, the wallchart has been translated into French, and copies in both languages were distributed with an issue of "African Alternatives."

Situation analysis is a useful tool in identifying discrete points of intervention to improve the quality of the services provided. Burkina Faso presents an interesting case in which the results of the situation analysis were fully exploited. Among its uses were

- contributing to the elaboration of an MOH and Social Action (MOHSA) document on family planning policies and standards;
- supporting preparation of a project document for the second phase of a management and supervision project undertaken by the Family Planning Management Development (FPMD) project;
- contributing to development of a five-year intervention program by UNFPA, by providing baseline data and by justifying funding for research recommended by the situation analyses, including a KAP study among informal-sector adolescents, creation of youth centers, and monitoring and supervising IEC activities;
- improving the administrative plan of the Directorate of Family Health by targeting activities in particular regions, improving supervision, suggesting changes in health statistics, and identifying new points for service delivery poorly known before the research.

Finally, the MOHSA intends to use the situation analysis as a baseline from which to measure program improvement and to this end has already secured a commitment for funding for a second situation analysis to be fielded three years after the first.

The former Director of the Division of Family Health of the Burkina Faso MOH reported receiving several letters of inquiry following her presentation of that country's situation analysis at a conference on quality of care held in Boston. One colleague from Côte d'Ivoire was so interested in the methodology that he met her at the airport in Abidjan, to obtain information as she was in transit through the country.

The results from situation analyses and other studies of quality of care can be used quickly; results from studies of quality of service such as were done in Cameroon (#36) are being immediately integrated into ongoing family planning activities.

In several countries, results of situation analyses will be used to guide major physical and equipment upgrades of family planning clinics (Senegal, Burkina Faso, and Kenya), in order to increase efficiency and improve the quality of care.

3.6 Reduced Costs and Improved Efficiency

Using research carried out by the Africa OR/TA project, many organizations are implementing changes to increase their efficiency and improve the quality of care they provide. ASBEF, the IPPF affiliate in Senegal, moved its clinic to a new building in order to improve client flow, to make better use of waiting time for IEC activities, and to provide more privacy for clients. Changes such as these are likely to have ripple effects as they are adopted throughout clinic systems, and as experiences are shared among service providers. ASBEF has already introduced similar changes into its existing facility in St. Louis and plans to adopt others from the outset as it opens a new clinic in Casamance.

The demonstration of the relative high cost for minimal return of the JIRAMA mobile clinics in Madagascar (project #31) when compared with two fixed site strategies was quickly acted upon; mobile clinic staff were reassigned to fixed sites. On a regional level, the study presents a clear example of relative costs for other programs considering these interventions.

Efficiencies often extend beyond host country institutions themselves. USAID/Ouagadougou has also utilized the findings to orient and assist CA-run projects in Burkina Faso, notably the Population Communication Services (PCS) project, Family Planning Service Expansion and Technical Support (SEATS), FPMD, and the Program for International Training in Health (INTRAH), with the goal of improving the organization and planning of supervisory visits to intervention sites. In the cases of Senegal and Côte d'Ivoire the situation analyses are being used to provide baseline data for USAID bilateral agreements. The availability of these data at the onset of project activities will be valuable for monitoring implementation and evaluating the project.

3.7 Improved Training of Service Providers

Recommendations of the evaluation of the Kenya MOH family planning in-service training (#16) have been implemented, including the decentralization of training, the redesign of the curriculum, and routine use of the *Family Planning Policy Guidelines and Standards for Service Providers*.

In several cases, findings of situation analyses are being used to improve training and supervision (Zimbabwe, Burkina Faso).

3.8 Institutionalization of OR Capacity

The project has had an impact in building and institutionalizing local capacity to carry out operations research both directly and indirectly. Directly, the project has fostered the development of a research network in Nigeria and technical, methodological skills at CERPOD. Indirectly, the successful implementation of OR activities in several countries convinced family planning program administrators of the value of research and of the benefits to having an in-house capacity to carry out research on a regular basis. The site visits for this evaluation confirmed that the Population Council has identified a substantial number of researchers who are willing and interested in learning the skills and techniques of operations research.

The development of an institutional capacity to undertake operations research is always time-consuming and labor-intensive, however. In the African context, the task is made even more difficult by the relative lack of strong institutions that can be developed into appropriate research settings.

Activities can be divided into formal efforts to strengthen local institutions and informal means to enhance skills. In the first category, three efforts have been made:

3.8.1 Formal Efforts to Strengthen Local Institutions

- Nigeria Social Science Researchers. To date, the OR/TA project has been most successful in its efforts in Nigeria where it has facilitated the development of a network of social science researchers interested in participating in OR. Based at Obafemi Awolowo University in Ile-Ife, the network was established with contributions from the OR/TA project, the university, and A.I.D.'s Nigeria Family Health Services Project. The main focus has been on developing an OR capacity that can provide assistance to family planning programs at the national, state, and local levels and to the private sector. At the present time, 35 university-based researchers and 10 program personnel are linked to the new OR center.

Activities undertaken to date have included workshops on OR orientation for program staff and on proposal development. Most significantly, the network carried out a situation analysis of 181 service delivery points in six states for which preliminary results are already available. Final national and state-level reports will be available by October 1992.

In addition to the studies to be undertaken that were identified in the proposal development workshop, the OR unit, through the Department of Demography and Social Statistics at the university, will offer short training courses in OR and will offer

course units on family planning OR within its Masters in Science program in demography. A formal link has been established with Exeter University in England, which has considerable experience in developing training curricula and workshops in family planning OR. Support from the British Council has been secured to fund a faculty exchange between the two universities and to support introduction of the family planning OR courses into the graduate program at Ile-Ife.

- **University Efforts in Burkina Faso.** Preliminary discussions concerning the development of an OR capacity have begun with the staff at the University of Ouagadougou, in Burkina Faso. In this case, attention would be directed toward providing appropriate training in OR methodology to the multidisciplinary group of researchers affiliated with the Demographic Teaching and Research Unit, which was established to develop the institutional capacity of the university in training, demography, and population research.
- **CERPOD Workshops.** The third direct effort at institutionalization has been carried out with the CERPOD. Staff in its Family Planning Division have collaborated with the OR/TA project in conducting proposal development workshops in Rwanda and Mali. CERPOD provided the TA for implementation and analysis of the four funded studies and will assist with dissemination of study results. Staff of CERPOD are now confident of their ability to design and implement diagnostic studies on their own.

3.8.2 Informal Means to Enhance Skills

With respect to more informal means to enhance skills, a number of activities have taken place. In Mali, the MOH's Division of Family Health recently acknowledged the importance of OR to the nascent national program by establishing a three-person research unit; two members of the staff participated in the OR training seminar conducted by CERPOD. The Burkina Faso MOH was so impressed with the utility of the situation analysis methodology that it has made plans to adapt it for application in maternal-child health centers. Local researchers have undertaken a situation analysis in one province, and are planning a second in another province, neither of which is included as part of the national sample in the original situation analysis.

The CERPOD workshop instructors and the Cameroonian Director of the Division of Family and Mental Health cited the value of the workshop training to the two Cameroonian participants. Theirs was one of the studies funded following the workshop, and they successfully completed an analysis of quality of care in urban clinics. They gained confidence in their abilities to carry out OR on their own and have planned additional studies as the family planning program develops. These researchers now form the nucleus of an OR group in Cameroon.

The project has been less successful in developing sustained local capacity for OR in some other countries, although, in fairness, it may be unrealistic to expect these capabilities in all contexts. For example, OR capacity is quite dispersed in Kenya. The most likely institution on which to focus efforts is the Population Studies and Research Institute (PSRI), but it has been undergoing internal upheavals during the project period. In Tanzania, the national program is in such an early stage of maturation that it is not yet in a position to support in-house research capacity.

3.9 Identification of New Research Topics and Improved Methodology

3.9.1 Identification of Topics for Research

In addition to identifying points of intervention to improve family planning services, some studies, among them the situation analyses, have led to developing other proposals to test alternative research approaches to solve newly identified problems (see Section 2.3.1). Family planning managers of the Kenya and Burkina Faso ministries of health anticipate that follow-up situation analyses will aid their assessments of whether changes initiated in response to baseline situation analyses have affected the quality and supply of family planning services. Of course, later situation analyses will also identify new priority problem areas.

The proposal development workshops described in Section 2.4.4 provide a concentrated and cooperative forum to develop other research proposals. Both the planning and dissemination of results of OR studies also served as occasions to identify new topics of research, evidenced by the success of meetings of government agencies and family planning NGOs in Mali, Burkina Faso, and Kenya.

3.9.2 Impact on OR Methods and Materials

The Africa OR/TA project has furthered the approach of carrying out family planning OR as an iterative process (see Section 2.5.2). Through this process, research becomes a key element in program development, monitoring, and evaluation. The situation analysis methodology fits neatly in this process both at the point of problem identification and during results assessment.

As reviewed in Section 2.4.2, the project has added to the body of methodological tools available for conducting family planning OR, by preparing guidelines, instruments, training guides and handbooks in both English and French. These documents provide ready references both as training tools and as research frameworks for practitioners of family planning OR and meet a particular need for professional materials in Africa.

4. Lessons Learned

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4. Lessons Learned

4.1 Lessons Identified by the Population Council

The Population Council provided a major, mid-project briefing for R&D/POP and other CAs in June 1992 during which they provided a list of lessons learned to date. This highlighted the following four main themes:

1. OR remains an important way to introduce and test the feasibility of various approaches to service delivery in new contexts, including integrated health programs, immunization programs, and workplace-based programs. For example, in Cameroon the government became interested in rural family planning service delivery only after the OR/TA project initiated a large rural CBD project with Save the Children. After two years the government asked Africa OR/TA to introduce a similar project in the northwest region of the country, and they now wish to expand it to other parts of the country. OR also offers a way to provide TA to service delivery agencies in different areas.
2. OR continues to provide information that enhances and refines the approach of CBD programs. OR has been closely linked with CBD during two decades of development, and the findings of the studies carried out under this project contribute to the ongoing understanding of this important means of service delivery.
3. The standardization of the situation analysis methodology is a significant contribution to helping program managers improve service delivery and the quality of care offered to clients. The tools are simple and easily adapted to local conditions. The situation analyses offer a means to empower program personnel, by identifying several levels of corrective interventions; some problems identified through the situation analyses are quickly and easily rectified, for example by releasing stored equipment to under-supplied clinics. Other problems are more complex, and require higher levels of action over a longer period of time, such as changing training methods and curricula. By resolving the easier problems at the time the more difficult ones are being addressed, program personnel develop a sense of accomplishment, of enthusiasm, and of pride in their capacity to adapt research findings to improve services.
4. Technical assistance is an important part of the OR process. The demand for TA, and the type provided, varies as a function of the quality and maturity of the family planning programs.

Table 3 on the next two pages provides more detail on these four issues: delivery of services; community-based distribution programs; quality of care and situation analysis; and the process of OR and technical assistance.

Table 3

Africa OR/TA: Lessons Learned

Delivery of Services

- Integration of family planning with existing expanded programs of immunization (EPI) is a promising approach to service delivery, even in countries with very weak service delivery structures.
- Work-based family planning programs can be highly effective in increasing contraceptive use.
- Many opportunities for family planning education are missed in integrated health programs. Eliminating "missed opportunities" can dramatically increase acceptance.
- Males are enthusiastic supporters of family planning when given appropriate opportunities to participate in programs.
- Cultural and religious barriers to family planning are probably far less important factors to acceptance than are poor quality services.
- Managers and providers have strong biases regarding particular contraceptive methods that significantly alter use patterns.
- Clients desire far more information on long-term methods than they receive from providers.

Community-Based Distribution Programs

- A variety of approaches to community-based distributors' (CBD) activities are possible.
- No single approach is best.
- As volunteer-staffed CBD programs evolve, they become less effective.
- Over time, CBD clients gravitate to clinics, particularly if clinics offer a wider range of services with better quality of care.
- Traditional health practitioners can provide education and commodities, but they require substantial supervision, ongoing training, and rewards.
- Male CBDs can be effective educators and distributors at the workplace and in rural areas among other males; they can also reach females effectively.
- Persisting research topics include: paid vs. voluntary workers; relationship of CBD with clinics; training requirements; frequency and intensity of supervision; circumstances and timing of CBD phase-outs.

Quality of Care and Situation Analysis

- Small improvements in quality of care such as increased method mix, more frequent exposure to IEC, and improved provider competence can have significant impact on recruitment of new acceptors.
- Substantial underutilization of existing clinic facilities exists in most African countries, along with over-burdening of a few clinics.
- African program managers lack information on almost all aspects of service delivery point (SDP) functions. They welcome studies of the supply side of family planning programs. The results of these studies have clear and immediate implications for service improvement.
- Although DHS studies show significant demand for contraceptive services, situation analyses reveal serious problems in most FP sub-systems (such as supplies, training, supervision, IEC) that lower quality of care and effectively limit FP use.

The Process of OR and Technical Assistance

- Addressing the wide diversity in quality and maturity of FP programs requires different mixes of OR and TA.
- Most service delivery organizations lack even basic research and evaluation capabilities, and require a significant amount of TA.
- The design and implementation of OR studies provides an important opportunity for giving TA to service delivery agencies in a wide range of areas.
- Sustained program impact generally requires multiple OR and TA interventions over time.
- Implementing the process of OR is best carried out through a team approach, including staff members with expertise in population, family planning, public health, communications, and management.
- Institutionalizing OR capacity is a long-term process, requiring intensive inputs, and thus can only be undertaken in a few places at a time during a given contract period.

4.2 Lessons Identified through the Evaluation

4.2.1 General Lessons

In addition to those lessons identified by the Population Council, this project has provided many insights on OR, both on the general field and on the use of OR in Africa. Among the lessons generalizable to the experience of OR worldwide are the following:

1. Operations research remains an important way to introduce and test the flexibility of various approaches to service delivery in new contexts, including integrated health programs and workplace-based programs.

2. Experimental studies completed to date have been generally less successful than the situation analyses, in part because it has been difficult to maintain integrity of research designs. These experiments tend to be vulnerable to unanticipated events and are often of small scale. When there is only one setting/case/provider/clinic for each intervention, the validity of the whole study is jeopardized if something unexpected happens.
3. The standardization of the situation analysis methodology, by identifying discrete points of intervention to effect change, is a significant contribution to helping program managers improve service delivery and the quality of care offered to clients. Also, the results from situation analyses and other studies of quality of care can be used quickly to institute change.
4. Family planning OR can become a key element in program development, monitoring, and evaluation when it is carried out as an iterative process, i.e., with successive stages of problem identification, solution testing, results assessment, modification, and then a return again to test the success of the modifications.
5. Operations research provides a means to build the institutional capacity of local organizations to carry out research and to modify programs based on research findings. The development of an institutional capacity to undertake operations research is time-consuming and labor-intensive, however, made more difficult in the African context by the lack of strong institutions.
6. Technical assistance is an important part of the OR process. The demand for technical assistance, and the type provided, vary as a function of the quality and maturity of the family planning programs.
7. OR offers a non-threatening means to test service delivery strategies on a limited scale, strategies that often are expanded once local support is engaged.
8. Use of community leaders or local residents to promote contraceptive use or to provide services diffuses political concerns about possible opposition to family planning and facilitates the introduction of programs to new communities.
9. Making changes modifying the physical environment of clinic services to improve client flow, making better use of waiting time for information, education and communication activities, and providing more privacy for clients are likely to have ripple effects as they are adopted throughout clinic systems and as experiences are shared among service providers.

4.2.2 Africa-Specific Lessons

Africa is different from other settings, both because of the rudimentary state at which services are delivered across the continent and the conservatism of many African populations. Despite these constraints, the OR experience in Africa has shown both that although populations are not too traditional to accept family planning, to some degree OR needs to be tailored to suit the specific situation that pertains in this setting. Africa-specific lessons, which should be equally applicable to other difficult settings, are as follows:

1. In settings in which there is opposition to family planning, OR is more effective as a demonstration tool than as a refining tool — a means to introduce services rather than build

on weak existing services, often using new channels or providers instead of existing weak infrastructures (Cameroon project #6, Gambia #8, and Mali #34 are demonstration).

2. Although OR is extremely important in introducing new family planning services in the face of opposition, it can be a more effective refining tool under conditions in which the potential is good for following up findings in order to effect change. Such conditions exist when
 - family planning programs are dynamic and growing and actively looking for ways to expand and improve (Kenya, Burkina Faso);
 - donor financing and interest (including USAID missions) actively support implementation of successful alternative delivery approaches and improvements in established service delivery systems (Burkina Faso, Senegal, Kenya);
 - the institutional framework permits effective utilization of results (Burkina Faso, Kenya); and
 - national programs are established with a comprehensive strategy, implementation plan, and institutional structure, even though the structure may be weak (Kenya).
3. OR activities need to fall within the capabilities and proclivities of the existing service provision infrastructure. In Africa, for example, because of the relative strength of MCH services compared with family planning services, OR tends to be more closely linked with MCH services than elsewhere.

5. Summary and Recommendations for Final Project Year

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5. Summary and Recommendations for Final Project Year

5.1 Summary of Contractor Performance

Overall, implementation of the project has been of high quality. The Population Council met and exceeded the number of subprojects called for in the contract. Subprojects were high in policy relevance, both at national levels and in addressing global research issues. The project staff was resourceful in identifying subproject opportunities, following local and USAID mission interests and concerns. In some cases the project responded to USAID requests that were peripheral to the scope of its contract. In others, subprojects lost momentum when mission personnel were reassigned.

The Population Council has collaborated frequently with other CAs in the field. Collaboration with IPPF affiliates is particularly notable.

TA provided by both core staff and resident advisors was timely, fully collaborative, and generally of high quality, a view shared both by USAID missions and host country institutions.

The project has successfully built on experiences of prior OR activities funded by R&D divisions, notably in adapting the PRICOR Thesaurus approach for service diagnostics in developing the situation analysis and in capitalizing on groundwork laid in host countries by Columbia and Tulane Universities in previous OR contracts.

5.2 Recommendations for Final Project Year

As the project enters its fifth and final year, the majority of activities have already been programmed. The mix of activities planned is appropriate, although, in line with the recommendations of the management review, limiting initiation of any new subprojects would be advisable.

- 1) **No new subprojects** should be undertaken during the remaining term of the contract, except for activities that contribute directly to the country strategies in the Office of Population priority countries: specifically, in Nigeria, Kenya and Tanzania.
- 2) Special attention should be given to **ensuring analysis of data collected** in ongoing and planned situation analyses and to **use the data in identifying interventions and follow-on research activities** to address problems.
- 3) The recently established dissemination unit in New York should **undertake special efforts to communicate study results and information about follow-up activities** to interested constituencies, particularly within R&D/POP.
- 4) The OR/TA staff should continue with plans for a **regional end-of-project conference**, using as a possible model the similar conference held by the University Research Corporation in Singapore in 1990.
- 5) The monograph called for among the project deliverables that would summarize studies and results achieved should be written. It should not try to encapsulate the entire range of

lessons learned over the life of the project; rather, it should consist of cross-national analyses of a limited set of critical issues, such as the experience with CBD, involvement of males in family planning, quality of care, service delivery by TBAs, underutilized methods, and integration of family planning and other health activities (e.g., AIDS, and EPI).

- 6) A user-friendly guide to analysis of data collected through the situation analysis methodology should be prepared. This would be a companion volume to the recently published *Guidelines and Instruments for a Family Planning Situation Analysis* and would include illustrative tables and data summaries from the project's experience applying situation analysis in Africa.**

6. Future Directions

6. Future Directions

6.1 Family Planning Services Delivery in Africa: Implications for Operations Research

Family planning services delivery programs in Africa are in varying stages of development reflecting the wide range of circumstances in which the programs evolved. At one end of the continuum is the relatively mature program in Zimbabwe, with strong commitment of the government, a sophisticated management structure, and national coverage, whereas at the other end are nascent programs such as those in Cameroon, Madagascar and Burundi. Nonetheless, almost all countries of the sub-Saharan Africa region now have national family planning programs (although "national" programs in many cases are still restricted to offering services in a handful of cities and large towns). Whatever the stage of their development, all face questions regarding how to expand coverage, raise contraceptive prevalence, and improve quality of services.

6.1.1 Need for an OR Project for Africa

The findings of this evaluation clearly support the continuation of an operations research project for Africa. Policy makers and program managers who have been involved with this project have all gained an appreciation for operations research as a process and an increased understanding of its potential or actual contribution to their programs. Although the record of actual contributions to program effectiveness is mixed, some studies have made significant contributions, most notably the situation analyses carried out under the current project. The results of these have been used to make immediate changes as well as to develop operations research proposals to test alternative approaches for solving identified problems. Program managers, including key family planning managers of the Kenyan and Burkina Faso ministries of health, anticipate that follow-up situation analyses, by providing another measurement at a later time once corrective actions have been taken, will assist in assessing whether these changes have affected the quality and supply of family planning services, as well as identifying other priority problem areas.

It is also clear, even from the limited sample of countries visited, that, although there is great variety in the stages of development of country programs, most programs in Africa are "emergent," with prevalence from 0 to 7 percent, and only just beginning to develop national level delivery systems. Although progress is being made, major issues remain regarding how to expand family planning services in the most cost-effective ways while at the same time coping with the economic and political challenges facing most of the African countries. Operations research is an important tool for guiding the development of these programs.

The rationale for a separate operations research project for Africa lies in the following four factors, which set Africa apart from most other parts of the world:

- **The status of family planning program implementation.**

African family planning programs are generally immature and weak. Although most countries now have established structures and plans for national programs, many are still programs on paper only

(Malawi, Burundi, Tanzania), others are just beginning to achieve results (Rwanda, Senegal), and even the more mature programs (Kenya and Zimbabwe) are struggling to make further progress and to reduce costs and donor dependency.

- **The wide variety of cultural and institutional situations affecting program implementation.**

Although proven service delivery approaches such as CBD and workplace-based services are being adopted in most countries, the specific strategies used require adaptation to the particular national, regional, and even local situations. OR is critical in testing what will work under these local conditions.

- **The lack of research institutions and trained researchers.**

The skills needed to conduct operations research are not readily available in any African country. External assistance for training and TA to develop local capabilities continues to be needed.

- **No other donor is actively involved in operations research or is providing this type of assistance.**

A.I.D. is particularly well placed to provide TA and support to African programs. It has a technical comparative advantage in operations research and stands at the forefront of developing research methodologies in health and family planning.

6.1.2 Factors Affecting Design and Scope of Project

Under this present contract and the previous Africa OR project carried out by Columbia University, OR was used as a means to initiate family planning services delivery in some African countries, providing a low-risk approach to doing a "pilot" service program. Operations research laid the groundwork that moved newly emergent programs forward, notably in Burkina Faso, Mali, and more recently in Cameroon.

It remains the case that OR offers a non-threatening means to test service delivery strategies on a limited scale, strategies that often are expanded once local support is engaged. In large measure due to the efforts of the Population Council and Columbia University, and to a more limited degree, Tulane and Johns Hopkins, the next OR contract will be less likely to encounter such circumstances; family planning programs are generally now accepted (albeit with varying levels of official support). Nevertheless, some approaches to service delivery, such as CBD and social marketing, remain controversial, and will most likely require pilot testing to demonstrate that they can work effectively.

The needs for OR in African family planning programs will not end with the conclusion of this contract. The need for institutional development persists and will continue to require a long-term effort.

6.1.3 Operations Research Agenda for Africa

Some topics for OR studies in Africa during the next contract period should relate to what has been learned in the diagnostic studies and situation analyses conducted during the last several years. These diagnostic studies have been used to assess, for the most part, expanding public sector service delivery

systems that in many African countries represent the primary infrastructure for the delivery of curative and preventive health services including family planning. It is highly likely, therefore, that the next OR contract will continue to give significant attention to public sector service delivery.

In addition, new means of service delivery in specific country contexts remain to be tested and proven. Continued attention to issues of quality of care will be required, the need will continue to engage men in family planning decisions, and the impact of AIDS and sexually transmitted diseases (STD) will inevitably grow more demanding.

Recommended priority topics are listed below. R&D/POP/R should use a collaborative process to investigate and identify areas for research during the preparation of the scope of work for the request for proposals (RFP) and immediately following award of the contract, soliciting input from other divisions of R&D/POP, CAs, and other family planning experts at the project design stage. Situation analysis should continue to be used as a means to identify points of intervention for improving family planning service delivery.

- **Family Planning Service Delivery**, including quality of care; approaches and structures for supervision; logistics management and support; training structures and methods; IEC strategies; administrative and financial management.
- **Alternative Service Delivery Systems**, including approaches to CBD, private sector in particular country and regional environments.
- **Integration**, including family planning within MCH, EPI, and other health services; with STD and HIV prevention programs; into other social service (e.g., agricultural and home extension) programming.
- **Sustainability**, including alternative financing schemes; effects of user charges on utilization of services; CBD and social marketing strategies.
- **Target Groups**, including engaging males in family planning decision making, education, and use; youth; post-partum women.

6.1.4 Institution-Building Needs

As noted above, the African institutional capacity to conduct operations research is limited. The successful efforts in this area merit continued concentration:

- The network of researchers developed in Nigeria needs to be fostered and consolidated, and the link being developed between Obafemi Awolowo University at Ile-Ife and Exeter University (U.K.) further strengthened under a follow-on OR project.
- The initial work developing a regional capacity for OR in the Sahel under way with CERPOD also deserves further attention.

In other countries, trained researchers do exist and frequently occupy positions in institutional structures the titles of which indicate such capabilities, e.g., population research institutes or research and evaluation units in ministries of health or national family planning programs. These institutes

are thinly staffed, however, and the researchers often have limited field experience and little or no training in operations research. To be able to stand on their own and initiate and support operations research, African institutions will need training, guidance, and financing for hardware, software, and other forms of institutional strengthening.

6.2 A.I.D. Programming

The design, redesign, and implementation of population and family planning programs by A.I.D. are being affected by various forces: the implementation of the Priority Country Strategy by R&D/POP, the pressures by the Africa Bureau on missions to "focus and concentrate," and staffing limitations.

Priority Country Strategy. The targeting of R&D/POP resources to priority countries, of which only a limited number are in Africa (Kenya, Tanzania, Nigeria, Ethiopia, and now possibly Ghana and Uganda), will limit the availability of financial resources from R&D/POP, although technical resources will continue to be available from central contracts through buy-ins or operating year budget (OYB) transfers for non-priority countries with bilateral programs.

Africa Bureau Strategy to Concentrate Resources. At the same time, Africa Bureau pressures to focus and concentrate have affected allocations of Development Fund for Africa (DFA) resources, with allocation formulae often restricting funding as a result of political and economic performance criteria. The same focus and concentrate pressures at the mission level mean that missions must select specific sectors for emphasis, and in their country strategies make commitments to meet certain strategic objectives. Most missions in the Africa Region do have strategic objectives related to population growth, making a commitment to reducing fertility and/or increasing contraceptive prevalence. (In the East and Southern Africa sub-region, only Zambia has neither a fertility reduction strategic objective and/or a bilateral population program; Ethiopia is still developing its strategic plan.) As a result, missions are analyzing all bilateral and central resources to determine whether they contribute to meeting the strategic objectives and targets that have been set.

If a mission has a fertility reduction strategic objective, it is making a commitment to allocating bilateral resources to meet the objective. Even those programs presently implemented through buy-ins, add-ons, and centrally funded support are looking for approaches to facilitate coordination; Zimbabwe, Tanzania, and now Rwanda, have all organized coordination meetings to prepare common strategic plans and workplans, with the CAs being asked to link their activities with the common plans. Missions are also looking for ways to limit the number of CAs involved in their programs, which can number up to 20, when including CAs working on related Office of Health projects.

Staffing Constraints. To ensure adequate technical support for programs in non-priority countries, some USAIDs are choosing to secure a full range of technical services for family planning through a direct A.I.D. contract. Under this strategy, only selected components, such as policy analysis or research, might be secured through separate buy-ins.

Given increasingly severe staffing constraints, missions continue to search for ways to minimize their management burdens. Direct contracting has the further advantage of simplifying project management; with only one contractor, only one funding document is required, and the contractor takes primary responsibility for coordinating all of the project components and technical inputs.

These trends in the structuring of A.I.D. support for population and family planning programs in Africa will have implications for the next centrally funded OR contract for Africa, particularly regarding countries in which project activities will take place.

6.3 Issues of Project Structure and Design

The points noted under Sections 6.1 and 6.2 will directly affect the structure and scope of the next Africa OR Project. Structural changes in A.I.D. population support and the evolution of local family planning capabilities will affect the role of the next OR contractor; staffing and structure for the contractor team; linkages with other organizations such as CAs, other direct A.I.D. contractors providing TA in-country, missions, and regional offices; structuring of contractor outputs; and processes for setting the research agenda and identification of priority topics.

6.3.1 Role of the Centrally Funded OR Contractor

Given that programs tended to be more effective in countries like Kenya and Burkina Faso where operations research is becoming an ongoing process for problem identification and solution (see Section 2.5.1) and that the Office of Population and the Africa Bureau are both concentrating their efforts, it is recommended that the next contract direct support to a limited number of countries. These would include both those R&D/POP priority countries that choose to receive OR assistance in carrying out their strategy, and non-priority countries jointly determined by A.I.D./W and the missions (probably no more than 5 or 6). The process of identifying priority countries should begin while the RFP is being developed.

Activities to be undertaken in the priority countries will be developed to the extent possible in concert with the needs of other CAs active in each country and in keeping with the country strategy or plan of action. Thus, it may be that the new OR contractor might encounter a well-developed research agenda in Kenya or Nigeria and be required to tailor a workplan to ongoing activities. In non-priority countries, the process of project development may continue to be like that followed under the present contract, although, for the most part, family planning programs in Africa have matured to the point at which they are able to identify research interventions themselves and may rely less on opportunity visits.

In non-priority countries,

- Projects should be developed in close collaboration with the major family planning providers in the country, and where feasible, with the participation of other CAs.
- In addition, the OR contractor should facilitate the exchange of findings and information related to innovations and methodologies in operations research among all of the country programs supported with A.I.D. funds (whether central or bilateral) and develop mechanisms for dissemination of relevant methodologies such as the situation analysis to other country programs.

6.3.2 Project Staffing and Structure

Given the array of topics and needs likely to come up in the next contract period (see Section 6.1.3), future staffing should reflect the range of skills that existed under the first contract: i.e., social science research, computer applications, administrative and financial management, evaluation, family planning and public health.

In addition, capacity in the areas of management and the addition of family planning service delivery expertise should be expanded. Also, needs for consolidation and dissemination of study findings and relevant methodologies will require staff dedicated to tracking activities not only in those countries given priority under the contract but in non-priority countries. Staff should also have skills in developing workshops and/or handbooks that continue to permit transfer of these technologies in "user-friendly" ways.

Allocation of time should reflect the needs of the counterpart organizations. It is likely that staff should allocate up to 30 to 40 percent of their time for selected priority countries, with up to two weeks per quarter spent in-country. In addition, the staffing and structure will need to respond to the stronger felt needs already exhibited in some settings to develop local institutional capacity and to implement studies related to the iterative process proposed above.

The project director should be based in the U.S., both to facilitate communication with interested constituencies and to ease problems of communication and transportation that persist between anglophone and francophone Africa. In addition, the U.S. office should include the project administrator, a communications specialist, and possibly one researcher skilled in analysis of situation analyses data. Regional offices should be maintained in both East and West Africa, given the wide differences in programs, difficulties of trans-continental communication and transportation, and the specific needs of francophone countries. The project may also consider one or two full-time staff members to be based in Nigeria.

6.3.3 Linkages with Other Organizations

Linkages with CAs, such as those that led to Pathfinder International's structuring its recent proposal for assistance to the NCC on the findings of an Africa OR/TA project situation analysis, should continue and be strengthened under the next contract. In line with assuring utilization of operations research findings, coordination and collaboration with CAs and bilateral, direct A.I.D. contractors, are essential.

In order to continue to test whether improvement in family planning clinic services (e.g., reducing waiting time) in integrated MCH and family planning service facilities may have a positive effect on health services, the new project should extend its coordination and collaboration efforts to CAs supported by the Office of Health, as well as contractors involved in bilateral health projects. Family planning services, particularly in the public sector, are often delivered in facilities that offer integrated MCH and family planning services as well as curative services. Findings of the situation analyses implemented in these contexts have carried over to other health services; reducing waiting time for family planning services, for example, frequently benefited other services being provided.

In Africa, particularly now that the Africa Bureau is using the country-level strategic planning process to focus mission programs and projects on selected, measurable strategic objectives, USAID missions and HPN staff will have a key role to play in the implementation of family planning programs. If a mission has committed to increasing contraceptive prevalence, HPN staff will challenge all CAs and contractors to demonstrate how their inputs contribute to achieving that objective. The increased reliance on sector-level strategic plans and workplans will also help ensure that all inputs contribute to a coherent strategy. Both bilateral and non-bilateral inputs are likely to come under careful scrutiny, as missions attempt to make best use of resources. De-centralization of authority from A.I.D./W to the missions in Africa and the devolution of technical backstopping out of the Africa Bureau are likely to increase the role and authority of the missions in managing their portfolios.

Concurrent with these changes in A.I.D., many African countries have been creating structures and program strategies consistent with the goals of population or health policies promulgated during the past decade. Relevant ministries, usually ministries of health, and other institutions are being given the authority and responsibility to develop policies, strategies, and programs that will assure effective delivery of family planning services. Although these institutions are still weak and the strategies and plans flawed in many ways, their creation and development represent an important trend which USAID missions and other donors are supporting. CAs and contractors, including a future Africa OR/TA project, will need to orient their assistance to activities that support these national programs and institutions.

6.3.4 Setting the Research Agenda

As noted above, the next OR contractor will have an advantage that the Population Council did not have in many countries at the outset of the current contract: developed national family planning programs and institutional structures. Thus, research agendas and operations research topics will need to be defined in the context of the goals and priorities of these programs and linked with the institutions charged with their implementation. Although in some ways more cumbersome to work with, these structures can often assure more effective utilization of research results at the national level.

The scope of work for the new contract might establish guidelines for the selection of research topics. Included among these could be responsiveness to identified needs of counterpart organizations and country programs; capacity to implement research findings (see Section 3.1.2); and relevance to family planning program expansion and strengthening of delivery systems.

At least 10 constituencies can be identified for OR studies, as well as other interested parties (see Section 2.4.5). As the designer of the new contract scope of work, R&D/POP will have a key role in defining the parameters for Africa OR and in assuring that these parameters reflect important international issues and questions regarding family planning service delivery. Equally important constituencies are the R&D/POP (and Health) CAs involved in assisting with service delivery or support of service delivery (e.g., Pathfinder, SEATS, AVSC, INTRAH, PCS), which may have multi-country issues and questions, or multi-faceted questions and issues in individual countries; the USAID missions; and counterpart organizations.

USAID mission support will be critical in the selection of priority countries, topics, location of regional offices, and final approval of strategies and subprojects. Thus, early consultation with USAID missions, CAs (including their regional office staff), and selected host country organizations, both during the preparation of the scope of work for the OR contract and soon after the award, will greatly facilitate the development of an appropriate 5-year agenda and schedule of activity for the contract team.

6.3.5 Contractor Outputs

In line with the trends identified above, the outputs for which the next OR contractor should be held accountable should be carefully defined. Rather than being stated as numbers of countries and numbers of specific studies, per se, the outputs should be defined so as to reflect a coherent, comprehensive program of OR support to selected priority countries that includes TA and institution

building and a range of studies of designs appropriate to research topics of priority in the respective countries. Subprojects should be chosen that will have potential impact on systems of service delivery rather than on the performance of individual clinics.

Outputs should reflect the iterative process mentioned above, with the intent to establish an "in-built" mechanism for problem diagnosis and solution-testing. In addition, outputs should include manuals and workshops that support the transfer of selected technologies, and conferences and publications that support dissemination of OR results, from the specific work of this contract and from studies carried out in other countries.

The parameters of the OR contract work should be defined so as to provide a rationale for refusing to undertake studies that are clearly outside the scope of such a contract. In particular, "non-project" TA may be broadly interpreted; efforts should be made to restrict this to TA that will clearly improve program functioning (see Section 2.3.2).

The definition of outputs should reflect a balance of countries, emphasizing neither francophone nor anglophone countries; a balance of activities: institution-building, diagnostic studies, classical OR studies, and TA; and, a balance of institutions, providing assistance to both the public sector and alternative delivery systems. As implied in the discussion of priority countries in Section 6.3.1., R&D/POP may want to request and approve an overall OR strategy for the selected priority countries, rather than individual subproject proposals submitted in an *ad hoc* manner. Small-scale studies might then be approved at the country level rather than by Washington; large-scale studies (over \$50,000) would require special approvals.

6.3.6 Special Emphases

Three activities are proposed for special emphasis in a subsequent operations research project for Africa: integrated, iterative OR activities; TA; and dissemination.

Integrated Activities

At its most general level, OR can be seen as a *way of thinking* — an experimental orientation with a commitment to improving a service program. By doing OR, a program manager can gain confidence that improvements are possible.

Another way of looking at OR is as *part of a process* to improve service delivery programs. Rather than being viewed as a specified number of subprojects which is admittedly simpler contractually, OR can be pictured as a *series (or "package") of iterative activities*. For example, if a situation analysis identifies long waiting times at MCH/family planning clinics as a problem, OR can then be used to investigate one or more ways of dealing with this problem. Further studies could include replications, refinements, or expansions of the original study with knowledge accumulating along the way of how to shorten waiting times.

A country package of activities, only some of which are research studies *per se*, might have the following components: (1) research priorities workshops at one or more levels (national, regional); (2) a situation analysis; (3) identification of most important issues to pursue based on the situation analysis; (4) research training, research design, implementation and monitoring of the research; (5) dissemination of findings; (6) refinement of issues; and (7) expansion of the original studies.

By focusing on fewer countries and integrating OR into a country-wide population strategy, the findings and experiences of OR may become even more relevant.

Technical Assistance

A future OR project for Africa should continue to emphasize the provision of TA, as well as the implementation of formal research studies. The TA included should be supportive of the OR process, including designing and implementing research, improving local OR capacity, applying research findings, and facilitating links with other CAs having specific program competencies. Less emphasis should be placed on isolated interventions that have only marginal relevance to operations research.

Dissemination

Dissemination of research findings and African experience must continue as a key component of another OR project. This evaluation, as well as other recent activities (Adamchak, et al., 1990; Hyatt-Hearn, et al., 1991) raised yet again the contention that the results of operations research are not being made available in forms that best meet the needs of the OR constituencies. This of course returns to the issue of the numerous groups interested in OR results, and the many different mechanisms available to reach them: newsletters, monographs, scientific reports, project updates, workshops and conferences, to name just a few. This evaluation can do little more than note that there is a sustained interest in OR, that people perceive this as an interesting and useful tool, and that they want to understand more about the implications of research findings. A new project should devote continued effort to find ways to address these ongoing needs.

A special mention must be made of the needs of host country organizations in resource-poor Africa. In many countries, books, reference materials, illustrative reports, and updated program information are hard to acquire. The current project is making inroads in meeting these needs, and a follow-on activity must continue to do so.

6.4 Recommendations for a Future Project

Separate OR Project

Foremost, the needs of newly-emergent African family planning programs indicate that **there should continue to be a separate Africa OR project**. The goals of the project would include expansion and improvement of service delivery systems in new country contexts. This would be accomplished both by carrying out research and implementing program changes, and by providing TA. To the extent feasible, this project could also participate in joint subprojects with other CAs, including evaluating activities and conducting programmatic research meeting other CAs' needs.

Country Selection and Subproject Activities

The OR project should be permitted to **carry out activities in both Office of Population priority and non-priority countries** in Africa, although the approach will differ. In priority countries, OR activities should be developed and implemented as part of **country plans**. In the non-priority countries, the

approach to be followed in project development and implementation should be much the same as that followed under the present contract, although the number of countries should be limited (perhaps to 5 or 6).

The divisions of R&D/POP should assess their research needs and priorities, and as relevant, include them in strategic country plans being developed. To the extent that the research needs can be addressed through OR, divisions should make their needs known as the RFP for the follow-on OR project is developed.

Where possible, OR activities should concentrate their efforts and support an iterative process including diagnosis, problem-identification, testing of solutions, reassessment to identify success of solutions, etc. For example, the first activity might be a situation analysis, followed by proposal development as was done in Kenya and Burkina Faso. Given the ongoing nature of the proposed iterative process, the duration of the contract should be extended, perhaps by awarding a five-year contract renewable for a second five-year period without competition, based on satisfactory performance during the first period.

Preeminence should be given to national family planning programs when possible. This approach will allow the relative emphasis between public and private sector activities to be dictated by the individual country priorities.

The number of subprojects should be de-emphasized even further, and more emphasis be placed on provision of TA, not necessarily connected to specific research subprojects. This will allow project staff to propose problem resolutions based on experience in diverse situations, in a flexible, responsive way.

Experimental designs should be used sparingly and particularly when there are two or more legitimate and equally plausible interventions to be compared. Whenever possible, more than one setting should be selected for each intervention or the whole study should be replicated elsewhere. Thus, if an unexpected threat to the design occurs, the study question can still be answered.

For service delivery subprojects, an attempt should be made to express project outcomes in terms of CYPs or contraceptive prevalence. This will permit a clearer determination of the impact of subprojects in meeting demand for family planning in defined areas.

The Office of Population and the contractor should develop mutually agreeable means of documenting TA (e.g., periodic reports in addition to regular trip reports). Special attention should be given to routinely documenting the activities of resident advisors.

Staff and Structure

The headquarters of the Africa OR project should be based within reasonable commuting distance to Washington, D.C., with staff including at least the director, and two to three associates, as well as necessary administrative staff. In addition, there should be regional offices located in East and West Africa, headed by deputy directors, and including technical project staff. Where appropriate, resident advisors should continue to be a part of the overall project.

The technical skills for the OR project should include both **family planning program management expertise and service delivery skills**, in addition to the current mix of social sciences research capabilities, family planning and public health, communications, and computer applications.

Dissemination, Collaboration, Institutionalization

Although there are many constituencies for OR, the most important should be the **national family planning program and the USAID mission**, with the understanding that the OR staff will work collaboratively with local CAs and will continue to disseminate information and results globally.

The project should continue to **emphasize the dissemination of OR findings and experience**, through diverse means including newsletters, manuals, papers presented at conferences and published in recognized journals, workshops and conferences. The staff should include one or two members who are skilled in dissemination.

A need continues for **institutionalizing local capacity to carry out OR**, although it is acknowledged that this is a time- and labor-intensive process. As skills develop, the model of the OR network in Nigeria may be applied in other contexts.

Appendices

Appendix A
Evaluation Scope of Work

Appendix A

Evaluation Scope of Work

III. STATEMENT OF WORK

The evaluation team will address each major component of the Africa OR/TA scope of work (points 1 through 6 on pages 1-2), as well as the extent to which completion of these activities has lead to accomplishment of the general goal of "development of cost-effective ways to better satisfy the desire for family planning services in Africa." (See points I.1-6 on page 1) A recent management review of the project (attached as Appendix 1) determined that the contractor had either completed or had in process more than the specified number of operations research projects and other types of activities. Therefore the team will focus on assessing the effectiveness and quality of the activities completed under the scope of work. They will also address the issue of the appropriateness of the project design as specified in the project document. In addition, the team will consider the implications of A.I.D.'s priority countries for future project design. The team will also assess the management of the project by R&D/POP/R. Illustrative questions in these general areas are listed in the following section.

In addition to these specific questions, there are a number of more general questions relating to the nature of the African family planning environment and future directions of OR in the region which cannot be answered definitively in the context of this evaluation, but should be considered in background discussions. These are attached as Appendix 2. The team is also encouraged to identify additional issues and questions on the basis of its own investigation.

1. Identification of OR opportunities

a. Assessment of the process used by the contractor to identify OR opportunities

- How were OR topics identified? What criteria were used select to collaborating organizations?
- Did the contractor work effectively with program managers/counterparts to identify topics of relevance to them?
- Has the project been responsive to A.I.D. mission concerns?
- How has the specification of "deliverables" in the contract, specifically the number of subprojects to be implemented, affected the quality of research and the flexibility of the project?
- How successful has the workshop mechanism been for the identification of OR topics and the development of proposals? How are individuals selected for workshop participation?

- How successful has the situation analysis methodology been in identifying OR opportunities, and suggesting solutions?
 - To what extent has the project taken advantage of existing data sources such as the DHS in the identification of topics?
- b. Assessment of the actual and potential impact of the portfolio of projects identified
- Has the project identified the major constraints to meeting the unmet demand for family planning in Africa?
 - Do the projects taken in total address these constraints?
 - What interventions have been identified to alleviate those constraints?
 - Have these interventions proved effective?
 - How were technical assistance projects selected? What has been their impact?
 - How successful has the project been in balancing the needs and priorities of indigenous organizations with the needs of A.I.D./Washington to address certain global issues?
 - To what extent have crucial issues including the introduction of new contraceptives such as NORPLANT[®], the relationship of family planning to the AIDS epidemic, gender issues in family planning programs, quality of care, the impact of family planning programs on women, and the ineffective use of certain contraceptive methods been addressed?

2. Development of OR protocols

- a. Effectiveness of the collaboration with cooperating organizations
- How were collaborating organizations selected?
 - Were organizations selected which had the potential both to institutionalize OR capacity and to have a significant impact in improving service delivery? Has this happened?
 - How effective have initial OR workshops, the OR Handbook, and the technical assistance provided throughout the projects been? What purposes have these activities served in meeting the overall objectives of the project?
 - In countries where there is no resident advisor, has the ongoing TA been sufficient? Are there any particular stages in the implementation of OR projects (such as research design, data collection, analysis,

report preparation, etc.) which have not received sufficient technical assistance?

b. Determination of the number and geographic distribution of the OR subprojects

- Is the number and geographic distribution of the OR projects both manageable and maximal in terms of program impact? How can program impact be quantified?
- Would a fewer number of larger projects with more intensive technical assistance have potentially more impact?
- Why have there been relatively few OR activities implemented in Senegal, the West African regional office of the Population Council?
- Have the particular constraints to meeting unmet need in the Francophone African context been adequately addressed?
- What has been the success of OR projects which have been attempted in countries where there is no resident advisor?

3. Implementation of research design

- a. What has been the quality of research instruments developed, training conducted, data collection procedures, data analysis, and final report preparation?
- b. Has the technical assistance provided by the Council been sufficient at each of these stages?
- c. What have been the causes of any delays experienced in the implementation and completion of OR projects?

4. Dissemination and utilization of OR subproject results in country and in Africa

- a. What are the major programmatic findings of the operations research subprojects and to what extent have these findings lead to changes (improvements) in the delivery of family planning services?
 - Although many subprojects are still in the implementation phase, to what extent have project staff been successful in identifying appropriate applications of research results, and scaling-up activities?
- b. How effective have various dissemination activities been, including the newsletter (African Alternatives), project summaries, and press materials? Who is the

audience for these materials? Are these the appropriate audiences? Has any attempt been made to assess audience response?

- c. Has sufficient attention been given to the preparation of dissemination materials in French?
- d. What efforts have been undertaken to disseminate OR findings to CAs and other family planning organizations working in Africa and in the U.S.? How effective have these efforts been? What specific examples are there of use of OR findings?

Other opportunities for dissemination include special presentations at A.I.D., at other international organizations, and at professional meetings. How active has the Council been in these activities, and how effective have they been?

- e. What additional dissemination activities should be undertaken during the next project to increase project impact?

5. Concerning the overall goal of the project, to what extent have the activities of the project, taken together, increased the quantity, quality, and acceptability of family planning services in Africa?

- a. Has the project produced practical findings and recommendations for the improved design and implementation of family planning services in Africa?
- b. Have the findings/recommendations lead to actual improvements?
- c. What factors, either internal or external to the project, have tended to constrain or reduce its impact? What recommendations can be made for reducing these constraints and improving impact in a future project?
- d. The development of the situation analysis and the implementation of seven situation analysis studies was a major activity in this project. What kind of impact has this activity had and what priority should it be given in the next project?
- e. The project has been working closely with CERPOD and has recently laid the groundwork for the establishment of a network of OR researchers in Nigeria. Both activities are designed to institutionalize OR capacity.
 - Was this activity well-designed and successfully implemented? How should such activities be pursued during the next project? Are there other African institutions that should be involved?

Appendix B
Persons Contacted

Appendix B
Persons Contacted

The Population Council

Kenya

Andrew Fisher, Project Director
Ian Askew, Associate
Lewis Ndhlovu, Associate
Cecelia Ndeti, Program Coordinator
Wambui King, Communications Officer
Ayo Ajayi, Senior Representative for East and Southern Africa

Dakar

Placide Tapsoba, Medical Associate
Diouratié Sanogo, Associate
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Robert A. Miller, Associate, Programs Division
Beverly Ben Salem, Associate, Programs Division

Burkina Faso

Youssef Ouedraogo, Population Council Technical Advisor
Gaston Sorgho, Chief, Family Planning Service, MOH
Irene Konombo, Social Educator, IEC Bureau of Family Planning Service, MOH
Louise Dondassé, Maternal Child Health Service, MOH
Pascaline Sebgo, former Chief, Family Planning Service, MOH
Brigitte Thiombiano, Burkinabe Association of Midwives
Inoussa Kaboré, Project Assistant, Burkinabe Association of Midwives
Souleimane Kanon, Chief Medical Officer, Passoré
Marie-Michelle Ouedraogo, Director, Demographic Teaching and Research Unit, University of Ouagadougou
Joanny Kaboré, INTRAH Technical Advisor
Jatinder Cheema, Health, Population and Nutrition Officer, USAID/Ouagadougou
Alain Damiba, Regional Advisor, SEATS Project

Mali

Bamako

Seydou Doumbia, Population Council Technical Advisor
Arkia Dourcouré, Director, Division of Family Health, MOHSA

Baba Traoré, Chief, Family Planning Division, CERPOD
Fara Mbodji, Demographer, Family Planning Division, CERPOD
Dr. Guindo, Chief, Division of Community Development, MOHSA
Djenélea Diané, Social Assistant (Communications), Division of Community Development, MOHSA
Youssef Diange, National Director of Social Affairs, MOHSA
Suzanne Boucoum, former Director, Division of Family Health, MOHSA
Neil Woodruff, Health, Population and Nutrition Officer, USAID/Bamako
Tata Sangaré, Senior Program Management Specialist- Health and Population, USAID/Bamako

Sanankoro-Djitoumou

Cheick Oumar Kouyate, Community Development Technician
Dieba Traoré, CBD Project Animator
Drissa Samaké, CBD Project Animator
Mady Kamissoko, Health Center Director, Ouélessébougou

Senegal

Adama Diop, Executive Director, Senegalese Association for Family Well-Being
Barbara Jones, Regional Program Manager, Association for Voluntary Surgical Contraception
Alpha Dieng, Director, Senegalese Association for Family Well-Being
Awa Marie Coll Seck, on leave from University of Dakar Teaching Hospital
Linda Lankeneau, Health, Population and Nutrition Officer, USAID/Dakar
Massaer Gueye, Family Health and Population Project Manager, USAID/Dakar
Laty Ndoye, Deputy Director, Family Health and Population Project

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Kenya

USAID/Nairobi

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The Pathfinder Fund

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Sammy M. Mwatha, Programmes Division

Tanzania

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Sawon Hong, CTO, Asia OR/TA Project
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Leila Hessini, Intern, JHPIEGO

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Ann Way

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Nancy Harris, Director
Thomas Hardy

Appendix C
Bibliography

Appendix C

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Appendix D

The Population Council: Africa OR/TA Publications

Appendix D

The Population Council Africa OR/TA Publications

Condensed Final Reports:

- Burkina Faso** Situation Analysis of the Family Planning Program in Burkina Faso (6/92)
- Kenya** Evaluation of the Maternal-Child Health and Family Planning In-Service Training Program in Kenya (5/92)
- Kenya** A Situation Analysis of the Family Planning Program of Kenya: The Availability, Functioning, and Quality of MOH Services (5/92)
- Senegal** Users' Perspectives on the Delivery of Family Planning Services in a Model Clinic in Dakar, Senegal¹ (5/92)
- Zimbabwe** A Situation Analysis of the Family Planning Program (5/92)

Complete Final Reports:

Complete reports are available for all of the above as well as for

- Kenya** FPPS Evaluation (5/90)
- Kenya** Nairobi City Commission Situation Analysis (12/91)
- Kenya** Family Planning Policy Guidelines/Standards for Service Providers (1991)
- Kenya** CBD Policy Guidelines Workshop (8/90)
- Kenya** Evaluation of Chogoria Family Planning Default Tracking System (4/92)²
- Mali** CBD Baseline KAP Study (11/91)¹
- Rwanda** OR Workshops (4/90)
- Senegal** Identifying Obstacles to Effective Counseling of HIV-Positive Patients and Families (5/92)^{1,2}
- Swaziland** Evaluation, CBD Pilot Project (5/90)
- Tanzania** BIT Evaluation, Phase I (11/90)
- Zaire** Situation Analysis (11/91)²
- Zaire** Impact of Integrating Family Planning/Immunization (12/91)

¹These materials are also available in French.

²Soon to be available in condensed format.

- Zaire** Comparison of Current and Former Users of Pills, IUDs, and Injectables (11/91)
- Zaire** Parents' Ability to Respond to Adolescents' Questions on Reproductive Health (6/92)²
- Zimbabwe** CBD Validation (11/90)
- Zimbabwe** Secondary Analysis, Kubatsirana Data (4/89)

Updates:

November 1991

- Gambia** Campaigns by Religious Leaders in Rural Gambia Influence Villagers' Knowledge and Attitudes towards Family Planning¹
- Ivory Coast** Management Information Systems Now Operational in Ivory Coast
- Mali** Community Based Distribution Project Now Operational in Mali¹
- Mali** Operations Research Capacity Takes Root in Francophone Africa Research Center¹
- Nigeria** Institutionalizing Family Planning Research in Nigeria
- Senegal** Senegal Project Measures Quality of Interpersonal Exchanges In Family Planning Clinic¹
- Zaire** Genuine FP/MCH Integration Looked Promising in Zaire¹

Updates:

February 1992

- Burkina Faso** Situation Analysis of Family Planning Program in Burkina Faso Completed¹
- Cameroon** Male Opinion Leaders Eager to Play a Role in Promoting Family Planning in Cameroon
- Gambia** Work Site Family Planning Experiment in The Gambia: Baseline Information¹
- Tanzania** Clients Say Quality Matters in Tanzania

July 1992

- Burkina Faso** Innovative Family Planning Strategies Reach Urban Residents¹
- Burkina Faso** TBAs Lend Efforts to National MCH/FP Program¹
- Cameroon** Study of Contraceptive Acceptors Helps Guide Family Planning Service Expansion
- Madagascar** Family Planning Services in Rural Madagascar: Comparing Three Models
- Madagascar** IUD Gains Popularity
- Mali** Research Used to Create Innovative IEC Program

Other Publications:

African Alternatives (newsletter), Numbers 1-4¹

Africa OR/TA Semi-Annual Reports (latest 9/1/91-2/29/92)

Contraceptive Guidelines Wall Chart¹ (reprinted 6/92)

Guidelines and Instruments for a Family Planning Situation Analysis Study (6/92)

Handbook for Family Planning Operations Research Design¹

Zaire Buy-in, final report (4/92)

Available from the Dissemination Project:

Database of worldwide OR projects and activities

Appendix E
Summary of Project Progress

2017

Appendix E

Summary of Project Progress

Scope of Work	Accomplishments to Date
<p>Identify family planning OR opportunities</p> <ul style="list-style-type: none"> • Visits to identify OR opportunities • Priority given to OR opportunities that <ul style="list-style-type: none"> - Develop activities with private sector - Address unmet need in francophone Africa • Develop country database • Develop agency database • Develop and distribute project brochures 	<ul style="list-style-type: none"> • Visits made to 22 sub-Saharan African countries. • 40% of activities initiated with NGOS, PVOs and private firms. • 46% of activities in francophone countries. • "MORE" database being updated and revised to facilitate use. • Not undertaken due to large number of agencies in Africa, lack of staff time, and questionable utility. • English and French language brochures prepared and widely distributed.
<p>Provide assistance to develop subproject proposals</p> <ul style="list-style-type: none"> • Develop and implement approximately 35 subprojects • Produce and distribute revised OR handbook 	<ul style="list-style-type: none"> • Total of 67 subprojects in 16 countries developed to date. • Problem identification/proposal development workshops held in Kenya, Rwanda, Mali and Nigeria. • English and French versions prepared and distributed.

<p>Provide assistance to implement project design</p> <ul style="list-style-type: none"> • Visit each subproject site on a systematic basis to ensure study design implementation • Provide appropriate computer equipment • Assist African agencies to collect, analyze and report data from subprojects 	<ul style="list-style-type: none"> • Regular site visits made to assist agencies with subproject implementation. • Computer equipment provided to subprojects in 11 countries. • Problem identification/proposal development workshops held in Kenya, Rwanda, Mali, Nigeria. • Computer workshops held in Gambia, Kenya and Zimbabwe.
<p>Disseminate OR subproject results in-country and in Africa</p> <ul style="list-style-type: none"> • Hold end-of-subproject seminars to disseminate results • Form research utilization committees • Establish and maintain mailing list • Prepare and distribute summaries of OR activities in Africa • Prepare and distribute summaries of OR projects • Hold regional OR conferences • Prepare OR monograph • Periodically distribute press materials 	<ul style="list-style-type: none"> • End-of-subproject seminars planned for all studies. • Policy makers, researchers and service delivery personnel to be targeted in dissemination efforts informally identified and will be involved in dissemination and utilization of results. • Mailing list created and maintained. • Four issues of <i>African Alternatives</i> produced and distributed; two to three additional issues planned. One-page status reports entitled <i>Update</i> published as findings are available. • <i>Summary of Activities</i> report issued in June 1991; updates included in semi-annual reports for Sept. 91 - Feb. 92. • Conferences scheduled for late spring-summer 1993. • Planned for fifth year of project. • Staff attended UNFPA-sponsored conferences journalists in Cameroon and Zambia.

<p>Provide technical assistance without field testing</p> <ul style="list-style-type: none">• Support 5 local resident advisors and 2 expatriate advisors• Provide support for problem identification and development without field testing	<ul style="list-style-type: none">• Local advisors in Burkina Faso, Mali and Nigeria; 2 expatriate advisors were in Zaire prior to the withdrawal of all A.I.D. support.• Workshops, evaluations and TA activities in 12 countries; support for institutional development provided to CERPOD and Obafemi Awolowo University in Nigeria.
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Appendix F
List of Subprojects

Appendix F

Status of Africa OR/TA Activities (as of July 31, 1992)

Nº	Country/Agency	Project Title	Study Type/ Themes	Budget/ Duration	Contract No./ Status
1	Burkina Faso/ABSF	An Operations Research Study to Test a Family Planning Motivation and Referral Program Using Satisfied Contraceptive Acceptors and Midwives	Experiment New Delivery System	\$59,936 07/01/90 09/30/92	CI90.43A & CI91.06A/ On-going
2	Burkina Faso/MOHSa	A Situation Analysis of the Family Planning Service Delivery System in Burkina Faso	Diagnostic Quality	\$26,631 02/07/91 06/30/92	CI91.12A/ Complete Cond. Final Report 6/92
3	Burkina Faso	MIS Needs Assessment	Technical Assistance Quality	\$24,000 (est.)	In-house Proposal
4	Burkina Faso/MOHSa	An Evaluation of a Traditional Birth Attendants (TBA) Training Program in Burkina Faso	Evaluation New Delivery System	\$28,608 03/01/91 02/28/93	CI91.13A/ On-going
5	Cameroon/Save the Children	Integrating Community Based Family Planning Education and Services with Primary Health Care in Two Rural Areas of Cameroon	Experiment New delivery System	\$227,394 10/1/89 9/30/92	CI89.48A & 91.49A/ On-going
6	Cameroon/MOH	Promotion and Delivery of Family Planning Services in the Donga-Mantung: An Operations Research Study on the Role of Male Opinion Leaders in Rural Cameroon	Experiment Underserved groups	\$124,975 03/01/91 04/30/93	CI91.17A & 92.10A/ On-going

Source: The Population Council, August 1992

Nº	Country/Agency	Project Title	Study Type/ Themes	Budget/ Duration	Contract No./ Status
7	Cameroon/DFMH/MOH	Diagnostic Study of Contraceptive Acceptors in Yaounde	Diagnostic Quality	\$32,225 07/07/91 04/30/92	CI91.29A/ Complete
8	The Gambia/Save the Children	The Influence of Village Level Health and Birth Spacing Meetings conducted by Religious Leaders on Contraceptive and Continuation Rates	Experiment Underserved groups	\$68,114 10/01/89 04/31/92	CI89.43A/ Complete
9	The Gambia/SCF	Strengthening PHC & FP Services through TBA Training	Experiment New Delivery System	\$72,950 10/01/91 04/30/93	CI91.62A/ On-going
10	The Gambia/GFPA	Employment Based Family Planning Services	Experiment New Delivery System (including AIDS)	\$55,700 05/01/90 01/31/93	CI90.35A/ On-going
11	Ghana/KATH/AVSC	An Evaluation of a Client Referral Mechanism for Sterilization Services in Ghana	Evaluation Underutilized Methods	\$6,291 10/01/90 10/31/92	CI90.83A/ On-going
12	Ivory Coast/AIBEF	Diagnosing the Quality of Care Through an Improved Management Information System	Diagnostic Quality	\$130,000 09/15/90 12/31/92	CI90.79A/ On-going
13	Ivory Coast/AIBEF	Monitoring AIBEF's Service Expansion through Situation Analysis	Diagnostic Quality	\$29,392 01/01/92 07/31/92	CI19.03A/ On-going
14	Kenya/MOH & OR/TA (Tamara Brown)	Development of Contraceptive Guidelines for Providers	Technical Assistance Quality	\$8,000 04/01/89 05/31/89	Buy-in/ Complete Charts Reprinted ('92) Guidelines ('91)

Source: The Population Council, August 1992

№	Country/Agency	Project Title	Study Type/ Themes	Budget/ Duration	Contract No./ Status
15	Kenya/NCPD & IRD (Jeanne Cushing)	Computer workshop on the Use of the Integrated System for Survey Analysis (ISSA) 03/16-04/06/90	Workshop Quality	\$9,497 \$18,106 03/01/90 05/31/90	CI90.16A & CI90.17A/ Complete 2 reports: JC & LN
16	Kenya/MOH & OR/TA & POPTECH (Joyce Lyons)	An Evaluation of the MOH Family Planning In-Service Training Activities	Evaluation Quality	\$29,300 10/15/89 12/15/89	Buy-in/ Complete Cond. Final Report 5/92
17	Kenya/MOH/PSRI & OR/TA	Reducing Client Waiting Time in Kenyan MOH Maternal and Child Health/Family Planning (MCH/FP) Clinics	Experiment Quality	\$6,533 02/01/91 06/30/92	In-house/ Complete
18	Kenya/Consultant (John Ross)	Evaluation of FPPS Project Services	Evaluation New Delivery System	\$6,386 05/90	Consultancy/ Complete Report 5/90
19	Kenya/NCPD (Ralph Frerichs)	An Integrated Approach to the Development and Implementation of OR Studies	Workshops and follow-up Underserved groups	\$53,000 07/01/90 09/30/92	In-house/ On-going Int. Report 8/90
20	Kenya/MOH	Eliminating Missed Opportunities for Family Planning Education in MOH MCH/FP Clinics in Kenya	Experiment Quality	\$20,710 02/01/91 06/30/92	In-house/ Complete

Nº	Country/Agency	Project Title	Study Type/ Themes	Budget/ Duration	Contract No./ Status
21	Kenya/AMREF	Expanding Health and Family Planning Delivery Systems Using Traditional Practitioners: An OR Study in Rural Kenya	Experiment New Delivery System	\$154,319 7/01/89 8/31/90 \$131,173 09/01/90 02/28/93	CI89.28A/ Complete CI90.41A/ On-going
22	Kenya/MOH & University	Increasing Education for Voluntary Surgical Contraception in Kenyan MOH MCH/FP Clinics	Experiment Underutilized methods	\$12,620 03/01/91 03/31/92	In-house/ Complete
23	Kenya/MOH & OR/TA	A Situation Analysis of the Family Planning Program in Kenya: The Availability, Functioning, and Quality of MOH Services	Diagnostic Quality	\$40,000 12/89	Buy-in/ Complete Cond. Final Report 5/92
24	Kenya/FPAK	Increasing Male Involvement in the Family Planning Association of Kenya Family Planning Program	Experiment Underserved groups	\$91,797 06/01/90 06/30/93	CI90.52A & 92.16A/ On-going
25	Kenya/MOH/DFH	Community Based Distribution Workshop	Workshop Underserved groups	\$9,410 08/12/90 08/15/90	In-house/ Complete Report 8/90
26	Kenya/CHAK	Evaluation of Chogoria FP Follow-up System	Evaluation Quality	\$15,080 06/01/91 05/31/92	In-house/ Complete Report 4/92
27	Kenya	A Situation Analysis of Nairobi Clinics	Diagnostic Quality	\$4,850 01/01/91 06/30/91	In-house/ Complete Report 12/92

Source: The Population Council, August 1992

Nº	Country/Agency	Project Title	Study Type/ Themes	Budget/ Duration	Contract No./ Status
28	Kenya/Consultant (James Phillips)	Appraisal of Role/Impact of CBD in Kenyan FP Program	Evaluation Quality	01/13/92 01/26/92	Consultancy/ Complete Report 2/92
29	Kenya/AVSC	Increasing the Use of Long Term and Permanent FP Methods in Kenya	Diagnostic Institution Building	\$44,000 09/01/92 06/30/93	Proposal
30	Madagascar/FISA	An Experimental Program to increase IUD Acceptance in Madagascar	Experiment Underutilized Methods	\$23,273 07/01/90 12/31/92	CI90.30A/ On-going Int. Report 2/92
31	Madagascar/JIRAMA	The Impact of Strengthening Clinic Services and Community Education Programs on Family Planning Acceptance in Rural Madagascar	Experiment New Delivery System	\$35,259 03/01/90 12/31/92	CI90.20A/ On-going Interim Report 2/92
32	Madagascar/FISA	The Effect of Husbands' Involvement in the Pre-Introduction Trial of NORPLANT® in Madagascar	Experiment Underutilized Methods	\$21,008 04/01/90 12/31/92	CI90.23A/ On-going
33	Mali/MOH Phase I Mali Buy-in	Family Planning Social Marketing and Community Based Distribution (KAP Survey \$35,737)	Experiment New Delivery System	\$145,080 07/01/90 06/30/91	CI90.67A/ Complete Report 11/91
34	Phase II Mali Buy-in		Experiment New Delivery System	\$200,370 07/01/90 12/31/92	CI91.44A/ On-going
34a	Mali/MOH	Testing a Team Approach for CBD Agents	Experiment New Delivery System	\$40,084 10/01/91 12/31/92	On-going

Nº	Country/Agency	Project Title	Study Type/ Themes	Budget/ Duration	Contract No./ Status
34b	Mali/MOH	Using Community Development Technicians and Nurses to Supervise CBD agents	Experiraent New Delivery System	\$20,800 10/01/91 12/31/92	On-going
34c	Mali/MOH	Evaluating a System for Motivating CBD Agents	Diagnostic New Delivery System	\$16,000 10/01/91 12/31/92	On-going
35	Mali/CERPOD	Training in Operations Research and Technical Assistance in Diagnostic studies	Workshop Institution Building	\$159,764 10/01/90 04/30/93	CI90.92A/ On-going Workshop held 4/22-5/3/91
36	Region/CERPOD	CERPOD Workshop Product: 3 Diagnostic Studies			
36a	Cameroon/MOH	Quality of FP Services Offered (Yaounde, Douala)	Diagnostic Quality	\$9,800 11/01/91 06/30/92	CI91.71A/ Complete
36b	Senegal/UTH	Identifying Obstacles to Effective Counseling of HIV Positive Patients and their Families	Diagnostic AIDS/STDs	\$7,860 10/01/91 03/31/92	In-house Project/ Complete Report 5/92
36c	Togo/ATBEF	Adolescent Center/Notse	Diagnostic Underserved group	\$9,652 11/01/91 07/31/92	CI91.72A/ Complete
37	Nigeria/Ife University	Development of a University Based OR Unit and Network	Technical Assistance Institution building	\$85,815 07/01/91 06/30/93	CI91.50A/ On-going

Source: The Population Council, August 1992

№	Country/Agency	Project Title	Study Type/ Themes	Budget/ Duration	Contract No./ Status
38	Nigeria/Ife University	Training Program to Develop Capacity of MCH/FP Programmatic Staff and University Researchers to Undertake OR	Workshops Technical Assistance Institution Building	\$79,110 09/01/91 02/28/93	CI91.56A/ On-going
39	Nigeria/Ife University	Situation Analysis	Diagnostic Quality	\$118,602 12/01/91 11/30/92 \$19,421	CI92.20A/ On-going ODA Award- 92.24 (Benue)
40	Nigeria/Lagos University	Perceptions of Reproductive Morbidity and Implication for FP Services	Diagnostic Quality	\$25,948 05/01/92- 06/30/93	CI92.20A/ On-going
41	Nigeria/ARFH Ibadan	Assessment of Rural CBD/FP projects	Evaluation New Delivery Systems	\$51,106 08/01/92 04/30/93	CI92.48A/ On-going
42	Rwanda/ONAPO	Operations Research Proposal Development Workshop 2/90	Workshop Institution Building	\$9,497 02/01/90 04/30/90	CI90.07A/ Complete Report 4/90
43	Rwanda/ONAPO	Combining Family Planning with the Expanded Program of Immunizations	Experiment new delivery systems	\$71,281 11/01/91 05/31/93	CI91.79A/ On-going
44	Senegal/MOH	A Situation Analysis of Senegal's FP Service Delivery System	Diagnostic Quality	\$62,353 01/01/93 08/31/93	Proposal
45	Senegal/AVSC	Factors Affecting a Woman's Decision to Have a tubal ligation or NORPLANT®	Diagnostic Underutilized Methods	\$21,934 11/01/92 05/31/93	Proposal

Nº	Country/Agency	Project Title	Study Type/ Themes	Budget/ Duration	Contract No./ Status
46	Senegal/ASBEF	Users' Perspectives on the Delivery of Family Planning Services in a Model Clinic in Dakar	Diagnostic Quality	\$5,930 01/01/91 07/31/91	CI91.07A/ Complete Cond. Final Report 5/92
47	Swaziland/FLAS	Family Life Association of Swaziland CBD Pilot Project Evaluation	Evaluation, Technical Assistance New Delivery System	-	In-house/ Complete Report 5/90
48	Tanzania/MOH	A Situation Analysis of the Family Planning Service Delivery System	Diagnostic Quality	\$124,595 10/01/91 02/28/93	CI91.78A/ On-going
49	Tanzania/TOHS	Work-Based Family Planning and AIDS Services: A Field Test of Two Strategies for Serving Factory Workers in Dar es Salaam	Experiment Underserved groups, AIDS	\$96,304 10/01/89 03/31/93	CI89.49A/ On-going
50	Tanzania/BIT	An Evaluation Study of the Use of Family Planning Services at the BIT Clinic	Evaluation New delivery system	\$9,813 11/01/89 10/31/90	CI89.53A/ Complete Report 11/90
51	Tanzania/BIT (follow-on)	Improving Quality of Care at the BIT Clinic	Experiment Quality	\$27,896 04/01/92 03/31/93	CI92.17A/ On-going
52	Togo/MOH	Combining Family Planning and EPI	Experiment Quality	\$56,944 06/01/91 11/30/92	CI91.31A/ On-going
53	Zaire/PSND	A Situation Analysis of the Family Planning Program in Zaire	Diagnostic Quality	\$74,245 07/01/90 12/31/91	In-house / Complete Report 11/91

Source: The Population Council, August 1992

Nº	Country/Agency	Project Title	Study Type/ Themes	Budget/ Duration	Contract No./ Status
54	Zaire/PSND	A Comparison of Current/Former Users of Pills, IUDs and Injectables	Diagnostic Underutilized methods	\$24,210 07/01/90 11/30/91	In-house/ Complete Report 11/91
55	Zaire/University-Clinic	The Impact of Implementing Family Planning with an Existing Program of Immunization and Growth Monitoring	Experiment New Delivery System	\$9,915 07/01/90 12/31/91	In-house/ Terminated Report 12/91
56	Zaire/PSND	Testing a Supervision Instrument	Management TA Quality	\$9,891	In-house/ Complete
57	Zaire/AZBEF	Survey of Parents' Ability to Answer Questions on Family Life	Diagnostic Underserved groups	\$2,739	In-house/ Complete Report 6/92
58	Zimbabwe/CIS	Secondary Analysis of Kubatsirana Project Data	Evaluation New Delivery System	\$4,350 01/01/89 03/31/89	CI89.05A Report 6/92/ Complete Report 4/89
59	Zimbabwe/ZNFPC	Validation of Community Based Distributor Service Delivery Statistics in Zimbabwe	Evaluation New Delivery System	\$14,940 08/01/89 11/30/90	CI89.42A/ Complete Report 11/90
60	Zimbabwe/ZNFPC	A Situation Analysis of the FP Service Delivery System	Diagnostic Quality	\$68,934 05/01/91 01/31/92	CI91.32A/ Complete Cond. Final Report 5/92
61	Regional (add-on) J. Phillips	Experiences and Lessons Learned from CBD in Africa	Technical Assistance Underutilized Methods	\$58,000 01/01/93 08/31/93	In-house

Source: The Population Council, August 1992

Summary

Countries:		Themes:		Types:		Total Cost, Studies:	Status:	
Francophone	9	New Delivery	21	Experiment	24		Complete	32
Anglophone	7	Quality of Care	25	Diag./eval.	32		On-going	30
Regional	1	Underserved	8	TA	5		Proposals	5
		Underutilized	7	Workshops	6			67
		Institution	5					
		AIDS						
Total	16	Total	67	Total	67	\$3,334,299	Total	67

Source: The Population Council, August 1992