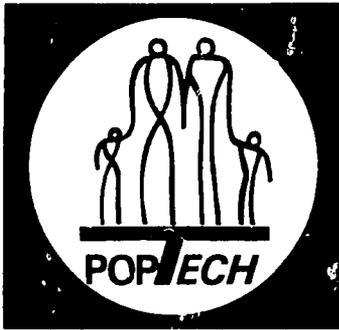


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EVALUATION OF THE OPERATIONS RESEARCH IN FAMILY PLANNING AND MATERNAL-CHILD HEALTH FOR LATIN AMERICA AND THE CARIBBEAN (INOPAL II) PROJECT

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**EVALUATION OF THE OPERATIONS
RESEARCH IN FAMILY PLANNING
AND MATERNAL-CHILD HEALTH
FOR LATIN AMERICA AND THE
CARIBBEAN (INOPAL II) PROJECT**

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Glossary

ABEPF	Brazilian Association of Family Planning Organizations
ADIM	Association for Women's Development and Integration (Peru)
AHLACMA	Honduran Association for Maternal Breast-Feeding
AGES	Association for Sexual Education (Guatemala)
AGROSALUD	Foundation for the Betterment of Worker Health (Guatemala)
A.I.D.	Agency for International Development
AMICO	Medical Assistance to Industry and Commerce (Brazil)
AMIDEM	Mexican Academy for Investigation in Demographic Medicine
APRODEBIFAM	Association for the Development and Well-Being of the Family (Peru)
APROFE	Association for the Well-Being of the Family (Ecuador)
APROFAM	Association for the Well-Being of the Family (Guatemala)
APROPO	Support for Population Programs (Peru)
APROSAMI	Association of Professionals in Maternal Child Health (Peru)
ASHONPLAFA	Honduran Family Planning Association
AVSC	Association for Voluntary Surgical Contraception
AYUFAM	Family Assistance (Bolivia)
CA	Cooperating Agency
CARE	Cooperative for American Relief Everywhere
CBD	community-based distribution
CEMICAMP	Center for Research and Control of Maternal and Child Diseases of Campinas (Brazil)
CEMOPLAF	Medical Center for Family Planning (Ecuador)
CENPROF	North Peruvian Center for Family Preparation and Promotion
CEPAR	Center for the Study of Population and Parental Responsibility (Ecuador)
CEPEP	Paraguayan Center for Population Studies
CIES	Center for Investigation, Education, and Services (Bolivia)
CIFE	Fertility and Sterility Research Center (Mexico)
CORA	Center for Adolescent Orientation (Mexico)
CQI	continuous quality improvement
CTO	cognizant technical officer
DAI	Development Associates, Inc.
DIPLAF	Development and Investigation of Family Planning (Mexico)
FEMAP	Mexican Federation of Private Associations for Health and Community Development
FEPADE	Ecumenical Foundation for Development (Bolivia)
FPA	family planning association
FPMD	Family Planning Management Development (project)
IBSS	Bolivian Social Security Institute
IDFI	Individual Diagnosis and Feedback Instrument (OR tool)
IEC	information, education, and communication
IEPO	Institute of Population Studies (Peru)
IHSS	Honduran Social Security Institute
IMIFAP	Mexican Institute for Investigation of Family and Population
IMIP	Pernambuco Institute for Maternal Child Health (Brazil)
IMIPAL	Mexican Institute for the Investigation of the Family and Population (Mexico)
IMSS	Mexican Social Security Institute
INANDEP	Andean Institute of Studies in Population and Development (Peru)

INOPAL	Operations Research in Family Planning and Maternal-Child Health for Latin America and the Caribbean (project)
INPARES	Institute for Parental Responsibility (Peru)
IPAS	International Projects Assistance Services (North Carolina)
IPPF	International Planned Parenthood Federation
IPSS	Peruvian Social Security Institute
ISSSTE	Institute for Security and Social Services for State Employees (Mexico)
KAP	knowledge, attitude, and practices
LAC	Latin America and the Caribbean
LAM	lactational amenorrhea method
MARCELINO	Marcelino Association (Peru)
MEDICSA	Ruiz Gonzalez Medical Center (Peru)
MEXFAM	Mexican Foundation for Family Planning
MIPFAC	Maternal-Child and Family Planning (Mexico)
MOH	ministry of health
MORE	Maximizing Results of Operations Research (project)
MSA	Applied Social Marketing (Mexico)
MSH	Management Sciences for Health
NFP	Natural Family Planning (project)
NGO	non-governmental organization
OR	operations research
PAHO	Pan American Health Organization
PCS	Population Communication Services (project)
PIP	Population Information Program (project)
PLAN	local chapter of Plan International, previously Foster Parents Plan International (Honduras)
PLANIFAM	Family Planning of Cusco (Peru)
PPA	planned parenthood association
PREA	Educational Program for Adolescent Mothers (Mexico)
PRICOR	Primary Health Care Operations Research (project)
PRISMA	Projects in Information Systems, Health, Medicine, and Agriculture (Peru)
PROALMA	Support Project to Maternal Lactation (Honduras)
PROFAM	Promotion of Family Planning (Mexico)
PROFAMILIA	Association for Family Well-Being (in Colombia, Nicaragua, and Peru)
PROMEDICA	Medical Protection for Companies (Brazil)
PRO-PATER	Promotion of Parental Responsibility (Brazil)
PSFN	Family Improvement of Nuevo Leon (Mexico)
R&D/POP	Bureau for Research and Development, Office of Population
SOMARC	Social Marketing for Change (project)
SOMEFA	Medical Pharmaceutical Society (Colombia)
TFPK	Test of Family Planning Knowledge (OR instrument)
UN	United Nations
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development (mission)
VECINOS	Peruvian Neighbors (Peru)
WHO	World Health Organization

Project Identification Data

1. Project Title: Operations Research in Family Planning and Maternal-Child Health for Latin America and the Caribbean (INOPAL II)
2. Country/Region: Latin America and the Caribbean
3. Project Number: DPE-3030-Z-00-9019-00
4. Project Dates: September 1989-September 1994
5. Project Funding: Authorized Life-of-Project Funding \$15,213,393
Amount Obligated as of
September 30, 1993 (anticipated) \$14,405,240
6. Mode of Implementation: Contract
7. Responsible A.I.D. Official: Current cognizant technical officer — Barbara Feringa,
Research Division, R&D/POP

Executive Summary

Overall Performance

The Operations Research in Family Planning and Maternal-Child Health for Latin America and the Caribbean (INOPAL II) project is a five-year follow-on to the INOPAL I project. Both projects are part of A.I.D.'s worldwide effort to improve family planning services through the application of operations research (OR) and technical assistance. As with its predecessor, INOPAL II is being implemented by the Population Council through field offices in several countries in the region. Both local agencies and USAID missions characterized the work of the Population Council as extremely responsive to local needs, of high quality, and demonstrating strong understanding of the service delivery problems in the region and an equally strong commitment to solving them.

Having completed three and a half years, the project has developed 42 subprojects in 11 countries thus fulfilling its major contract requirement. INOPAL II has demonstrated flexibility in developing different types of subprojects and in applying different research approaches. The majority of subprojects are interventions that involve field testing solutions to service delivery problems — ranging from increasing access to family planning in rural areas to developing postpartum programs in large urban hospitals. About a third of INOPAL subprojects are primarily technical assistance, and these range from conducting a seminar or workshop to refining a model for a postpartum adolescent program that facilitates institutionalization and replication. The remaining subprojects are diagnostic studies, including a comprehensive situation analysis.

INOPAL II has built on the institutional links from INOPAL I. Of the 46 local institutions with which the project has worked, half had received assistance under the previous project. Further, INOPAL succeeded in working with more public sector institutions, principally institutes of social security and ministries of health. Besides working with a wide range of local institutions, the project has vigorously sought collaborative efforts with other A.I.D. Cooperating Agencies (CA) and international organizations such as PAHO and UNICEF.

Major Achievements

In defining its overall thrust, INOPAL II focused on four broad objectives designed to

- Make family planning services more acceptable and accessible to special populations;
- Improve the operations of family planning programs by making them more sustainable, effective, and efficient;
- Improve the quality of existing services; and
- Institutionalize the ability of local organizations to conduct OR.

Although most of the projects are still under way, considerable progress has been achieved in each of these areas. INOPAL II is testing new ways to increase access to an expanded range of family planning methods in rural areas by working through private voluntary organization networks and ministry of health units. It has led a successful effort to introduce family planning in postpartum

hospital programs and has spurred replication in various countries in the region and by other CAs. INOPAL II has incorporated cost-effectiveness analysis and pricing strategies into efforts of private sector family planning agencies to promote sustainability. The project is working to put into practice a theoretical framework for quality of care in a number of programs.

INOPAL II has contributed to a widening awareness and acceptance of OR concepts and its value to family planning service delivery, although institutionalization of OR capacity is found only in selected agencies in a few countries. In the implementation of the various OR opportunities across the four objectives, there are numerous examples of scaling up or replicating successful efforts. The project has also provided broad and effective support for reproductive health as an approach to the delivery of family planning services. Given the current level of interest in this broader approach to family planning, the experience of INOPAL II is especially pertinent.

Recommendations for the Remainder of INOPAL II

During the remaining one and a half years of the project, INOPAL II staff should focus on completing existing subprojects in non-buy-in* countries (Mexico and Peru) since there are few remaining resources left for starting new subprojects. In addition, the project should provide technical assistance on an ongoing basis to local agencies to ensure continued implementation and expansion of program interventions that have been initiated through the subprojects. Intensified technical assistance should be given to all local collaborating agencies in the interpretation and use of management information system (MIS) and other research data that INOPAL has helped collect.

In the buy-in countries and especially Haiti and Guatemala, INOPAL and USAID missions should move quickly to get the buy-ins in place and begin to develop subprojects. Given that these missions are interested in multi-year funding that extends beyond the life of the INOPAL II project (and for other reasons described below), A.I.D. would be well advised to decide soon about the future contracting mode and the possibility of a non-competitive follow-on to INOPAL II.

Although INOPAL II has a good reputation for dissemination to audiences in Latin America and the Caribbean (LAC), A.I.D. and project staff should consider what more, if anything, could be done on a limited scale to meet A.I.D./Washington needs to increase understanding of OR's contribution to family planning.

In terms of project management during the final period of the contract, senior INOPAL staff should provide greater support to assist in the development and implementation of buy-in research activities where, to date, such support has been lacking. To improve financial management, INOPAL should assign a staff member to monitor expenditures for the project, thereby supplementing new financial systems being developed at the Population Council headquarters in New York.

Recommendations for a Follow-on Project

There is a clear need for continuing OR in LAC. The need is expressed not only in terms of the existing unmet demand for OR under the current project, but also in terms of the need to improve family planning service delivery and to institutionalize OR, whether in priority or non-priority

*Buy-ins are services purchased from centrally funded projects by missions through what amounts to a subagreement or contract.

countries. In priority countries and in countries where major OR activities have been carried out, a future project should develop a comprehensive strategy for the institutionalization of OR in a few key institutions. Countries such as Colombia and Mexico, where OR is strongest, could also serve as models, with nationals from these countries serving as consultants to other countries and institutions that are rapidly advancing their capabilities (Ecuador and Peru).

For low prevalence countries (Bolivia, Guatemala, Haiti, and Honduras), the need for OR to find appropriate service delivery strategies is great. All efforts to develop strategies should be guided by the potential for significant impact and rapid expansion and will necessarily involve large public sector institutions. Ongoing technical assistance will be required to ensure adequate implementation and evaluation of innovations. Further, assistance will be needed to stimulate and follow opportunities for scaling-up and replication. In all countries where OR will be implemented, more intensive assistance will be required to help local collaborating institutions to interpret and use MIS and other research data for improving family planning programs.

A.I.D. is encouraged to stay the course in terms of research themes for future OR in LAC. Those that have been defined under INOPAL II address critical issues for today and the future and are sufficiently broad to allow flexibility across countries and settings. More effort should be given to setting priorities by thematic area at the country level involving the local collaborating agencies, other CAs, and USAID missions. This is particularly important for future work on sustainability. In priority countries and those slated for phase-out, increased emphasis should be placed, on OR opportunities in the commercial sector, greater self-reliance of NGOs, and expansion of public sector programs to special population groups.

The design of a future project should also continue the flexible approach to intervention and technical assistance subprojects. However, the development and review of subproject proposals should take greater account of the need to institutionalize OR capacity; hence, other strategies that encourage greater independence of the staff of local agencies in developing subprojects should be explored. Dissemination efforts should focus on reaching policymakers and program managers from the earliest stages of subproject design to facilitate use and scaling up of results as well as replication.

Given the Population Council's unique institutional capacity and experience in OR in the LAC region, A.I.D. should explore different contracting modes that would enable a continuation of the council's role. The preferred mode, given the institutional capacity and common goals of A.I.D. and the Population Council, would be an assistance instrument such as a cooperative agreement. If this is not possible, then a non-competitive procurement would be the next best alternative.

1. Introduction

1.1 Project Overview

The Operations Research in Family Planning and Maternal-Child Health for Latin America and the Caribbean (INOPAL II) project is a five-year follow-on to the INOPAL I project (1983-1988). INOPAL II runs from September 1989 to September 1994 with a budget of \$15.2 million. The objectives of INOPAL II, which follow those of the preceding project, are to apply operations research (OR) to develop cost-effective ways to better satisfy the desire for family planning services in Latin America and the Caribbean (LAC) by 1) promoting the development of improved family planning services; 2) increasing access to a full range of family planning services and supplies; 3) improving the operations of programs to make them more efficient; 4) improving the quality of existing services; and 5) providing more acceptable services to special population groups.

As was the case with INOPAL I, INOPAL II is being implemented through an A.I.D. contract with the Population Council. The contract is one of three with the Population Council to support operations research in three geographic regions, the other two being Africa and Asia and the Near East. All three regional projects are under the umbrella project, Strategies for Improving Service Delivery Project (936-3030).

The present evaluation looks at the performance of the Population Council after three and a half years of the INOPAL II project; makes recommendations for the remaining one and a half years of the contract; examines the future need for OR in the region; and provides recommendations for the design and structure of a future OR project.

1.2 Evaluation Purpose and Methodology

The purpose of the evaluation is to assess INOPAL's impact on the improvement of family planning services in Latin America. The evaluation examines the performance of the Population Council in carrying out the INOPAL II contract with regard to 1) the development of a research and technical assistance agenda; 2) the process of research implementation; 3) the major research findings of the contract; 4) dissemination and use of OR results; and 5) the institutionalization of OR capacity. The evaluation is also intended to assist A.I.D. in identifying the future needs for OR in the region and in defining priorities and issues for the design of the next OR project for LAC. (See Appendix A for the evaluation scope of work.)

A management review of INOPAL II was conducted in February 1991. The review assessed the project's first one and a half years of performance and generally found the implementation to be moving ahead without major problems despite staff changes and delays because of restricted travel (due to the Gulf War). The review identified a number of topics that have been taken into account in the current evaluation. These include the project themes, greater emphasis on public sector organizations, opportunities to build on results from INOPAL I, dissemination, and project organization and management.

This evaluation was based on 1) a review of project documents; 2) interviews with staff of A.I.D./Washington, selected Cooperating Agencies (CA), and key personnel of the INOPAL II

project as well as staff from the Population Council in New York; 3) cables from USAID missions; and 4) site visits to five countries in Latin America — Bolivia, Ecuador, Honduras, Mexico, and Peru. Team members met with USAID staff in each country visited; INOPAL resident staff in Bolivia, Honduras, Mexico, and Peru; staff of local collaborating institutions, including subproject directors and/or principal investigators; and where possible resident CA staff. A list of persons interviewed and a bibliography of documents reviewed are attached as Appendices B and C.

2. Project Performance

2.1 Project Scope of Work

In order to achieve the project objectives, the Population Council was to provide technical assistance to LAC agencies in order to

- 1) Identify family planning OR opportunities that meet LAC regional and country specific needs by working with USAID missions, public and private sector family planning service and research institutions, other donors, and A.I.D. Cooperating Agencies. Opportunities for OR would be based on needs to test new service delivery systems or changes in specific components of existing programs. Diagnostic studies would be conducted to identify specific obstacles, and surveys would be carried out to determine the demand for family planning. Selection of OR opportunities would take into account USAID mission strategy and priorities; the country's population policies and development needs; local agencies' interests and capacities; broader policy implications; uniqueness of the approach; and cost sharing with other institutions.
- 2) Prepare subproject protocols jointly with LAC agencies so that approximately 38 subprojects would be implemented. A wide range from 33 to 43 subprojects was deemed acceptable to give the contractor flexibility in addressing the identified problems. The contract stated that \$4.2 million would be available for subprojects, with \$3.2 coming from central population funds and \$1 million from USAID mission buy-ins.¹
- 3) Implement the research designs. In order to do this, ongoing systematic technical assistance would be needed in areas such as the design of service statistics systems; design of questionnaires and the conduct of survey fieldwork; consultancies for specialized activities; data processing and analysis; computer equipment; and preparation of reports.
- 4) Disseminate OR subproject results both in-country and in the LAC region by assisting host country agencies to analyze research findings, prepare reports, formulate policy conclusions, and conduct end-of-subproject seminars. In addition, two OR regional conferences were to be held before the end of the project, and reports of the conference proceedings were to be prepared. The contractor was also expected to present results of subprojects at U.S. and international meetings and to publish articles in scientific and professional journals.
- 5) Solve service delivery problems without field-testing solutions. The contract provided for flexibility in the conduct of technical assistance so that not all project work needed to be through testing specific interventions. Such non-intervention technical assistance activities might encompass installing computer systems, analyzing service

¹Buy-ins are services purchased from centrally funded projects by missions through what amounts to a subagreement or contract.

statistics, sponsoring observational travel, and so forth. In addition, workshops might be conducted to help build local OR capacity.

2.2 Summary of Project Accomplishments

The Population Council has made excellent progress in carrying out the scope of work of the INOPAL II contract. The project has satisfied requirements for subprojects, and staff will devote the remaining effort to completing ongoing subprojects (both intervention and technical assistance) and dissemination activities, including organizing a final conference. New subprojects may be started in several buy-in countries, including Bolivia and Honduras, and, assuming planned buy-ins are forthcoming, in Guatemala and Haiti.

The project is making substantial achievements in the following areas:

- Supporting reproductive health as an approach to the delivery of family planning services;
- Introducing family planning into postpartum hospital programs, which has led to replication of this initiative in several LAC countries and by other CAs;
- Translating the theoretical framework for quality of care into practice in a number of programs;
- Testing new ways to increase access to an expanded range of family planning methods in rural areas by working through ministry of health (MOH) units and private voluntary organization (PVO) networks; and
- Incorporating cost-effectiveness analysis and pricing strategies into efforts of private sector family planning agencies to achieve sustainability.

INOPAL staff have developed 42 subprojects in 11 countries; 24 of these subprojects are interventions, 3 are diagnostic studies,² 1 a situation analysis,³ and 14 are non-intervention technical assistance subprojects. Of the 42 subprojects, 19 are completed. The subprojects represent a good diversity of topics that address all major project objectives (see Appendix D). The subprojects also demonstrate considerable flexibility in using different research approaches ranging from more expensive and/or complex efforts (such as a situation analysis) to more basic demonstration subprojects or technical assistance. INOPAL II has built on the institutional links and research

²The results of diagnostic studies are to lead to changes in existing systems or to plan for alternative ways of providing family planning services.

³A situation analysis helps to describe the availability, functioning, and quality of health and family planning activities in a geographic area; analyze the relationship between subsystem functioning and the quality of services provided and received; and evaluate the programmatic impact the provision of quality services has on client satisfaction, contraceptive use dynamics, and other factors. A series of instruments are used to collect information from a variety of sources (e.g., clients, providers) either covering an entire area or drawing a sample. This approach can be successfully used to identify opportunities for OR projects related to availability and quality of services.

results from INOPAL I. Further, a concerted effort has been made to undertake OR subprojects that have the possibility of being scaled-up or replicated.

The INOPAL project has devoted considerable attention to dissemination to LAC audiences through its publications and seminars and workshops. Of the completed intervention subprojects, all have held end-of-project seminars. Of the technical assistance subprojects, seminars or workshops were sponsored either as the primary activity of the subproject or to disseminate research results.

INOPAL II has resident staff in four countries: Peru (project director and staff); Mexico (deputy director, staff, and a Michigan fellow [the Population Council regional director is also based here]); Bolivia (resident advisor); and Honduras (resident advisor). The presence of resident staff in these four countries has been critical for the implementation of the project and has provided benefits to the local family planning programs and USAID missions that go well beyond the contract requirements. The staff have been extremely responsive to local needs and in addressing themes and issues of importance to the project's three key constituencies: local agencies, USAID missions, and A.I.D./Washington. INOPAL staff have also actively pursued collaborative activities with other A.I.D. CA. Host country agencies as well as USAID missions have given nearly unanimous praise for both the quality of INOPAL technical assistance and for the degree of commitment and support of the staff.

The total estimated cost of the INOPAL II contract is \$15,213,393. A total of \$14,405,240 in obligations is anticipated to be made by September 30, 1993. The Bureau for Research and Development of the Office of Population (R&D/POP) is the primary source of funds, accounting for 77.5 percent of the obligations. Buy-ins totalling \$3,239,240 have come from USAID missions in Bolivia, Ecuador, Guatemala, Haiti and Honduras. R&D/POP has also supported seven fellows through the University of Michigan Population Fellows program to work on INOPAL projects in Mexico and Peru.

2.3 Identification of OR Opportunities

The guidelines and parameters established in the INOPAL II contract for identifying OR opportunities are similar to those specified in INOPAL I. The Population Council, therefore, has been uniquely positioned due to its experience with INOPAL I. According to INOPAL II staff, identification of OR opportunities has become much easier because of the knowledge and experience gained under INOPAL I and the strong presence of the project in LAC due to the Peru and Mexico offices. The process of identifying OR opportunities has also benefitted from a continuity of key staff who served either as consultants to INOPAL I projects or worked in agencies where prior OR projects had been undertaken. Policymakers, program managers, USAID personnel, and many others who learned about OR during INOPAL I now had an understanding of how OR could help to improve family planning programs. Hence, there exists considerable demand for OR technical assistance and subprojects throughout the LAC region, facilitating the identification of OR opportunities.

2.3.1 Non-Buy-In Country Activities

As stated above, the project has sponsored 42 subprojects to date. About half of them are in Mexico and Peru, sites of the INOPAL I subregional offices. A number of the INOPAL II subprojects in these countries have been with institutions such as the Mexican Foundation for Family Planning

(MEXFAM), the Mexican Social Security Institute (IMSS), and Projects in Information Systems, Health, Medicine, and Agriculture (PRISMA) in Peru, all recipients of OR subprojects under INOPAL I (see Appendix E.)

The Population Council's experience in the region meant that not much diagnostic work needed to be done to identify opportunities or unmet need for family planning. In fact, only three subprojects are diagnostic studies (two in Peru and one in Mexico) and just one a situation analysis (in Peru). INOPAL has yet to report on whether the diagnostic studies have led to changes in existing systems or alternative ways of providing services. A situation analysis approach to gather information on family planning services in public health facilities, PVO clinics, community-based distribution (CBD) programs, pharmacies, private physicians, and nurse midwives has been conducted in Peru as part of a larger supply and demand study of family planning in that country. This analysis expanded on the methodology initially developed in Africa by the Population Council. This version includes a broader range of service outlets and has become a new standard for situation analyses.

The actual identification of specific topics to be studied using an OR approach appears to be a product of negotiation between INOPAL staff, local agencies, USAIDs, other CAs, and A.I.D./Washington. Staff interviewed in a number of the LAC agencies stated that they were the ones with the ideas but that the Population Council helped further define the project and study design. In some cases, it was suggested that ideas for projects evolved from INOPAL's experiences in other countries.

It is often hard to pinpoint the origin of a specific subproject because 1) the current local agency staff may not have been present at the time the project began, and 2) participants in any given subproject may have become so identified with it they think of the project as having been conceptualized by the institution (not a negative condition). One of the major INOPAL II subprojects in Peru — the expansion of family planning services to rural areas by the MOH — was originally conceptualized by the then-director of the Peruvian National Population Council but subsequently went through many revisions by INOPAL staff which involved the participation of MOH staff as well as local non-governmental organizations (NGO). Another major project — access to postpartum IUDs at the Peruvian Institute of Social Security Hospital in Lima — had its origins in conversations between the INOPAL project director and the director of maternity services at the hospital. Interest on the part of MEXFAM in Mexico to apply a continuous quality improvement (CQI — see Section 4.3) strategy appears to have been initiated through dialogue with INOPAL II staff.

That LAC agencies believed they were the ones who initiated ideas demonstrates involvement in and ownership of the projects by the recipient agency. Although this implied that perhaps the only role of the INOPAL project was to fund OR, this was clearly not the case in Mexico. Public sector organizations such as IMSS do not need INOPAL funds. Many Mexican agencies have highly qualified researchers able to conduct social science research. Perceived benefits from INOPAL II were the exchange of information and bibliographic and other resource materials; another pair of skilled eyes and hands to help review and implement; and access to a wider network of donors, programs, and researchers. Most of those interviewed thought that OR could be carried out without the INOPAL project, but that either the quality of the projects and designs would be inferior or that they would not be done because no one would be there to help. Obviously for the NGOs such as MEXFAM and the Mexican Federation of Private Associations for Health and Community Development (FEMAP), funding by INOPAL is vital.

Project identification in Peru has involved many parties, including the USAID mission, local agencies, and INOPAL staff. As expected, leadership for project identification has come mainly from INOPAL staff. Current USAID mission staff in Peru stated that the research agenda might have been more focused if the mission had taken more initiative at the beginning of the project; however, they did not fault the INOPAL staff on the appropriateness of the research projects undertaken or on the quality of their work. High marks were given for both the MOH-CARE rural service delivery project (cited as a "good example of policy relevant research") and the Peruvian Social Security Institute's (IPSS) postpartum service delivery program, which is already in expansion.

2.3.2 Buy-In Country Activities

INOPAL II has received buy-ins from USAID missions in Honduras, Bolivia, and Ecuador where the OR agenda has been crafted according to mission interests in these countries. Pending are buy-ins from USAID missions in Guatemala and Haiti where the OR opportunities will evolve according to mission agendas. In the scope of work for the buy-ins, mission interests are delineated and the Population Council then works with local agencies to further develop OR subprojects accordingly. For example, INOPAL II expects to develop two or three subprojects in Haiti, once the buy-in is formalized. Those subprojects will focus on mission concerns regarding low use continuation rates, ways to increase access to clinic methods, obstacles to use of long-lasting methods, adolescents and sex education, and management information systems (MIS).

In Honduras, the scope of work for the buy-in directs the Population Council to develop six technical assistance and/or OR projects. At least three of the projects are to be with PVOs not currently providing family planning services and mission funds are to be used to support them. The remaining three OR/technical assistance projects are to utilize non-mission funds to work with large service delivery organizations. USAID identified both the eligible PVOs for INOPAL II support and the priorities to be addressed: increase the number of service delivery outlets, particularly in rural areas; improve the quality of family planning service delivery; and increase managers' capability to utilize data for decision making. The Population Council is well on its way to complying with the number and types of subprojects specified in the Honduras buy-in.

In Bolivia, the USAID mission buy-in outlines INOPAL work in four broad areas: 1) support the National Subcommission on Research and Population Policy; 2) provide technical assistance and training to agencies to design, conduct, analyze, and disseminate the results of research projects; 3) conduct major OR and evaluation projects as well as training courses and seminars; and 4) provide a forum for the discussion of scientific topics related to family planning, child survival, and population growth. Within this context, INOPAL staff were to identify appropriate OR themes. Several workshops were conducted to identify OR opportunities. The first was a regional workshop involving researchers from Ecuador, Peru, and Bolivia (co-sponsored by Pathfinder and Development Associates, Inc. [DA]). A second workshop for both researchers and managers of national institutions was later held. The participation of managers resulted in topics that had more applicability for program implementation, and it is expected some of these will result in funded subprojects. Service delivery problems have also been identified by local agencies working with other CAs in Bolivia who have then turned to INOPAL staff for help in converting these ideas into OR subproject proposals (Ecumenical Foundation for Development [FEPADE] rural service delivery with DA; Center for Investigation, Education, and Services [CIES] sustainability with Management Sciences for Health [MSH]).

In Ecuador, the identification of OR opportunities has been guided by the USAID mission. The bilateral population project, which is designed to increase the use, effectiveness, and sustainability of services, reflects the mission's policy of phasing out population assistance to Ecuador by 1997, the project activity completion date. The project's main strategies are to strengthen the family planning PVOs in order to improve their institutional sustainability over the long run, well beyond the termination of significant USAID assistance; and to expand service delivery to specific targeted subgroups whose health would benefit from increased family planning use but who to date have not had adequate information or the motivation to reap this benefit. OR opportunities for INOPAL II involved the identification of operational problems such as PVO sustainability and quality of service delivery to special groups (improved supply in rural areas and quality/demand in urban areas).

Based on the above examples, it is evident that the priorities and issues that have guided the selection of OR subprojects are much more specific in countries where there are buy-ins or a strong mission presence.

Conclusions

The INOPAL project has been very responsive in meeting local needs and in addressing themes and issues of importance to various key constituencies including local agencies, USAID missions, and A.I.D./Washington. This has been especially true in countries where there are buy-ins from USAID missions. The identification of topics appears to have been a product of negotiation between the various parties and shows a desirable sense of ownership on the part of local agencies. The project has taken good advantage of the institutional links developed during INOPAL I. People working in family planning are clearly more aware of what OR is, and this recognition has also helped to identify OR needs. Relatively few diagnostic studies were needed, reflecting the Population Council's knowledge of family planning in the region.

2.4 Development of Subproject Protocols

Once OR opportunities were identified, INOPAL II staff were to work with LAC agencies to write protocols to be submitted in English to the appropriate USAID mission and to A.I.D./Washington following a specific format described in the contract. It was expected that the INOPAL project would provide technical assistance to Pan American Health Organization- (PAHO-) funded OR projects. but this never materialized apparently through no fault of INOPAL. Some subprojects were expected to be collaborative efforts between other A.I.D. CAs and the Population Council in which INOPAL staff would provide technical assistance to the CA instead of directly to the LAC agency. Most proposals were to be intervention studies. Up to \$150,000 was allowed to support diagnostic or policy-type projects prior to writing a protocol. As stated above, few diagnostic projects were carried out. If the situation analysis is included as a diagnostic study (which it is, but on a very comprehensive scale), funding for diagnostic studies exceeded the \$150,000.

According to the Population Council's own classification, over half of the 42 subprojects (24) are intervention projects in which diagnostic work is not needed. Intervention studies imply field-testing a solution to a specific service delivery problem. An example of this kind of OR subproject is the reproductive health program introduced into the Honduran Social Security Institute. Key elements of the program were the introduction of the mini-pill, strong prenatal counseling and education, and a redesigned postpartum outpatient service (an outpatient clinic at 40 days postpartum).

Fourteen subprojects are categorized as technical assistance subprojects such as workshops (Medical Center for Family Planning [CEMOPLAF] in Ecuador), follow-up studies (Center for the Study of Population and Parental Responsibility [CEPAR] in Ecuador), study tours (Haiti), and others. These represent technical assistance to solve service delivery problems without field testing of solutions.

Half of INOPAL II subprojects are with the public sector, reflecting A.I.D.'s priority to work with large service delivery systems. This represents a shift in emphasis from INOPAL I. In Mexico, it is clear that the INOPAL II project selected agencies capable of carrying out the subprojects and topics that had broad policy implications. The Educational Program for Adolescent Mothers (PREA) model with the Center for Adolescent Orientation (CORA) and the Mexican Institute for Investigation of Family and Population (IMIFAP) family life education course are just two examples of significant opportunities to scale up OR study results to national-level programs. PREA is a reproduction and health education program that includes psychological and medical services, contraception, and family support. The reproductive risk approach used by IMSS in Mexico under INOPAL I has been replicated in similar settings in other LAC countries, such as Honduras. This approach evolved into a reproductive health strategy which also has been replicated in various institutions in the region with the assistance of INOPAL II.

Although the objectives and specific activities of proposals are worked out jointly with the host country agencies, typically INOPAL staff prepare the proposals for submission to A.I.D. in English to increase the likelihood of approval and a speedy turnaround. LAC agencies receive assistance from the Population Council through workshops, the *Handbook for Family Planning Operations Research Design*, and hands-on technical assistance to draw up Spanish language versions of the proposals. In the case of Peru, for example, none of the collaborating agencies reported that they had fully developed an OR protocol on their own, although several with the most research experience (research agencies, not family planning service agencies) felt they could successfully do it now after having participated in several OR projects. In Honduras, host country agencies prepare an initial concept paper which is then developed jointly with INOPAL staff into a proposal.

The reviews of subprojects have for the most part gone smoothly even though several parties and steps were involved, including review by the USAID mission, Population Council staff in New York (this review has now been transferred to the Population Council regional director in Mexico), and A.I.D./Washington. There are several examples of delays in the development and review of subprojects. Some of these delays were due to differing views within the Population Council on particular themes. Changes in the project's A.I.D. cognizant technical officer (CTO) also meant differing emphases and different review styles. Although INOPAL staff worked with agencies in Mexico to write protocols, some of them had to be rewritten more than once causing delays in subproject start-up. Upon review of the files for some of the Mexico subprojects, it appears as if A.I.D./Washington was micro-managing the INOPAL project in some instances (e.g., the MEXFAM CQI project [see Section 4.3]), causing unnecessary work and delays. There was only one case of INOPAL's developing a subproject proposal that was considered inappropriate: the USAID mission in Guatemala flatly rejected a subproject to give language training to medical doctors so that they could better communicate with indigenous populations.

Delays have not been uncommon in working with public sector institutions in several countries. For example, shifts in key staff of public sector agencies resulted in changed official policies and views regarding research needs for public sector programs (e.g., IMSS no-scalpel vasectomy and MOH OR workshop in Mexico) which, in turn, meant proposals had to be rewritten. In Nicaragua, the

INOPAL proposal sat in the government's offices awaiting signature for one year until INOPAL no longer had the funds to support it.

Addressing whether a fewer number of larger subprojects would have more impact, the Population Council is interested in conducting a large-scale OR project in one of the states of Mexico to demonstrate greater impact on services. Impact is here understood as affecting contraceptive use or fertility. This kind of impact is difficult to achieve through OR unless large statewide experiments are tried over extended periods of time. This type of OR was carried out a number of years ago in Colombia with both the MOH and the Association for Family Well-Being (PROFAMILIA) and was very effective. However, in countries where prevalence is relatively high (as in Mexico) and where A.I.D. plans to phase out support of population activities, OR efforts may be better directed toward increasing sustainability of existing family planning services.

The design of the subprojects has varied in complexity, although many were simply demonstrations in which having a pre- and post-test was all that was needed.⁴ In Honduras, subprojects have tended to be demonstration projects set up to show that a PVO can include family planning activities in its community development programs. The subprojects developed in Peru reflect a high level of technical competence, even though the designs have also been quite simple (such as the postpartum family planning program with IPSS which measured what percentage of women, before the program intervention, wanted and got a family planning method as they left the maternity hospital and what percentage left the hospital with a method after the program intervention; see Section 4.1). In Mexico and elsewhere, despite fairly simple protocols, implementation of quasi-experimental designs has not been without difficulties (see discussion in next section). On the whole, the simpler protocols have seemed to fare best perhaps because simplicity in the design often brings clarity, thus facilitating decision making.

INOPAL staff have made a concerted effort to develop OR subprojects that have the possibility of scaling up or replicating the results, with examples in Honduras, Mexico, and Peru. Both postpartum IUD and reproductive risk/health initiatives are good examples of the potential and real impact from scaling up OR projects. Several Mexican investigators who were interviewed stated their support for small-scale projects to demonstrate a result and then provide for scale-up to a larger project. An OR subproject's impact on institutionalization is not necessarily related to the size of a subproject but rather to the type of activity, technical assistance provided, and duration of the subproject. However, if A.I.D. wants demographic impact or changes in contraceptive prevalence in a relatively short time, then probably large-scale projects would be required.

In Honduras, subprojects with community development PVOs (e.g., CARE and Save the Children) as opposed to family planning service delivery organizations may not have an immediate impact on increased use of contraceptives for several reasons: 1) they rely on other agencies to provide the services, some of which, like the MOH, have been relatively uncommitted to family planning until recently; 2) the population they reach is relatively small; and 3) they are working in the most difficult areas of the country in terms of geography and socioeconomic conditions, conservative values, and opposition by the Catholic Church and pro-life groups. On the other hand, the PVOs in Honduras seem to be tapping into substantial unmet demand for family planning in rural areas; and, by addressing this unmet need, pressure is being brought to bear on public health facilities to upgrade

⁴A demonstration subproject would involve simply adding the delivery or availability of contraception to an existing health or social service program to see whether the service would be used.

their services to either include family planning services or improve existing reproductive health care programs.⁵

Conclusions

INOPAL staff generally have taken principal responsibility for developing the subproject proposals in order to facilitate timely review and approval of subprojects. In all cases, however, the concepts and proposed research plan have been worked out jointly with the host country institution. INOPAL has been successful in carrying out a number of subprojects with public sector institutions such as social security institutes and the MOH (in Bolivia, Honduras, and Mexico), and these afford ideal opportunities for scaling up to larger projects. Delays have been experienced in the development of a few proposals with public sector institutions, however. Reviews of subprojects have gone smoothly on the whole, with occasional delays occurring at different stages of the complex review process.

Proposals with simpler designs may have a better chance of being acted on by decision makers. Despite interest in supporting a few large-scale subprojects, such projects may not be appropriate in high prevalence countries and also may not facilitate changes. Starting with smaller efforts, such as INOPAL has done, and then scaling up or replicating may yield greater impact.

2.5 Implementation of Subprojects

The INOPAL contract calls for technical assistance to implement the subprojects. In general, the technical assistance that INOPAL staff has provided to subprojects has been timely, appropriate, and conducive to successful subproject implementation. The local collaborating agencies found the assistance to have been extremely helpful for assisting implementation. The types of assistance have varied from help in designing and carrying out small surveys, developing or adapting certain instruments, setting up management information systems, and providing computers and other equipment (see Appendix F for a list of equipment provided to subprojects) to preparing reports and planning and carrying out dissemination activities.

INOPAL staff have often provided technical assistance that goes beyond what is called for to implement OR subprojects. For example, many agencies in Mexico reported that INOPAL staff helped them link up to other donor agencies, supplied them with reference materials, or simply served as "sounding boards" for ideas, none of which actions were directly related to an OR subproject. In Mexico, INOPAL staff have provided a kind of technical assistance to the USAID representative in the development of the population strategy and implementation plan which involves projects with both public and private sector agencies. Other examples of such assistance were found in Bolivia, Honduras, and Peru.

⁵It is clear that access to supplies in rural areas continues to be a major obstacle to potential clients. Although information, communication, and education (IEC) efforts are reaching rural communities through the PVOs, special transportation efforts which are non-sustainable in the long run must be used to transport women to far-away hospitals and clinics to obtain IUDs and voluntary surgical contraception (VSC). Where no ASHONPLAFA (Honduran family planning association) distributors exist, micro-pharmacies are to be established with the help of UNICEF to supply oral contraceptives and condoms. These are not fully operational and questions of re-supply have not been completely resolved. MOH health centers face stock-outs due to poor logistics systems in the public sector.

Not all subprojects have been implemented as planned in the protocols. In Mexico and elsewhere, some problems have been encountered with the use of quasi-experimental designs.⁶ Contamination of the control and experimental groups occurred in both the MEXFAM CQI and the La Leche League breastfeeding subprojects in Honduras.⁷ The changes that occurred in the La Leche League project have so compromised the design that the final report has been delayed to try to draw out some lessons learned from the effort. In the case of MEXFAM, it was not possible in practice to apply the CQI technique to only parts of MEXFAM without others wanting to participate and be included. It may be possible to consider this subproject as a kind of demonstration project, but even under this scenario it is unlikely that the effects of adopting CQI will be measured in terms of new acceptors as originally planned. When quasi-experimental designs cannot be followed, it is often difficult to draw conclusions about the intervention tried. There are some cases in which the implementation of subprojects called for changes along the way that benefitted the outcomes. The addition of a 40th-day postpartum clinic to consolidate several post-natal services for mothers and children was one such change at the Honduran Social Security Institute (IHSS) that increased overall participation and was associated with increased acceptance of contraception. Previously, mothers had to make several post-natal visits for check-ups and immunizations for their newborns and also the traditional 40th-day postpartum visit for themselves.

As mentioned above, the increased emphasis on working with public sector institutions represented a shift from INOPAL I to INOPAL II. The project's work with these institutions has been characterized by the usual difficulties: frequent changes in key staff, longer decision-making processes and reliance on systems (e.g., logistics) that are not always functional and do not always produce timely results. For example, implementation of the subprojects to test different models of service delivery in rural areas of Mexico and Peru was delayed due to staff changes in the MOH. Negotiations with new staff had to begin anew. To the credit of the good working relationships INOPAL staff enjoy with the many agencies with which they work, this project was one of the few among the many put forward by international donors that the MOH approved. Nonetheless, the MOH staff changes resulted in delays in project implementation.

Changes in policy at government and mission levels have also affected subproject implementation. In Peru, the USAID mission decided to move away from support of urban CBD programs, resulting in reduced utility of the findings of an OR subproject. Undaunted, INOPAL turned to another subproject to test new training, compensation, and supervision systems for private sector CBD workers in Lima and Trujillo. This subproject produced a further iteration and refinement of a behavioral algorithmic device intended to improve the quality of care provided by CBD workers.⁸

⁶A quasi-experimental study design does not have the restriction of random assignment of cases to the experimental and control group, yet the design allows for control of many threats to external validity. This type of design is often used in field settings (non-laboratory) where the random assignment criteria of true experimental designs is impossible or too costly.

⁷In these projects, the control groups were exposed to the intervention being tested in the experimental groups, and therefore the study design was not followed. The purpose of this type of design is to determine whether the intervention brought about the desired result. If the control group also is exposed to the intervention, there is no way of knowing whether the intervention was effective.

⁸INOPAL is taking advantage of the algorithmic device in another subproject in Peru with the MOH even through this innovation was not originally contemplated in the study design.

INOPAL's technical competence is particularly noteworthy in the development of instruments intended to improve supervision and quality of service delivery. The instruments have included knowledge tests (the Test of Family Planning Knowledge [TFPK], the Necklace of Colors, the Individual Diagnosis and Feedback Instrument [IDFI], and as cited above, the behavioral algorithm for improving the quality of care provided by health workers in rural areas (known as the "ABC" for CBD workers). (See Appendix G for more information on these instruments.)

A chronology of the development of the instruments would reveal how successive devices built on lessons learned from prior devices and their detected shortcomings. The development of these instruments shows an evolution starting with a device that tests providers' knowledge (i.e., TFPK), moving to one that assesses the impact of supervision (IDFI), and leading to one that looks at the actual behavior of providers with clients (the ABC for CBD workers). It is not clear in all instances whether a prior demand or specific need led to the development or adaptation of instruments; IDFI and ABC are two cases in point. In any event, if these devices are now to be used outside the context of specific subprojects, then more effort is needed to interest other CAs in applying them in their own work.

Transfer of data analysis skills, particularly as this applies to management decision making, is one of the areas that needs much reinforcement under the current INOPAL project and should be a major thrust of any follow-on project. There have been many examples of data analysis being undertaken at a level and of a quality sufficient to complete a final report, but not at a level that encouraged actions on the part of managers or decision makers. These could be considered examples of missed opportunities for transfer of data analysis skills and suggest that much more technical assistance needs to be provided by INOPAL both during and after the completion of a subproject. Although there are instances in which this assistance is being provided, it is not sufficient, suggesting that having fewer subprojects as deliverables under the contract would allow more staff time in this critical area.

Conclusions

INOPAL has provided effective technical assistance to local agencies to implement subprojects. Staff have also provided considerable and welcomed assistance to USAID missions in the development of their family planning programs. There have been many instances in which there were significant departures from the original subproject design due to factors largely beyond INOPAL's control. Such changes are to be expected given that subprojects are not carried out in a laboratory setting. Other changes benefitted the outcome of the subprojects. The shift in emphasis to supporting OR subprojects with the public sector (especially the MOH) has meant that these efforts are very vulnerable to the vagaries of public sector institutions, including changes in key personnel.

INOPAL staff have developed and adapted several instruments that have been used in implementing subprojects. It is not clear that a prior demand existed for these devices, however. Although work continues to improve the instruments, true field trials are required to determine whether they can be used effectively over time in service delivery settings. Greater effort also needs to be directed toward interesting other CAs in applying the devices. Technical assistance to transfer data analysis skills to local agencies has certainly occurred, but has not been sufficient to ensure that data generated by the subprojects are used adequately to highlight continuing problems in service delivery and to make needed changes.

2.6 Dissemination of OR Findings

INOPAL staff developed a dissemination strategy as an integral part of the project. The objectives of the dissemination plan are

- to demonstrate that OR improves family planning programs;
- to contribute to the institutionalization of OR; and
- to foster collaboration among agencies (local and international), policymakers, researchers, and donors.

The project has one full-time staff member working on dissemination, but all project staff recognize the importance of dissemination both through the development of subprojects with local collaborating institutions and through more regional or global endeavors. Each subproject proposal has a section on planned dissemination activities which includes a local seminar, an article for more general dissemination through *Alternativas* (the INOPAL newsletter), as well as an emphasis on papers and reports. INOPAL staff work with local collaborators in the preparation of materials and the conduct of seminars, as needed.

The primary means of dissemination for the project are publications, seminars, workshops, personal contacts (e.g., with staff of other CAs), and observational travel. Table 1 shows the various audiences for the different publications.

Table 1

INOPAL I and II Audiences and Publications Distribution

Audience	Newsletter ¹	Handbook ²	Lessons Learned ²	Project Summary ²	Sub-Project Report ³	Semi-Annual Report ³	Workplan ³
A.I.D.			✓	✓	✓	✓	✓
CAs			✓	✓	Selected	✓	
NGOs	✓	✓	✓	✓	Selected		
Gov.	✓	✓	✓	✓	Selected		
Donors			✓	✓		✓	
Lib.	✓	✓	✓	✓			

¹Produced in Spanish only.

²Produced in English and Spanish.

³Produced in English only — see Appendix H for complete list of final reports.

A.I.D. = A.I.D./Washington and USAID missions

CA = cooperating agencies

NGOs = Local Organizations, IPPF affiliates, others

Gov. = Government (MOHs, social security systems, others)

Donors = Includes UNFPA, PAHO, World Bank, and foundations

Lib. = Includes large databanks such as PIP, libraries, others.

Several of these publications were assessed in the course of the evaluation. *Alternativas* is published twice a year and now only in Spanish because the primary audience is deemed to be in the Latin American region. INOPAL staff view the publication as basically a house organ, most useful to those institutions working directly with INOPAL. There were mixed reviews about the publication's usefulness. Given its infrequent publication, some respondents were unsure whether they received it regularly. Staff of host country institutions and USAID missions have generally found *Alternativas* useful in their local settings. Those involved in carrying out subprojects are especially pleased to have their work reported on. On the other hand, researchers tended to find the newsletter superficial and would appreciate more information on the various projects. Several favored the idea that the publication focus on a single theme in greater depth. In fact, the most recent issue does this. Others suggested that the publication was more up-scale than it needed to be, and that a less expensive publication perhaps could be produced more frequently and sent to a larger audience. One interesting idea was that *Alternativas* should be sent to participants in OR research who are working at the local or implementation level. These are people who seldom receive major publications and might find the newsletter useful. In general, the publication appears to fulfill its role as a newsletter in allowing readers to keep abreast of new developments in operations research in family planning.

The *Handbook for Family Planning Operations Research Design* is well received by those who know it. In one country, the host country staff developing OR subprojects stated they use the handbook for this purpose. Other than sending the handbook to individuals on the mailing list, INOPAL has not yet taken full advantage of the opportunities for making it more widely available. INOPAL should approach commercial or textbook publishers about producing the handbook in at least English and Spanish so that it would be more widely available in book stores and also available for use in teaching at schools of medicine, nursing, and public health. PAHO will be reprinting and distributing the handbook in LAC.

INOPAL staff and local collaborators have prepared an impressive number of papers on their research, some of which have been published in journals. Numerous presentations have also been made at national, regional, and international meetings. In this regard, INOPAL is more than fulfilling its contract obligations.

The OR database, which was initiated by the Maximizing Results of Operations Research (MORE) project as a compendium of all OR studies, is now housed at the Population Council in New York. There is very little awareness of its existence in Latin America since the Population Council has only recently completed updating the information and begun to market it. It is likely to be most useful to researchers and perhaps those researchers and/or program managers who are developing new studies.

Several individuals interviewed mentioned that INOPAL should publish a book on lessons learned from OR in the region so that local researchers could refer to them in future design. The project plans to produce a book of readings in OR, drawing on examples from subprojects in all regions to accompany the OR handbook (see Appendix I for the draft outline of this book).⁹

⁹Such a volume, drawing on all regions, might be very useful for countries at different stages in the provision of family planning services. The INOPAL resident advisor in Bolivia reported that OR experiences in Africa have been very useful in exploring OR opportunities in that country because of similar levels of health and family planning services. One benefit of having a single contractor conducting OR in several regions is the easy exchange of information across OR regional projects.

INOPAL has a mailing list of about 2,800 names and the majority of these are in LAC. Because of the need for more targeted distribution of materials, the mailing list has been improved and includes information about the position or interests of those on it. The list is revised regularly although a few instances of out-of-date information were found.

The project has organized or participated in a number of seminars, workshops, and conferences aimed at disseminating information about the ongoing project activities as well as the results of the completed OR endeavors. An impressive list of meetings is shown in Appendix J. Several of these were not actually end-of-project seminars, but rather workshops or meetings designed to present important information or to serve as a training exercise. Even so, the list shows that dissemination is an area of emphasis in the implementation of subprojects with local collaborating institutions. The project has also supported observational travel as another way to promote dissemination and to foster transfer of experiences from one country to another.

End-of-project seminars are generally attended by members of the family planning and OR communities who have interest in the particular topic under consideration. There are examples of seminars attended by a broad mix of policymakers, local implementing organizations and researchers (Save the Children in Honduras). There have been several instances of INOPAL's using different strategies for disseminating information. Under the IMIFAP subproject in Mexico, a press conference was held as part of the seminar to highlight results from a national poll of parents, teachers, and students. The end-of-project seminar by Save the Children in Honduras was accompanied by a radio program.

The INOPAL project is planning an end-of-project conference in the project's final year to present the results of all studies. Several of those interviewed were of the opinion that subregional conferences (e.g., Andean Region, Central America, etc.) would be more productive and cost effective than the expensive international conferences that have been organized. The point was made that even people with a good reputation nationally are intimidated and afraid to participate actively and share their views in the presence of individuals with international experience and reputations. People expressing this view believed that more active participation would result from smaller area conferences, and in turn would result in more likely adoption of the findings and needed actions on their part.

Among the lessons learned by INOPAL II staff to date are that less attention should probably be devoted to producing publications and that more effort is needed to bring groups together as a way to disseminate results. Staff believe that such efforts will lead to a greater payoff in terms of having results of OR used. INOPAL is also trying to target some of its publications better. For example, a final report of a subproject on family planning services with the Foundation for the Betterment of Worker Health (AGROSALUD) in Guatemala was sent to all *finca* (plantation) owners in Guatemala and Honduras.

It is appropriate that the principal audience for INOPAL dissemination activities and materials is in Latin America. Within the region, INOPAL has a good reputation for dissemination. Many interviewed stated that the INOPAL project did more to disseminate project results than any other CA, and there are numerous examples of INOPAL's highly active role in dissemination.

Perhaps as a consequence, meeting the needs of U.S. audiences, and of A.I.D. staff in particular, has been more difficult. Despite INOPAL's efforts to provide information, the level of awareness — as reported by a number of A.I.D./Washington staff — of the project's work and the potential

contribution of OR to all aspects of family planning is apparently insufficient. Recently, INOPAL staff have given more presentations to A.I.D./Washington and also continue to improve the materials they produce. For example, the format of the semiannual project reports was altered to emphasize results and findings and to be more readable. Staff also prepare short paragraphs regularly on subproject results for the A.I.D. administrator's weekly activity report.¹⁰ Although project staff are eager to be responsive, they hesitate to devote more resources to dissemination lest their primary audiences in the Latin American region suffer.

Conclusions

INOPAL has developed and is carrying out a comprehensive dissemination plan, and in so doing has taken A.I.D.'s emphasis on the importance of dissemination seriously. Throughout the LAC region, INOPAL efforts at dissemination are widely recognized and generally applauded. A general impression exists at A.I.D./Washington, however, that INOPAL's efforts to communicate project results to A.I.D. staff are not sufficient.

2.7 Technical Assistance and Training

2.7.1 Non-OR Subproject Technical Assistance

INOPAL has provided extensive technical assistance not only as part of the conduct of OR studies, but also outside the context of research studies. The volume and quality of such assistance was found to be high and important. The more intensive technical assistance (exceeding 10 days of staff effort) is reported as a subproject. Fourteen technical assistance efforts undertaken to date are identified by INOPAL staff as such subprojects (see Appendix D).

Project staff also provide considerable technical assistance (e.g., market studies; knowledge, attitude, and practices [KAP] surveys; and training) that is not captured by subprojects and is under-reported. Such assistance had been taking place in all countries visited by the evaluation team. Having resident staff affords INOPAL the opportunity for a continuous interchange with subproject staff as well as other entities. INOPAL technical assistance is frequently provided to USAID missions, other CAs, and local collaborating agencies.

There have been numerous examples of INOPAL technical assistance that demonstrate the variety and importance of the work. In Honduras, the IHSS project has continued to receive assistance from the resident INOPAL advisor for surveys and evaluation work even though the formal subproject has ended. In Mexico, staff continue to provide assistance to IMSS for a study of the cost-effectiveness and quality of an IUD program even though another CA, Family Health International (FHI), is funding the research. (This study follows a model carried out by CEMOPLAF in Ecuador.) After completion of the IMIFAP subproject in Mexico, INOPAL staff assisted in identifying other funding sources so the work could continue, evidence that staff go way beyond their specific contract requirements.

¹⁰These reports have been compiled by a member of the Population Council staff in New York. His principal role has been to improve communications with A.I.D./Washington about OR results from the three regional OR projects. Given his greater knowledge of OR in other regions, the benefits to INOPAL have been less obvious.

Non-OR activities in Ecuador have been restricted to demands arising from OR findings or needs for implementation of the research; e.g., CEMOPLAF staff needed to be trained in order to undertake intensive cost analysis. The same is true of a new project to institutionalize OR at CEMOPLAF; intensive assistance will be given to training a core group of staff who will replicate the methodologies within the entire institution.

In Bolivia, the quality and quantity of the technical assistance has been extremely important, especially for the USAID mission. INOPAL staff have been requested to provide assistance on a wide variety of issues to a substantial number of agencies, both local and international. Examples of such assistance include working with AYUFAM (Family Assistance, a local family planning NGO) to develop a questionnaire, analyze data, and review the report of a study on communication on health and family planning; assisting DA in evaluating its reproductive health training activities with a local PVO; and assisting the Social Marketing for Change (SOMARC) project in developing a study of condom users. Through the mission's bilateral project, INOPAL supports the work of a Subcommittee on Research and Evaluation. The INOPAL resident advisor and a national fellow have been very successful in accomplishing the objectives of this subcommittee.

In Peru, technical assistance is routinely provided to local agencies and other CAs and is found to be outstanding in its responsiveness and usefulness. Examples of non-subproject assistance include help with the design of a baseline survey for a CARE rural service delivery program, information on injectable contraceptive service norms for the MOH (which resulted in the reduction of medical barriers to the method), and advice to IPSS on cost-saving and cost-effectiveness measures for its service delivery program that led to a pilot project in Lima.

Conclusions

Provision of technical assistance outside the context of an OR subproject has been an extremely important activity of the INOPAL project. The technical assistance provided by INOPAL staff has been both useful and timely. Preparatory work (market studies, KAP surveys, training) at the design stage of the OR subprojects has not been adequately recognized as technical assistance. The amount of non-project technical assistance actually being provided is under-reported and under-acknowledged, even by INOPAL staff.

2.7.2 Training

There are two components of the INOPAL training effort: a fellows program and workshops.

Fellows. INOPAL has been the institutional host of seven University of Michigan fellows and three national fellows (see Appendix K for a list of fellows). The experience for almost all Michigan fellows has been outstanding; five have continued to work in the international family planning field, and two others have gone on to graduate school in related fields at Harvard University and the Massachusetts Institute of Technology. The project has made increasing efforts to structure the two-year experience of the fellows to ensure that there is a wide range of opportunities for professional growth and that they will be able to do serious work for the project. The project has benefitted greatly from the pre-selection of candidates that the University of Michigan provides. Former Michigan fellows interviewed by the evaluation team were found to be of exceptionally high caliber.

Three national fellows have participated in the project. Two who were assigned to the Lima office have completed their terms; one has gone on to graduate school in Chile and the second has continued as a consultant to the Lima office. The third fellow, assigned to the La Paz office, has completed one year of her term. A fourth local fellow, a physician, has just been hired in Honduras and will begin work shortly. The newly hired national fellow in Honduras will be trained in OR methods and will be made familiar with projects in Honduras and other countries so that she can provide effective assistance to subprojects in that country. The fellow working at the INOPAL office in Bolivia has been actively involved in all facets of the office's work. Her contributions have been particularly valuable in organizing the INOPAL library and supporting the Subcommittee on Research and Evaluation. Both the fellow and the resident advisor have found the experience to be extremely valuable and productive.

The employment of fellows places an extra demand on staff time. The fellows require mentoring and supervision, which INOPAL has provided, if they are to benefit from the experience and if they are to be useful to the project. INOPAL has probably reached its limit in terms of handling effectively a given number of fellows.

Conclusions

Use of international and national research fellows has proven mutually beneficial to INOPAL and the fellows. The involvement of national fellows serves to develop local capacity for conducting OR in family planning and could lead to greater institutionalization of OR, if properly structured.

Workshops. Workshops have been the mainstay of the INOPAL training effort. Thirteen workshops have been conducted to date; six have been international, and seven have been conducted for audiences within a single country. (See Appendix L for a complete listing of INOPAL II workshops.) Most of the workshops have focused on design of OR studies. The use of workshops to achieve OR design competence has not been uniformly effective, although the most recent workshop in Mexico resulted in several funded OR subprojects. Of three OR design workshops in Bolivia, the first was an Andean regional workshop for researchers, and the other two were national workshops for both managers and researchers. As stated in Section 2.3, the workshops involving both researchers and managers resulted in topics with more applicability for program implementation. Further, the national as opposed to the regional focus of the workshops was also more effective in identifying appropriate topics for subprojects (see Section 2.3.2). Bolivian participants in the first regional workshop effectively served as faculty in the second and third national and inter-institutional workshops. The capacity now exists in Bolivia to offer OR training upon demand.

In Ecuador, two workshops have been undertaken: one to inform and initiate discussion on the use of Depo-Provera, and the other, a regional one in collaboration with Pathfinder and DA, on the evaluation of family planning projects.

Conclusions

Workshops have been an acceptable means of introducing OR concepts and skills to the LAC family planning community. Workshops involving managers and researchers have proved quite effective in the identification of useful topics (as opposed to those involving only researchers). Further, country-specific workshops seem to be more effective than regional workshops in generating OR ideas because of common experiences and understanding of local conditions.

2.8 Collaboration

Collaboration has been one of the strengths of the INOPAL II project. Its staff is generally known for good collaboration with CAs and host country agencies. It is clear that collaboration has been vigorously sought and that it has occurred at various levels and for various purposes. Efforts have been facilitated by having INOPAL resident staff in several countries.

2.8.1 Collaboration with CAs and Others

Collaboration with CAs and other international organizations was reported to be generally good. (See Appendix M for a list of collaborating institutions.) Several cases of joint implementation of research studies and technical assistance are occurring in the different countries of the region. Occasional problems have resulted in the course of these collaborations. Some CAs cited examples of INOPAL's not giving credit or an appropriate description of the nature of the collaboration in their reports. In such instances, resentment can hinder the replicability of some OR projects, such as wider use of some of the instruments developed or adapted by INOPAL for supervision and training of service providers. INOPAL's reporting now gives credit to collaborating agencies.

Most of the collaboration with other CAs taking place at the field level seems to have been promoted by personal contacts of field staff and by mediation of the local USAID missions in the case of buy-in countries and Mexico. For example, the USAID/Bolivia Reproductive Health Services Project provides a context for intensive collaboration between the CAs providing technical assistance for the project through buy-ins. This collaboration is promoted by the mission through monthly coordination meetings of the CAs' in-country representatives and consultants. This has resulted in collaborative efforts with other CAs for several planned studies; e.g., Pathfinder will contribute to the purchase of the clinic for the CIES OR subproject on cross-subsidization, and CARE will be involved in the testing of a viable model for the implementation of family planning rural service delivery. In Mexico, INOPAL has worked closely with Pathfinder and other CAs on the development of the USAID/Mexico population strategy.

INOPAL has worked with other CAs in the development of subprojects and in the provision of technical assistance. In carrying out the CQI subproject with MEXFAM in Mexico, INOPAL II worked with MSH in the design, editing, and printing of training manuals and in the preparation of an issue of the MSH's *Family Planning Manager* which used the MEXFAM experience as a case study. In planning a subproject with IMSS, INOPAL staff worked with the Association for Voluntary Surgical Contraception (AVSC) in the design of a promotional effort for no-scalpel vasectomy. AVSC is participating in the training of counseling personnel at a subproject for the introduction of the Norplant implant in Colombia. There are many other examples in the region, and in general, these collaborative efforts have been beneficial to both local agencies and CAs.

Collaboration has, in some instances, taken the form of funding for studies or parts of studies, or some technical assistance or equipment for the subprojects. For example, information, education, and communication (IEC) materials were designed with Population Communication Services (PCS) technical assistance to promote the Association for the Well-Being of the Family's [APROFE] image in Ecuador; World Neighbors is providing the injectables for the OR on the introduction of Depo-Provera in Ecuador; and FHI is funding a cost-effectiveness study of IUDs at IMSS in Mexico as a follow-up to an INOPAL subproject. In Brazil, collaborative work has been undertaken with SOMARC on a study of the effectiveness of promoting pharmacies as family planning centers. Also, SOMARC is providing funding for the inclusion of commercial and private sector data in the situation

analysis to be undertaken by INOPAL II in that country. In Peru, INOPAL and SOMARC are working together to examine the effect of different promotional strategies on commercial sales of contraceptives.

Contractual arrangements are another mode of collaboration between CAs. For example, INOPAL's subcontract with FHI for an advisor in cost analysis to train CEMOPLAF's staff in Ecuador has been an effective way to bring together complementary expertise.

Collaboration has also occurred with other donors working in the population/health field. The IHSS OR subproject in Honduras has received support from the World Health Organization (WHO) for the reproduction of IEC materials. PAHO has also contributed to the reprinting of the Spanish version of the *Handbook for Family Planning Operations Research Design* for wider distribution in the region.

2.8.2 Collaboration with Host Country Institutions

Virtually all of the subprojects are carried out with local institutions as implementors. Most of the subprojects were developed from the problem identification and design stages in close collaboration with the staff of these institutions. There have been numerous examples of INOPAL staff encouraging and working with local organizations as true collaborators. The staff involved in these subprojects reported a high degree of satisfaction with the professional level of technical assistance and training they received from the INOPAL staff. In the cases of Mexico, Peru, Honduras, and Bolivia, such efforts have been facilitated by having resident INOPAL staff.

Aside from the OR subprojects, technical assistance activities have also been carried out in close collaboration with local implementors. For example, INOPAL has worked with the IMSS in Mexico on the development and transfer to other LAC countries of the reproductive risk approach to service delivery. A course was held for MOH supervisors and training personnel in Mexico to introduce them to the concepts of quality of care and CQI.

Conclusions

INOPAL gets high marks on collaboration. In general, these collaborative efforts have been beneficial to both local agencies and other CAs. Staff have gone out of their way to look for opportunities to collaborate with CAs and occasionally other international organizations (PAHO and UNICEF). With few exceptions, this collaboration has gone smoothly. The reporting on INOPAL's activities now gives more adequate credit to these collaborations. In its collaborative relationships with local institutions, the INOPAL project received unanimous praise for both the quality of the assistance and the level of interest and support.

3. Organization, Management, and Financial Status

3.1 Project Staff

The INOPAL II project has assembled a strong staff with excellent research expertise and outstanding experience in the LAC region. The project has benefitted from the legacy of INOPAL I, both in terms of the promotion of the deputy director to project director early in INOPAL II and in terms of the continued presence of the former project director in his role as the Population Council regional director for LAC. The existing staff skills are especially strong in social science research, and the subprojects reflect this strength. Several of the staff have direct experience with family planning programs in the region, which helps to keep the research focused on key issues in service delivery. The project has one full-time staff member devoted to dissemination and shared the support, for a period of time, of a dissemination advisor in New York.

In all countries visited, INOPAL staff are highly respected by local agencies, USAID missions, and other CAs. In the cases of both Mexico and Peru, where staff are greater in number and have long involvement in those settings, there is general acknowledgement of their breadth of knowledge and experience and a high level of trust in their work. INOPAL staff exercise considerable influence in those two countries.

Resident advisors in both Bolivia and Honduras are deemed essential to the success of OR activities. Though both resident advisors have evidenced good skills and experience, underbudgeting in the initial Bolivia buy-in has obliged that country's advisor to assume an excessive amount of administrative and financial responsibilities - responsibilities that should have been provided for by the Population Council as part of its overhead. Delays in the development of additional subprojects can, in part, be attributed to this inappropriate assignment of responsibilities. It is anticipated that the arrival of an additional professional person and the hiring of a local part-time accountant will allow for better delegation of responsibilities and more effective and appropriate use of the resident advisor's time.

The resident advisor in Honduras is well respected by her counterparts, and her excellent interpersonal skills have been critical to getting subprojects implemented. Her talents have essentially overcome the damage caused by the previous resident advisor, who turned out to be an inappropriate selection. Her expertise in health education has been very helpful given that many of the subprojects in Honduras are information and education subprojects with links to service delivery.

Resident advisors will be hired to carry out the two additional buy-ins anticipated from Guatemala and Haiti. Given the level of effort required to set up country-specific offices and the effectiveness of those already established in Bolivia and Honduras, it is hoped that such investments in infrastructure and manpower can continue to be utilized in the future.

The current level of effort of core staff appears adequate with the presence of resident advisors in buy-in countries (assuming additional staff in Bolivia) and the Michigan and local fellows. Since the requirements for developing subprojects are essentially fulfilled in non-buy-in countries and Honduras, staff will be able to spend more and much needed time on the interpretation and use of data in management decision making, other kinds of technical assistance, and dissemination activities.

Conclusions

INOPAL II has a highly qualified staff with impressive research skills and experience in the LAC region. The current level of effort is adequate to implement the project's scope of work. Resident advisors are deemed essential to INOPAL's work in those countries with substantial buy-ins. With additional staff resources, INOPAL's program in Bolivia should be in a better position to undertake new research activities and respond to the growing demand for rapid OR results on the part of local NGOs and the USAID mission.

3.2 Project Management and Reporting

The organizational structure of the project is complex given the three principal administrative locations and the resident advisors in two additional countries. The project director is in Lima, Peru; the deputy director and Population Council regional director are in Mexico City; and the project coordinator¹¹ is in New York. On the whole this structure appears to have worked fairly well, although it has been time consuming due to the paper that has to flow between the Latin American offices and then from them to New York and then on to Washington, D.C., for review and approval by A.I.D./Washington. The review process continues to become more efficient with the recent change that subproject proposals can be approved in Mexico City by the regional director and do not have to be reviewed by theme monitors at the Population Council in New York.

During the first three years of INOPAL II, the project held semiannual meetings of all staff which served project management needs and facilitated exchanges and communication among staff members. Due to a shortage of central funds, it was decided in January 1993 not to hold any more staff meetings. Although these meetings may have been labor intensive, they appear to have been especially helpful to the resident advisors in Bolivia and Honduras who are working under more isolated conditions.

Site visits by senior INOPAL staff are another important mode of project management. These have occurred in the past (for example, the deputy director made frequent visits to Honduras in the interim between resident advisors to ensure that subprojects were developed). A few site visits by INOPAL senior staff to Bolivia as the new resident advisor was getting started might have helped to clarify the nature of OR subprojects to be developed there.

The Population Council has well-established procedures for monitoring of subprojects. There appear to be no problems for INOPAL project managers in fulfilling these roles or of the Population Council in New York carrying out its functions. Project reporting that includes semiannual reports, final reports, and annual workplans is timely and appropriate. Trip reports are not required under the contract.

¹¹For the first three and a half years of INOPAL II, the project supported a program administrator in the New York office. This was considered to be a key personnel position and was especially important early on since there was a period of intensive project activity when INOPAL I was ending and INOPAL II was starting up. Given the maturity of the project and the limited number of new subprojects that will be developed, it was decided that administrative duties could be handled by a more junior project coordinator.

Conclusions

The management of the INOPAL project has proceeded reasonably well despite a complex organizational structure. The project continues to evolve in terms of more efficient procedures. With a dispersed core staff, important mechanisms for oversight and communication have been semiannual meetings and site visits. Visits by senior staff to buy-in countries with resident staff for monitoring and technical assistance have been infrequent and in the case of Bolivia insufficient. Subproject monitoring and overall project reporting has been satisfactory.

3.3 Relationship with A.I.D.

3.3.1 USAID Missions

As indicated by evaluation team site visits and cabled responses from USAID missions, the INOPAL project is thought by mission staff to be fulfilling an important need and performing well. The following responses sum up the views of the USAID missions about the project:

- consistently superior work
- highly skilled professional staff
- in-depth understanding of the local setting
- highly supportive of A.I.D.'s priorities
- excellent coordination with USAID missions

The only exception to this extremely positive view reflected the poor choice of the first resident advisor in Honduras who was later replaced. For those countries where subprojects are complete or well under way, missions reported that the studies are useful and are having a positive impact on family planning programs. (See Appendix N for mission cables.)

The interest of USAID missions in Bolivia, Ecuador, and Honduras in adding additional funding to existing buy-ins and the anticipated buy-ins from Guatemala and Haiti are clear evidence of the valued role of the project. Another indication of the key role that INOPAL is seen to play is the unanimous support for a follow-on project. Several missions specifically urged that the Population Council continue as the implementing agency.

3.3.2 A.I.D./Washington

INOPAL and A.I.D./Washington staff enjoy an open and mutually supportive relationship. Despite the rapid turnover of project CTOs (five in the course of the three and a half year project), the project's implementation has proceeded quite well. INOPAL staff should be credited with patience and flexibility in adjusting to the seemingly unavoidable turnover. At the same time, it should be recognized that the two most recent CTOs, both of whom are Michigan fellows, have done an excellent job of learning about a complicated field project in a short period of time. The fellows are dedicated, hard-working, and increasingly knowledgeable. Given the same commitment and enthusiasm, no doubt greater continuity and experience with the A.I.D. bureaucracy would make for more effective management. The problem of rapid turnover of CTOs has become virtually endemic to A.I.D./Washington population projects. It reflects the larger structural problem resulting from the severe constraints to direct-hire employment that has increasingly characterized A.I.D. as a whole over the past several years.

An additional issue about the need for greater awareness of INOPAL's contributions among A.I.D./Washington staff is discussed under dissemination (see Section 2.6).

Conclusions

INOPAL receives unanimous praise from USAID missions for the technical expertise of staff, their understanding of local needs, and their responsiveness to mission needs and interests. INOPAL and A.I.D./Washington have a mutually supportive, open relationship; and the project's implementation has not been seriously impeded by the rapid turnover of project CTOs.

3.4 Financial Plans and Expenditures

The budget for the five-year contract for INOPAL II is \$15,213,393. Obligations expected to be made through September 30, 1993 will total \$14,405,240 (actual obligations were \$14,112,240 as of August 20, 1993). No problem is anticipated in fully funding the contract. In fact, A.I.D. and INOPAL face the opposite problem in that USAID missions are ready to buy into the contract in amounts that exceed the budget ceiling by \$3.5 million and that therefore can not be accommodated (see Table 2).

Table 2

Actual and Expected Obligations to INOPAL II
and Unaccommodated Buy-in Funds¹ (\$000s)

Source	Actual to 4/93	Buy-in Funds	
		Expected to 9/94	Unaccommodated
A.I.D./W	11,166	0	
Bolivia	570 ²	350	350
Ecuador	82	100	
Guatemala	—	853	1,747
Haiti	—	416	1,400
Honduras	1,114	300	—
Total	12,932	2,019 ³	3,497

¹These estimates were provided by the INOPAL project and are based on INOPAL buy-in budgets, actual obligations, and estimated additional buy-in funds.

²Obligation includes \$220,000 operational year budget transfer.

³\$42,000 over the life-of-project ceiling.

In terms of the relative distribution of central funds versus mission funds, the contract anticipated that about 40 percent of the funds would be provided by buy-ins from USAID missions and other offices. Assuming actual and planned buy-ins of nearly \$4 million, about 25 percent of INOPAL funding would come from buy-ins. Clearly, the INOPAL project would have benefitted from A.I.D.'s more

recent contracting mode that includes both a core contract to be funded centrally and a "Q" contract that allows an unlimited amount of "add-ons" from USAID missions.

New buy-ins are expected from Guatemala and Haiti with a portion of these monies going through the contract and the remaining amounts being funded through the programmatic grant with the Population Council. These funds from new buy-in countries, along with amounts expected from existing buy-in countries (Bolivia, Ecuador, and Honduras), should be obligated quickly to allow sufficient time to plan and implement the project's work under INOPAL II.

Review of total budget and expenditures under INOPAL II (see Table 4 on page 28) shows that overall expenditures are more or less on a par with what was planned. There are differences between planned and expended levels for some line items. The total budget for subcontracts was \$4.2 million. Expenditures for subcontracts have been lower than planned, largely because of the relatively small levels in years one and two. A total of \$2,627,587 has been committed to subcontracts.

Table 3 below shows estimated expenditures for subcontracts through the end of INOPAL II. The project plans to spend an additional \$169,000 in central funds for future subproject activity in Brazil, Mexico, and Peru. Another \$604,007 is expected to fund subprojects in existing and new buy-in countries. Based on these estimates, \$3.4 million or 80 percent of the budgeted levels will actually fund subcontracts. The remaining \$800,000 will presumably be shifted to cover expenditures for the line items mentioned below.

Additional subprojects will need to be initiated soon so there is sufficient time to complete the work before the end of the contract. Otherwise it will be necessary to have a no-cost extension of the contract. Depending on what A.I.D. plans for the follow-on project, this may or may not be a problem in terms of having adequate staff in place to oversee the end of these subprojects.

Table 3

**Estimated Expenditures for Subcontracts
through September 1994, by Source of Funds
(in U.S. dollars)**

	Commitments through 12/92	Expected 1/93-9/94
Central	2,463,588*	169,000
Bolivia	19,708	131,292
Ecuador	*	50,000
Guatemala	—	120,000
Haiti	—	207,000
Honduras	144,291	95,709
	2,627,587	773,001
Total	3,400,588	

*Includes commitments for Ecuador through 12/92

Table 4

**INOPAL II - Total Budget and Expenditures
(in U.S. dollars)**

	Budget Year One 10/1/89- 9/30/90	Expend. Year One 10/1/89- 9/30/90	Budget Year Two 10/1/90- 9/30/91	Expend. Year Two 10/1/90- 9/30/91	Budget Year Three 10/1/91- 9/30/92	Expend. Year Three 10/1/91- 9/30/92	Budget Year Four 10/1/92- 9/30/93	Expend. Year Four 10/1/92- 12/31/92	Budget Year Five 10/1/93- 9/30/94	Expend. Year Five 10/1/93- 9/30/94	Total Budget 10/1/89- 9/30/94 Total Expend. 10/1/89- 12/31/92	
Salaries	520,132	285,979	649,253	510,410	691,455	673,803	735,569	165,227	778,551	—	3,374,960	1,635,419
Consultants	13,200	6,826	13,200	7,305	13,200	11,155	13,200	24,455	8,800	—	61,600	49,741
Benefits	138,215	68,247	175,792	122,118	187,219	161,187	199,139	5,970	210,634	—	910,999	357,522
Travel & Transportation	149,397	101,405	64,404	214,832	172,856	314,238	171,067	89,591	203,028	—	760,752	720,066
Allowances	93,970	49,460	99,980	45,146	98,220	132,755	106,373	21,753	98,870	—	497,413	249,114
Other Direct Costs	375,393	138,908	365,889	357,490	272,384	681,111	278,094	87,293	293,682	—	1,585,442	1,264,802
Regional Conferences	—	—	—	—	—	—	—	—	—	—	—	—
Dissemination	—	10,577	—	70,121	—	124,053	—	38,073	—	—	—	242,824
Sub-contracts	1,522,105	62,770	1,522,105	392,610	882,632	1,883,900	243,158	288,307	30,000	—	4,200,000	2,627,587
Total Direct Costs	2,812,412	724,172	2,890,623	1,720,032	2,317,966	3,982,202	1,746,600	720,669	1,623,565	—	11,391,166	7,147,075
Indirect Costs	952,852	230,725	977,175	630,962	774,769	929,561	577,794	82,996	539,637	—	3,822,227	1,874,244
Grand Total	3,765,264	954,897	3,867,798	2,350,994	3,092,735	4,911,763	2,324,394	803,665	2,163,202	—	15,213,393	9,021,319

More funds have been spent on two line items (travel and transportation and other direct costs) than planned (see Table 4). Given the nature of a complex field project and the dispersed locations of the staff, these higher expenditures should not be viewed as a problem. A combination of factors explains the higher than budgeted other direct costs including the cost of field offices (free market reforms raised Peru office costs; two new offices were established in Bolivia and Honduras), non-project technical assistance, dissemination (which had not been planned for in the original budget), and computer and other equipment (although only about \$63,000 was spent on equipment for subprojects). During the remaining period of the contract, additional other direct costs and travel costs will be incurred in establishing offices in Haiti and Guatemala, holding the end-of-project regional seminar, supporting the New York dissemination unit, and participating in OR Day.¹² INOPAL will need to request permission to shift funds across line items since expenditures will almost certainly exceed the allowed 10 percent line item flexibility.

Review of the budget and expenditures for buy-in countries (Tables 5 and 6 on pages 31 and 32) shows that in Bolivia, although general expenditures have been as expected, expenditures for both travel and other direct costs are higher than planned due to very high expenditures for travel in the first year of the buy-in and higher expenditures for other direct costs in the second year, presumably for establishing the office in La Paz. Only 13 percent of funds for the subcontract line item have been expended, reflecting the slow pace at which subprojects have been developed.

In Honduras, expenditures for subprojects are in line with what was planned. The resident advisor estimates that another \$30,000 in uncommitted funds may be available to support two more small subprojects if no additional funds are forthcoming. It is expected that an additional buy-in will be made, however, thus substantially raising the sum available for subcontracts. Travel is more than double what was planned, although the budgeted level looks very low especially if observational travel which the project has supported has been funded out of this line item.

Funding for the Ecuador buy-in is \$82,000 and is included in Table 2. The small size of the buy-in precluded a resident advisor, although it does include funds to cover INOPAL II staff working on OR and technical assistance activities in Ecuador. Since the objective of the buy-in is to institutionalize the ability of two local NGOs to conduct OR, the budget supports technical assistance (seminars and small OR studies) rather than larger subcontracts. Roughly 20 percent or \$17,000 is budgeted for such small OR studies and local consultants. As of December 1992, only \$5,000 had been charged against the buy-in, although a subcontract with FHI for \$25,202 was recently issued.

As with all its programs, the Population Council separates financial and program management functions for INOPAL. Program management has been handled by the project director in Peru and financial management has been handled at the New York office. Also located in New York was the INOPAL II project administrator whose responsibility was almost exclusively that of liaison rather than financial monitoring. A number of financial problems have been encountered over the course of the project due to the financial management systems that were in place at the New York office. These may have been exacerbated by the physical distance between the two management functions. For most of the INOPAL II project, the project director received only a summary of expenditures

¹²OR Day is an annual conference on operations research organized by the Population Council in which family planning operations researchers showcase findings and lessons; and research, training, and service delivery professionals discuss the OR implications for policy and program changes and possible new directions for research.

and budget twice a year. Buy-in and central budgets and expenditures were not separated. This procedure lacked the timeliness and level of detail needed for informed and effective financial control and decision making. Another problem was apparently that expenditures were compared only to the total budget and not to A.I.D. obligations which led to some overspending of central monies (in relation to obligations) in year three. Given that the project will be fully funded, this should not present major problems with the exception of how monies can be spent. Buy-in funds have separate budgets and cannot be substituted for central funds.

These financial problems came to a head in January 1993, when INOPAL II and A.I.D. staff determined that \$400,000 in planned expenditures had to be cut. Among the activities that were dropped or curtailed were semiannual staff meetings; a reduction in the number of issues of *Alternativas* from four to two per year;¹³ a reduced budget to publish the proceedings of the Latin American Family Planning Symposium; a reduced budget for the INOPAL II regional conference;¹⁴ and a reduction of \$75,000 in central funds contributed to the Bolivia buy-in.

The financial management system at the Population Council has undergone an extensive review, and a new MIS system will be designed to overcome the financial accounting problems. In the meantime, the New York office has agreed to provide detailed financial reports on a monthly basis to both INOPAL and A.I.D./Washington staff to ensure better financial tracking through the remainder of INOPAL II.

Conclusions

INOPAL II will be fully funded with about 25 percent of obligations coming from USAID missions through buy-ins to the contract. The strong, continuing mission interest in OR is reflected in the availability of almost \$3.5 million in additional funds which cannot be accommodated given the present contract ceiling. Expenditures have been mostly as anticipated in the budget, although INOPAL will need to adjust several budget line items due to high spending.

Inadequate financial management led to curtailing a number of planned, centrally funded INOPAL II activities in the last one and a half years of the contract. A new MIS system is planned to improve the Population Council's financial accounting, and monthly reports will be provided to INOPAL and A.I.D./Washington staff to improve tracking of expenditures for the remainder of the project.

¹³This reduction occurs despite the fact that the cost of producing the newsletter has actually declined over time as some aspects of the production were moved in house. For example, total production for 1,500 copies in 1988 was \$7,100 compared to \$6,000 for 2,000 copies in 1993.

¹⁴The budget for the final conference was reduced from \$200,000 (the cost of the INOPAL I end-of-project conference) to \$80,000. The current plan is to hold a regional seminar (or expert committee meeting) of about 30 key Latin American family planning managers (MOH directors of family planning, directors of large PVOs, experienced LAC OR researchers, and staff of CAs and USAID missions). Participants will help develop the future OR agenda for the region.

Table 5

**Bolivia Buy-In — Budget and Expenditures
(in U.S. dollars)**

	Budget Year One 7/1/90- 6/30/91	Expend. Year One 7/1/90- 6/30/91	Budget Year Two 7/1/91- 6/30/92	Expend. Year Two 7/1/91- 6/30/92	Budget Year Three 7/1/92- 6/30/93	Expend. 6 Mos. Year Three 7/1/92-12/31/92	Budget Year Four 7/1/93-6/30- 94	Expend. Year Four 7/1/93- 6/30/94	Total Budget 7/1/90- 6/30/94	Total Expend. 7/1/90- 6/30/94
Salaries and Benefits	54,267	35,142	72,439	70,237	74,782	41,133	76,999	—	278,487	146,512
Consult- ants	—	—	—	—	—	—	—	—	—	—
Travel & Transpor- tation	5,053	20,513	11,736	12,775	11,736	14,593	6,328	—	34,853	47,881
Allow- ances	31,012	4,578	34,624	37,646	29,600	21,926	39,636	—	134,872	64,150
Other direct Costs	33,857	24,755	21,100	49,310	18,100	20,221	14,100	—	87,157	94,286
Regional Confer- ences	—	—	—	—	—	—	—	—	—	—
Dissemi- nation	—	—	—	—	—	—	—	—	—	—
Sub- contracts	10,000	—	70,000	—	55,000	19,708	16,000	—	151,000	19,708
Total Direct Costs	134,189	84,988	209,899	169,968	189,218	117,581	153,063	—	686,369	372,537
Indirect Costs	45,041	29,236	70,861	60,136	63,747	51,837	51,310	—	230,959	141,209
Grand Total	179,230	114,224	280,760	230,104	252,965	169,418	204,373	—	917,328	513,746

Table 6

Honduras Buy-In — Budget and Expenditures
(in U.S. dollars)

	Budget Year One 7/1/90- 6/30/91	Expend. Year One 7/1/90- 6/30/91	Budget Year Two 7/1/91- 6/30/92	Expend. Year Two 7/1/91- 6/30/92	Budget Year Three 7/1/92- 6/30/93	Expend. 6 Mos. Year Three 7/1/92- 12/31/92	Budget Year Four 7/1/93-6/30- 94	Expend. Year Four 7/1/93- 6/30/94	Total Budget 7/1/90- 6/30/94	Total Expend. 7/1/90/- 6/30/94
Salaries and Benefits	65,180	55,169	68,725	51,573	72,463	34,143	76,405	—	282,773	140,885
Consult- ants	—	2,240	—	350				—		2,590
Travel & Transpor- tation	4,086	12,537	4,086	15,158	4,086	8,440	4,086	—	16,344	36,135
Allow- ances	30,155	2,274	27,218	3,259	30,299	5,500	32,561	—	120,233	11,033
Other direct Costs	55,796	45,300	40,793	42,580	42,436	33,349	42,664	—	181,689	121,229
Regional Confer- ences	—	—	—	—	—	—	—	—	—	—
Dissemi- nation	—	—	—	—	—	—	—	—	—	—
Sub- contracts	30,000	28,516	50,000	43,659	90,000	72,116	70,000	—	240,000	144,291
Total Direct Costs	185,217	146,036	190,822	156,579	239,284	153,548	225,716	—	841,039	456,163
Indirect Costs	60,742	50,236	62,543	52,236	79,032	69,282	74,199	—	276,516	171,754
Grand Total	245,959	196,272	253,365	208,815	318,316	222,830	299,915	—	1,117,555	627,917

4. Project Impact

In its fourth and fifth year workplans, INOPAL redefined the four objectives in its contract to include the following five objectives: 1) make family planning services more acceptable and accessible to special populations; 2) improve the operations of programs to make them more sustainable, effective, and efficient; 3) improve the quality of existing services; and 4) institutionalize the ability of local organizations to conduct OR. Although less than half of the subprojects (and only six intervention studies) have been completed, it is useful to describe INOPAL's work in each of these areas and where possible to point to actual impacts.

One of the more general results of INOPAL's work, which concerns several of the above objectives, is the success in providing family planning information and services within the context of reproductive health. This approach, which was begun under INOPAL I with IMSS in Mexico through an emphasis on reproductive risk, is now a common and acceptable orientation for countries in the region. INOPAL II also justly boasts of numerous examples of tests or approaches that are being scaled up or tried in different countries. These have been referred to in the preceding pages and will be cited in the discussions that follow.

4.1 Improvements in Access to Family Planning by Special Populations

Several INOPAL subprojects have tested strategies to improve the access to family planning by special populations, especially rural and indigenous groups. In Peru, a rural CBD subproject is being implemented to test 1) the acceptance of Depo-Provera and 2) the effects of different training and supervision models for CBD workers in two regions, one coastal and another in the *altiplano* (high plain). If the results of this subproject with the MOH and CARE prove to be cost effective and successful, they will be widely adopted in other regions of the country very quickly through CARE's effort to expand services in rural areas.

A model of service delivery to rural indigenous populations, which resulted from an OR subproject carried out under INOPAL I, is being implemented by CEMOPLAF in Ecuador in four rural sites. Community workers and distributors promote family planning information and services through home visits and referrals to a health center which functions with special schedules to accommodate rural populations' needs. IUD insertions, laboratory, pharmacy, and other primary health care services are offered at these centers.

In Honduras, several social development PVOs, including Save the Children and CARE, are trying referral systems to MOH services through the generation of demand by their outreach staff in rural settings; some PVOs have also provided transportation for women in remote areas to reach sterilization services. With INOPAL assistance, a similar model is going to be tested by CARE in Bolivia.

Two OR subprojects to be started soon in Bolivia will also address the issue of improved access to family planning by rural populations. One will be implemented with CARE on the model carried out in Honduras: referral to MOH services through the generation of demand by outreach staff. The other will be implemented with the Bolivian MOH Regional Sanitary Unit in Cochabamba to test the feasibility of provision of family planning services, including IUD insertions, through field nurse auxiliaries. This approach could have great impact since the IUD is the method of preference for

rural women and nurse auxiliaries are permanent staff at rural posts, whereas doctors and registered nurses visit only periodically leading to reduced access to family planning when they are the providers.

Provision of services to adolescents has not been a major focus of INOPAL's work in large part because of A.I.D. policy constraints. INOPAL did, however, support a project in Mexico with IMIFAP to test educational materials on family life. The Ministry of Education has expressed interest in setting up this curriculum on a national scale. Work with CORA tested a model for the prevention of adolescent pregnancy and the provision of family planning services at a hospital in Mexico. The model is now being transferred to another hospital in Mexico City, and the Bergstrom and Ford Foundations are planning to fund an expansion of the adolescent project to all of the city's municipal hospitals.

Another special group that has been the focus of INOPAL work in several countries is postpartum women. In Peru, the postpartum program with IPSS is an outstanding example of how a small-scale OR study can have major programmatic impact. Starting from a pilot ward in the Lima IPSS Hospital, it was quickly scaled up to include other maternity wards in the hospital and eventually to 11 hospitals, including four operated by the MOH. In the course of this year, Pathfinder and AVSC are continuing to scale up postpartum family planning at 22 more hospitals. Given that 40 percent of hospital-based births in Peru occur in these hospitals, there is great potential to make dramatic improvements in access to family planning.

On the basis of the above experience, postpartum family planning services are being introduced by other CAs in their service delivery subprojects in the region; e.g., Pathfinder is funding a postpartum family planning subproject with an NGO in Bolivia and is planning its introduction at the Bolivian Social Security Institute (IBSS) services. A peri-natal reproductive health program was tested at IHSS in Honduras and resulted in an increase in the availability of mini-pills and condoms for postpartum women and overall acceptance of contraception. This program has been adopted in the other major social security facility. Virtually all Honduran social security beneficiaries deliver their babies in these two hospitals, which cover about 15 percent of the Honduran population.

Finally, INOPAL is working on postpartum subprojects with health maintenance type organizations in Brazil and Peru. The long-term goal of these projects is to increase for-profit involvement in family planning by determining if postpartum/post-abortion services are cost beneficial and/or give the provider a marketing advantage.

Conclusions

The issue of improved access to family planning by rural populations is being addressed extensively by INOPAL II through its OR and technical assistance activities. In Honduras, Ecuador, Bolivia, and Peru, subprojects were or are in the process of being implemented to test viable strategies for family planning service delivery to rural populations. Among these strategies are referral systems, CBD, and testing of acceptance of new family planning methods like Depo-Provera. Findings of these studies are expected to be applied in the scaling-up of rural family planning services delivery in other parts of the respective countries.

INOPAL II has also increased access to family planning by postpartum women in Peru, Honduras, and Mexico. These subprojects have great programmatic impact and potential for being scaled up to include more. Such examples are already found in Peru and Honduras, and postpartum services

have also been incorporated by other CAs (Pathfinder and AVSC) in their own service delivery projects.

4.2 Sustainability, Effectiveness, and Efficiency of Family Planning Programs

4.2.1 Sustainability

Given A.I.D.'s plans for phasing out population support in many of the countries in LAC, OR subprojects to help agencies in the region improve the sustainability, effectiveness, and efficiency of their programs are critical. Under INOPAL II, seven OR subprojects have specifically dealt with the issue of sustainability; four of these subprojects are still ongoing. Three are being carried out in Colombia, Ecuador and Mexico, countries facing a phase-out of A.I.D. funding in the near future. Peru and Bolivia are the sites of the other three subprojects; both are countries where A.I.D. support will continue for some time. Five of the subprojects are focused on helping PVO programs to become more sustainable.

The seven sustainability subprojects are 1) A Comparative Study of Three Strategies to Improve the Financial Sustainability of a Bolivian Family Planning Program; 2) Cost Analysis of Three Services in Private Family Planning Programs in Mexico; 3) A Study to Increase the Availability and Price of Oral Contraceptives in Three Program Settings in Peru; 4) Norplant Pricing and Payments Modalities in Colombia; 5) Price, Quality of Care, Rumors, and other Possible Causes of the Loss of Family Planning Clients: A Diagnostic Study in 14 Ecuadorean Cities; 6) A Study to Increase Family Planning Program Sustainability in Ecuador; and 7) Comparison between Two Models of Physician Payment in Peru.

Attempts to improve sustainability through price increases by APROFE in Ecuador resulted in lost clients. An OR diagnostic study to identify causes of the loss was carried out. The important finding for sustainability is that price increases result in a more affluent client profile and that client loss is not incompatible with financial sustainability. PVOs may have to choose between serving low-income clients and greater cost-recovery or search for ways to accomplish both.

The study to increase availability and price of oral contraceptives in Peru demonstrated the negative effect of price increases on sales in CBD programs. Because there are other service sources in the areas of the study, users who dropped out due to price increases were able to obtain supplies anyway, usually free of charge at MOH outlets.

Results from the other sustainability subprojects are not yet available. These subprojects focus on improving efficiency (increasing clinic capacity in Ecuador); strengthening cost control (changing from salary-based to fee-for-service compensation in Peru); knowing costs (cost analysis in Mexico); and identifying income-generation strategies to cross-subsidize the provision of services to the poor (improving financial sustainability in Bolivia).

Developing appropriate pricing strategies, improving efficiency, knowing and controlling costs, and implementing effective income-generation strategies are all important to the sustainability of family planning services in PVOs. The INOPAL II subprojects are addressing important components of sustainability, although it is not clear from these studies what the contribution of the results will be to overall sustainability of programs and/or institutions once A.I.D. has withdrawn. Some of the results from INOPAL II reflect concerns often expressed about moving PVOs toward profit-making

modes and greater sustainability. The most noteworthy results are 1) providers increased client revisits and began prescribing more laboratory tests to obtain more fees in Peru, and 2) lower-income clients dropped out as prices were increased in Ecuador resulting in a more affluent profile of clients.

A number of INOPAL II subprojects not directly concerned with the theme of sustainability are nonetheless important to the sustainability of family planning programs in the LAC Region. For example, OR demonstration projects to incorporate reproductive health care programs into the IHSS and into the Honduran MOH programs vis-à-vis CARE illustrate efforts to establish family planning services within existing infrastructure and within institutions that have the resources and population base to absorb any additional costs family planning services might imply. Although the components of the IHSS Reproductive Health Program tested under INOPAL II are operating today with financial and political support from IHSS, there is some evidence that the mix of methods is changing now that the project is over; use of the IUD and acceptance of female sterilization is declining while use of oral contraceptives is increasing.

4.2.2 Effectiveness and Efficiency

These are not priority themes of the INOPAL II project; however, many subprojects are intended to demonstrate if a particular intervention works (i.e., if it is effective). In Honduras, for example, the INOPAL II project is helping PVOs incorporate reproductive health care programs into their community development activities. The one completed subproject with Save the Children has been effective in setting up reproductive health care activities within mothers' clubs. In Mexico, INOPAL II assisted CORA to evaluate the effectiveness and cost-effectiveness of CORA's adolescent program, PREA, so that it could be replicated in other locations. With the reductions in personnel costs and better utilization of staff time, the PREA model was adopted by the Hospital de la Mujer in Mexico City, in which 11 percent of the 13,000 deliveries annually are to women under 18 years of age. The Health Department of the Federal District is now considering extension of this model to other facilities. In Peru, the cost-efficiency of postpartum family planning services among private health plan providers is being studied by the INOPAL project and the Centro Medico Ruiz Gonzalez (MEDICSA), a for-profit health maintenance organization.

Conclusions

INOPAL II subprojects are addressing important components of sustainability, although it is doubtful that these will contribute to overall sustainability of programs and/or institutions once A.I.D. has withdrawn support. Effectiveness and efficiency have not been priority topics, but many subprojects look at the effectiveness of different interventions.

4.3 Improvements in Quality of Existing Services

Although there is a general consensus in theory about the key elements that constitute quality services, family planning organizations lack experience in translating these elements into improved services. The perceptions of the client populations about quality of care are only recently being explored with some examples from INOPAL II subprojects. Below are descriptions of various subprojects that are attempting to improve the quality of service delivery.

An innovative approach to try to understand how quality of care is perceived by clients is taking place at MEXFAM in Mexico. MEXFAM is testing the usefulness of a continuous quality improvement

(CQI)¹⁵ program; staff in some clinics in Mexico City working as teams have identified problems and taken actions to improve client satisfaction with the services provided. Several such actions include improving the appearance of waiting rooms and reducing waiting time for services. One of the by-products of the work with MEXFAM is a draft manual, prepared by INOPAL II staff, on how to apply CQI strategies to quality of care in family planning.

Two additional OR subprojects are trying different ways to institutionalize processes aimed at quality improvement. The MOH in Guatemala is testing a self-evaluation form designed to help service providers identify problems with quality of services. This approach to improved quality has led to a number of changes in the family planning programs. A similar process for self-improvement is taking place in the Nicaraguan MOH.

The IHSS in Honduras has improved the quality of its family planning services by providing more information and increased access to a wider range of methods and counseling services and by conducting client satisfaction audits.

In order to enhance the quality of services through a wider range of methods, CEMOPLAF in Ecuador is purchasing four additional brands of oral contraceptives, which are sold at cost at its clinics. A recently begun OR subproject is testing the comparable acceptability of Depo-Provera and the cost-effectiveness of using non-professionals to resupply and follow up users in clinics and rural CBD programs as compared with the costs of using non-professionals to follow up oral contraceptive users. The project will be carried out with the Seguro Campesino del Ecuador, a social security system for rural populations. The MOH in Ecuador is interested in these results in order to change current family planning delivery norms.

Finally, INOPAL II has devoted considerable effort to the development of instruments to improve the quality of care. These have included one to test providers' knowledge, another to assess the impact of supervision, and one to look at the actual behavior of providers with clients (see discussion in Section 2.5).

Conclusions

Most of INOPAL II interventions have resulted directly or indirectly in improvements in the quality of existing family planning services being offered by the local collaborating institutions. Studies testing the acceptance of new contraceptive methods and strategies of distribution have widened the range of selection offered to family planning users. The most direct example of an effort to institutionalize quality of care is the CQI process at MEXFAM in Mexico which is helping to define quality of care from the clients' perspective. Finally, INOPAL has developed several instruments to improve the quality of services.

¹⁵CQI is an approach to management that emphasizes a process of constant improvement in operations and one that requires long-term organizational commitment and teamwork. CQI is based on the principles and techniques of quality improvement formulated by W. Edwards Deming and applied to corporations in Japan and throughout the world.

4.4 Institutionalization of OR

There has been a dramatic increase in awareness of OR concepts and methods among family planning program staff in LAC as a consequence of INOPAL I and II, and there is also increasing acceptance of its value as a service delivery problem-solving approach. Local institutions in the region now have a clearer idea of the role of OR in helping to identify operational questions or problems, and in testing the effects of different interventions or proposed solutions. This was not the case just a few years ago.

Institutions have come to realize that OR does help to change the quality, effectiveness, and cost-effectiveness of service supply. At an earlier point, the key research issues in family planning related to contraceptive development and demand for family planning. Now the central issue is on the supply side: how to provide services so that people will use them and be satisfied with them. The INOPAL OR project has been instrumental in achieving that change in orientation. As an illustration, other CAs and population assistance agencies have asked INOPAL II to provide technical assistance to their own OR and evaluation activities: AVSC (Mexico); Pathfinder (Mexico, Peru); CARE (Bolivia, Honduras, Guatemala, and Peru); and UNFPA (Nicaragua).

INOPAL I and II have worked with more than 50 local collaborating agencies from both the public and private sectors and more than two dozen CAs (see Appendix E). These organizations have come in contact with OR concepts through INOPAL subprojects, technical assistance, and workshops. This increased awareness and acceptance of OR is the first step toward institutionalization of OR methods and capabilities within these organizations. A number of these agencies have conducted multiple subprojects with INOPAL assistance: CIES in Bolivia; PROFAMILIA in Colombia; CEMOPLAF in Ecuador; IHSS and the Association for Maternal Breast-Feeding (AHLACMA) in Honduras; MEXFAM and IMSS in Mexico; the Center for Population Studies (CEPEP) in Paraguay; and PRISMA, IPSS, MOH, and the Andean Institute of Studies in Population and Development (INANDEP) in Peru.

Despite this progress, there are few organizations in the LAC region that can be confidently identified as being "self-sufficient" in their ability to undertake OR from start to finish. Organizations can be classified into three groups based on their ability and readiness, and the amount of assistance they require, to be able to undertake fruitful OR studies. These levels of assistance reflect the degree to which OR has been institutionalized within them. The classification is as follows:

- Local institutions that need help in all areas of subproject identification, design, implementation, data analysis and interpretation, and application of findings (institutions in buy-in countries such as Bolivia, Haiti, and Guatemala are predominantly in this group). All countries have some institutions for which this level of assistance would be required.
- Local institutions that may have participated in one or more OR studies, but continue to need help in certain areas (most IPPF affiliates, state ministries, CEMOPLAF in Ecuador, the Association of Professionals in Maternal Child Health [APROSAMI] in Peru).
- Local institutions that need little or no assistance from Population Council staff to undertake creditable OR projects (PROFAMILIA in Colombia, IMSS and MEXFAM in Mexico).

In some countries, focused efforts at institutionalization of OR have not yet become a priority. For example, with the exception of USAID's work with ASHONPLAFA in the private sector, institution building is not a major objective of the support to Honduran PVOs. Providing equipment such as microcomputers has been helpful in terms of their being able to prepare reports more easily and being able to track their activities, but skill levels in OR activities remain limited.

Similarly, certain of the PVOs active in Honduras (e.g., CARE, which is now also an Office of Population CA) do not see themselves as local institutions needing to institutionalize OR. They do, however, see the benefit of developing an MIS that allows them to report on innovations and results from their efforts to stimulate demand. They also see the use of an MIS as one way to help local groups use data to see the results of and problems in their own work. Others (such as Save the Children which is on the road to becoming autonomous) think that there is a need to institutionalize OR and see this as one of the benefits of collaborating with INOPAL.

Staff at the IHSS in Honduras believe that through INOPAL subprojects they have begun to institutionalize OR within their program. Even though the formal subproject had ended, they are continuing to evaluate what the program is doing.

In the case of Mexico, the focus of the current INOPAL project has been appropriate for building institutional capacity in OR. INOPAL has succeeded in working with key public sector institutions (IMSS, ISSSTE [Institute for Security and Social Services for State Employees], and MOH). Although INOPAL has been quite reactive in terms of the selection of topics, this seems to be appropriate in this setting. There is clear evidence that institutions understand the role of research. Local institutions have moved from conducting large studies to doing more practical types of research.

Efforts to institutionalize CQI at MEXFAM show that it is not easily implemented, although staff are committed to continuing the approach. It is costly in terms of staff time; it requires consistent commitment at all staff levels; it takes several years to implement; and it requires outside technical assistance to assist with effective implementation. This effort was initially set up as a quasi-experimental research design, but contamination of study areas was unavoidable. Given the nature of MEXFAM, staff felt it was more important to implement the CQI experience throughout the organization, rather than adhere to the study design.

INOPAL's work with CORA made that program's staff aware of the importance of continuously evaluating their program efforts. The project provided technical assistance in the conduct of evaluation and also helped CORA staff acquire skills in evaluation.

There are other examples of the acceptance of OR as an integral part of family planning programs. At a UN regional preparatory meeting in Mexico, INOPAL's OR project was cited as a cornerstone of advances in family planning during the 1980s. Also, the A.I.D. centrally funded OPTIONS project includes OR as one of the important tools for family planning programs. In Mexico, the Institute of Public Health has requested help from INOPAL in reviewing the school's curriculum to see how OR could be integrated into the curriculum and also into seminars on OR.

A good example of institutionalization of OR is occurring at CEMOPLAF in Ecuador. Under INOPAL I, CEMOPLAF successfully completed an OR subproject to find a suitable model of service delivery to indigenous populations, which is now being implemented at four rural health centers.

Based on that successful application of OR to a real agency problem, CEMOPLAF staff are eager to acquire adequate skills to undertake OR routinely in the management of their organization.

Under INOPAL II, with close supervision and technical assistance provided through the project, CEMOPLAF staff are being trained in operations research. A one-year technical assistance subproject started in May 1993 will train a core group of three to five persons in research methodology, market segmentation, cost analysis, and use of the MIS. The core group will subsequently provide training for agency center directors and staff in order to strengthen decentralization. OR will then be used as a routine management tool. Staff are very conscious of the sustainability issues they will increasingly face as A.I.D. gradually phases out assistance.

In Peru, several institutions have had increasing experience with OR studies. The strongest among them is INANDEP, an NGO research agency, which under INOPAL II has conducted studies with PVO family planning agencies and is currently conducting OR on the MOH-CARE rural service delivery pilot. With more intensive technical assistance and additional opportunities to undertake OR studies designed in collaboration with other family planning providing agencies, this Peruvian organization could institutionalize OR expertise within a few years. In the public sector, it may be possible to institutionalize OR at the policy level (Directorate of Social Programs, which includes reproductive health and family planning) for the purpose of testing large-scale intervention strategies to improve service delivery. To date, however, such expertise does not reside within MOH staff.

In Bolivia, OR workshops have been effective in activating interest in OR approaches to problem solving. For example, based on his attendance at an INOPAL OR workshop, an MOH physician-researcher who sits on the Subcommittee on Research and Evaluation, on his own initiative undertook an OR study to test the usage of safe birthing kits which were being distributed under an MOH-UNICEF project. The findings of the study resulted in the identification of significant utilization and benefits of the intervention and a broader implementation of the safe birthing kit program. At this point, however, no Bolivian institution is at the stage of having institutionalized OR activities. These agencies need to have more hands-on experience in undertaking OR and using the data as a management tool before they can be considered ready for its institutionalization.

Conclusions

Awareness and acceptance of OR concepts and their value in improving family planning programs have been widely extended under INOPAL II. Institutionalization of OR capacity in family planning agencies in the LAC region has not occurred on a broad scale, however. Such capability can be found in selected organizations in Colombia and Mexico. Helping institutions achieve "OR self-sufficiency" is a challenging assignment, and one which requires further strategy development.

5. Summary of Contractor Performance and Recommendations for the Remainder of INOPAL II

5.1 Summary of Contractor Performance

The INOPAL II project has been very responsive in meeting local needs and in addressing themes and issues of importance to the various key constituencies, including local agencies, USAID missions, and A.I.D./Washington. Concepts and proposed research plans were worked out jointly with the host country institutions, although INOPAL staff generally took principal responsibility for developing subproject proposals in order to facilitate timely review and approval of subprojects. To date, 42 subprojects have been undertaken. Thus, the contract requirement for number of subprojects has been fulfilled in only three and a half years of the five-year project.

INOPAL II has successfully emphasized work with public sector institutions and has made a concerted and effective effort to undertake OR subprojects that have the possibility of being scaled up or replicated. The project staff have provided effective technical assistance to local agencies to implement subprojects. The staff have received unanimous praise for the quality and timeliness of the assistance as well as the level of interest and support from both local agencies and USAID missions. The project has maintained a strong focus on dissemination of results to LAC audiences. Finally, INOPAL staff have actively sought opportunities to collaborate with other CAs.

5.2 Recommendations for the Remainder of INOPAL II

5.2.1 Development of Additional Subprojects

With the exception of buy-in countries (Bolivia, Honduras, and in the future Guatemala and Haiti), there is relatively little funding remaining to support the development of new subprojects. If any are to be supported, these should serve only to reinforce existing work or to assist with efforts to scale up, replicate, or evaluate the impact of completed subproject interventions.

Further work on instruments that have been developed or adapted by INOPAL in the course of subproject implementation should concentrate on improving and using what is available. True field trials should be considered to assess the usefulness of the instruments more generally.

In the buy-in countries, INOPAL should concentrate on expanding those research activities whose results can be applied immediately in order to improve accessibility and expansion of reproductive health activities (Bolivia) and to allow the start of implementation of buy-ins (Guatemala and Haiti). If additional funds are forthcoming from Ecuador and Honduras as is expected, then new subprojects also need to be developed soon.

5.2.2 Continuing Needs for Technical Assistance

Technical assistance should continue to be one of the most important aspects of INOPAL assistance to local institutions, other CAs, and USAID missions.

Simple and non-burdening methods of recording technical assistance outside of subprojects should be developed to recognize this INOPAL contribution. Having each staff person maintain an electronic spreadsheet on which technical assistance could be easily recorded by type, recipient and amount, and later consolidated, would serve this purpose.

INOPAL staff should provide intensified assistance in the remaining period of the contract to local agencies to interpret and use MIS and other research data. There are numerous examples of the need for additional help to ensure that data generated by the subprojects are used adequately to highlight the continuing problems in service delivery and to assist local agencies in making appropriate changes.

Further assistance is needed on an ongoing basis to ensure continued implementation and expansion of various program interventions and innovations initiated through subprojects that are now complete or soon to be completed.

5.2.3 Dissemination

INOPAL should continue to emphasize the role of dissemination in its work, particularly to audiences in Latin America, in order to promote exchanges of experiences and replication of successful efforts. Seminars should include policymakers (for example senior MOH officials) and others in positions to apply the results. INOPAL should schedule seminars earlier and during the implementation of subprojects for members of the OR and family planning communities. Such scheduling would likely gain more interest from audiences in expected findings and their implication for service delivery.

A.I.D./Washington would do well to think through what more is really wanted from projects such as INOPAL in the area of dissemination. More specific guidance from A.I.D./Washington is needed if project staff are not to be discouraged in their efforts to be responsive. One suggestion that came from several A.I.D./Washington staff is the need for one-page project summaries that can be placed in country-specific files for easy retrieval. Another suggestion is to sponsor more joint presentations involving two or more CAs working together in the field (such as occurred with the Peru seminar on the situation analysis given in May 1993 jointly by Demographic and Health Survey staff and INOPAL). Such joint briefings would automatically draw staff, including senior staff, from the other divisions.

INOPAL should approach commercial or textbook publishers about producing the *Handbook for Family Planning Operations Research Design* in at least English and Spanish so that it would be more widely available in book stores and also available for use in teaching at schools of medicine, nursing, and public health.

5.2.4 Fellows

The involvement of international and national fellows in INOPAL II should continue, with greater efforts to provide mentoring to make the experience even more valuable for all parties.

In Bolivia, the national research fellow activity should be fully implemented with two fellows, as originally planned, as it is an important basis for strengthening local capacity and is an aid in the daily operations of the INOPAL office.

5.2.5 Workshops

If any additional workshops are to be held under INOPAL II, these should be national because the experience to date suggests that these are less costly and more productive than regional workshops.

Because Bolivian capacity for delivery of OR training is now in place, OR workshops should be replicated in other areas of that country (at least one a year) to make up for the turnover of staff in local agencies and also to serve as a refresher for trainers.

5.2.6 Project Management

Given the dispersed location of project staff, the high level of ongoing subproject activity, and the importance to further dissemination of exchanging information and experiences, INOPAL should consider holding additional staff meetings (perhaps in preparation for the LAC regional OR conference) or provide more oversight through sites visits. In the case of Bolivia, at least semiannual site visits should be scheduled by the project director to the Bolivia office to oversee progress on OR subprojects, to more fully integrate Bolivia staff into the INOPAL team, and to conduct joint discussions with the mission on future needs, directions, and expectations. As INOPAL incorporates anticipated buy-ins from Guatemala and Haiti and hires resident advisors for those countries, this type of oversight and management will become even more important.

5.2.7 Financial Plans and Management

New buy-ins to INOPAL II from Guatemala and Haiti should be completed as soon as possible so that in-country activities can begin. Similarly, additional funds for expected buy-ins from Bolivia, Ecuador, and Honduras should be obligated so that project staff have sufficient time to plan and carry out further work in those countries.

In addition to the Population Council's developing a new MIS, INOPAL II should assign a staff member with clear financial monitoring responsibilities including 1) continuous tracking, by line item and cost center, of expenses against obligations, and 2) provision of timely information such as potential and real over/under-expenditures needed for good financial and program management.

6. Recommendations for a Future Project

6.1 Future A.I.D. Policies for Population Assistance in the LAC Region

A.I.D.'s priority country strategy includes four countries in the LAC region — Brazil, Colombia, Mexico, and Peru. Of these four priority countries, plans are being considered to phase out in two (Brazil and Colombia) and perhaps a third country (Mexico) by the end of the decade. Plans are under way now to phase out of Colombia within three years by supporting diversification of services, by improving the quality and efficiency of programs, and by providing an endowment fund for PROFAMILIA. Among those countries scheduled for phase-out, there are still large segments of the populations (Northeast Brazil and rural Mexico) that do not have good access to family planning services.

At the same time, there are many non-priority countries (including Bolivia, Haiti, Honduras, Guatemala, and Nicaragua) where fertility levels remain high, contraceptive prevalence is low, and access to family planning is limited. From the perspective of these countries, funding for family planning is critical and will continue to be available as long as the bilateral population programs continue. Assuming that A.I.D. adheres to its priority country strategy, there will be little hope of any significant level of population assistance if the bilateral programs end.

Many A.I.D. population staff anticipate a new, broader policy orientation to family planning which centers on reproductive health. Much of family planning in LAC is already occurring within the context of reproductive health care. In this setting reproductive health typically includes an array of information and services such as pre- and post-natal care, breastfeeding, reproductive risk, family planning, sexually transmitted diseases, child survival, and human sexuality. Although this orientation fits well in the population policy and program environment in the LAC region, it is not at all clear what the impact on family planning will be. For programs that already include a range of services (e.g., institutes of social security) this approach may provide a focus and help consolidate disparate, but related services. For some PVOs (e.g., CARE in Honduras), reproductive health suggests shifting away from a demographic rationale for family planning to a rationale that is based on meeting individual needs and that emphasizes quality over quantity of services. Whether reproductive health is a viable orientation for bringing family planning to all groups lacking access is yet to be tested.

6.2 Future Need for Operations Research

There is a clear need for continuing OR work in LAC. With few exceptions, OR is not yet institutionalized in many countries or institutions, whether priority or non-priority countries. Where OR is strongest (Colombia and Mexico), there is the opportunity to use nationals from these countries as consultants to others who are rapidly advancing in their capabilities (Ecuador, Peru). In situations such as these, OR could be institutionalized over the course of another five-year OR project.

OR will continue to serve as an important source of innovation in family planning programs. For low prevalence countries (Bolivia, Honduras), the need for OR to identify appropriate service delivery strategies is great; here, the generation of applicable findings will be as important as the institutionalization of capability. Where feasible, efforts should emphasize projects that have the

potential for large impact and rapid scale-up; e.g., with social security institutes and ministries of health, and for those with the potential for expansion (Freedom from Hunger Foundation in Honduras, CARE in Peru, Child and Community Health Project in Bolivia).

Opportunities for scaling up and expanding successful OR efforts will also require ongoing technical assistance to ensure continued implementation and evaluation of the innovations. Further, given the increased emphasis that has been placed on surveys and MIS through OR and other assistance efforts, there is considerably more information available now on users than ever before. Local agencies are not using this information adequately to justify the costs of data collection. Thus, another critical need is to intensify assistance to build skills at local agencies to interpret and use MIS and other research data for program improvements.

The continuing need for OR is underscored by the unmet demand for subprojects under INOPAL II. The list of such subprojects (from non-buy-in countries) that have been requested by local agencies and USAID missions but that could not be conducted due to lack of funds and/or time includes 1) a situation analysis for Bahia state, Brazil, 2) a study of payment schemes and price elasticity for female sterilization with PROFAMILIA-Colombia, 3) a situation analysis for Nicaragua, 4) the scaling-up of a Depo-Provera/rural family planning services project with MOH in Peru, 5) establishment of post-abortion services for Peru's largest maternity hospital and IPSS, 6) use of MIS and rapid surveys for management and evaluation by ISSSTE in Mexico, and 7) dissemination of results of IUD follow-up norms for IMSS in Mexico.

6.3 Project Design and Structure

On the whole, the design of the INOPAL II project is quite adequate for continued, useful work in OR. The essential message to A.I.D./Washington is to stay the course with the current objectives and components of the project. Even so, various suggestions are made below for improving or fine-tuning the design and structure of a follow-on OR project.

6.3.1 Future Research Themes in LAC

The research themes for a follow-on project should remain similar to those identified in INOPAL II and should include improved access to family planning by special populations; sustainability and effectiveness of programs; and improved quality of care. These themes encompass issues critical for family planning in both priority and non-priority A.I.D.-assisted countries in the LAC region.

The future research agenda would benefit from being prioritized at the country level through the work of task groups composed of all key players (e.g., managers from local collaborating agencies, other CAs, and local USAID missions). Different task groups might focus on the different OR themes, and their membership would be determined by the interest of participants. Early participation of managers and other CAs in this process would increase the likelihood of acceptance and utilization of results.

During the course of the evaluation of INOPAL II, a number of suggestions were made about specific research themes that might be appropriate in the future. The themes necessarily overlap in terms of the objectives set out in the project.

- **Improvements in Access to Family Planning by Special Populations**

Rural Service Delivery. In Peru and Bolivia, where rural CBD work is in the initial and pilot phases, there will be a need for further exploration of ways to increase effectiveness and quality of care in the CBD program, once improved access has been demonstrated. One fruitful area of research would address different models for selection of CBD workers. Even though INOPAL II subproject funds are fully allocated, this could be initiated immediately with the CARE rural expansion project in Peru, based only on technical assistance. PROFAMILIA-Colombia could be a source of technical assistance because of its long history in rural CBD (even though it may have abandoned CBD at this stage of family planning development in Colombia).

One model of selection might be to ask women in the community (e.g., mothers' clubs) to identify the woman they would like to have be their CBD representative; a second model might be to ask local health workers to identify the best prospects; a third might be meeting with women in the community and asking for volunteers from among whom a selection would be made.

In Honduras, the strategies being tried to stimulate demand in rural areas (for example through the PVO networks) are difficult to implement given the local conditions and attitudes. Much more technical assistance will be needed before these efforts bear fruit and before significant impacts can be seen.

Postpartum Family Planning. There will continue to be a need to refine the postpartum family planning service delivery models developed and scaled up under INOPAL I and II in Peru and Honduras. Among topics worth considering for OR are issues of delegation of tasks and responsibilities between physicians and midwives in family planning service delivery, and the effects of delegation on access, utilization, and client satisfaction. The development of a pre-service training program in reproductive health for midwives in Peru will deserve to be studied in terms of its effect on the increased access and utilization created by such training.

Another postpartum issue amenable to OR (or CQI) is the under-performance of some units in the IPSS program in Peru. The fact that service utilization (or the failure to deliver services to all women desiring them) varies widely across delivery units merits further examination and intervention to seek solutions.

There is a desire on the part of IHSS staff in Honduras to transfer their reproductive health program to hospitals run by the MOH. They envision accomplishing this with an OR type project, and they would need help from a project like INOPAL to do this.

- **Improvements in the Management of Family Planning Programs**

Sustainability and Cost-Effectiveness. A future OR project needs to develop a holistic strategy for addressing issues of sustainability. OR studies can help to identify factors contributing to or detracting from sustainability. OR can also help test different strategies for dealing with issues of cost analysis, cost containment, cost recovery, cost efficiency, income generation, cross-subsidies, market segmentation — all of which affect sustainability. In collaboration with A.I.D./Washington and other CAs, the project will need to thoughtfully conceptualize and define issues of sustainability, so they can be tested using OR methods. Rather than studying separate components of sustainability in different institutions, the OR project needs to address the institutional strategies for achieving sustainability and test them as a group, rather than in isolation. Further, the entire financial and

organizational structure of an agency should be considered, and OR subprojects should be designed within that context. Without the help of other CAs or donor agencies, it is difficult to know the broader organizational setting which, in the end, will determine whether an OR project contributed to program and/or institutional sustainability.

Additional technical assistance and follow-up with the agencies involved in the INOPAL II sustainability projects may be warranted to help them build on these experiences. It would be useful to revisit OR subprojects aimed at establishing sustainable family planning service delivery programs such as the IHSS project to verify the continuation or sustainability of the effort made. This is particularly important at this juncture given the increased emphasis A.I.D. is placing on support of public sector programs and on housing family planning within a reproductive health framework. In addition, reproductive health projects require collection of information on a wide range of health care interventions and emphasize quality of care. Data requirements for reproductive health are somewhat more extensive and focus less on accomplishment of goals (e.g., achieving certain levels of contraceptive prevalence) and more on the satisfaction of individual client needs. The sustainability of management information systems on broad areas of reproductive health and the usefulness of the information for decision making are questions still to be explored.

Under a subcontract with FHI, INOPAL II is funding the creation of a cost-analysis workbook for use in training CEMOPLAF staff in Ecuador. Intensive technical assistance in cost analysis is also being provided. The FHI workbook has been described as too complex to be used by finance and accounting people working in local family planning associations (FPA); it is intended more for researchers and economists. The cost-analysis manual developed under the Primary Health Care Operations Research (PRICOR) project apparently focuses broadly on maternal and child health care and would not be a satisfactory tool for training FPA staff. Under a future project, a workbook or "cookbook" for FPA service cost analysis should be developed, tested, and refined with PVOs working in family planning. The goal should be to assure the ability of a participating PVO to undertake an adequate cost/cost-effectiveness study on any aspect of its programs, using the workbook.

Along similar lines in Peru, a users group should be created for PF-Contro, the management software program developed under INOPAL II, and monthly meetings should be held to work on case study analysis (taken from real agency data) so that analytic and interpretive skills of user agencies can be further developed. The goal of this activity would be to improve the effectiveness in the use of data to improve management. Agency staff need to be able to analyze service functioning, service costing, staff and facility utilization, as well as financial performance and logistics management. The goal of this work would be to institutionalize the ability to use the PF-Contro system effectively for problem detection, management decision making, and intervention evaluation. Consideration should be given to working on case studies that would be suitable for users of other software programs (e.g., TECAPRO, QUIPUS). As appropriate, this work should be undertaken in collaboration with the A.I.D. centrally funded Family Planning Management Development (FPMD) project and with International Planned Parenthood Federation/Western Hemisphere Region, to assure broad acceptance, dissemination, and utilization. The users group should also identify needed enhancements for the software. This subproject might be undertaken with PRISMA.

Assuming A.I.D. carries out its plans to phase out support for family planning programs in several high-priority countries in LAC, further studies of service payment systems (e.g., the PROFAMILIA-Colombia study) should be developed. Studies of cross-subsidization of income-generating services (e.g., the CIES-Bolivia subproject) should be extended to follow the impact over time. Studies of price advertising should be considered in some contexts. For example, in Peru, similar services may

have different prices depending on what the provider decides to charge; advertising the price clients should expect to pay may increase utilization.

Another type of study that might be considered would examine provider motivation and performance as it is affected by various forms of compensation: psychological (favorable feedback, recognition, non-monetary awards), economic (performance-based pay, promotion, incentives), and institutional support (improved working conditions, improved equipment and supplies, promotional [IEC/marketing] support). The cost-effectiveness of these various interventions on provider performance would determine which interventions were most useful.

Commercial Sector. Many opportunities exist for OR work in the commercial sector and could be undertaken in collaboration with SOMARC. The types of studies that would be useful in the future include 1) how to move from free commodities in the public sector to charging fees and also trying to move some segments of the population from public sources of family planning to the commercial sector; and 2) an assessment of what private doctors are providing in family planning to determine whether their potential role as providers to family planning could be increased.

Logistics. Distribution and flow of contraceptive commodities is a major problem in Honduras and in other countries where INOPAL II has been active. There is clearly a need to use OR as a tool to improve contraceptive logistics.

- **Improvements in Quality of Care**

There is a need to understand better what quality means from a client's perspective. Current research on the subject has followed a theoretical framework that does not establish a relative value or importance for its several components. Moreover, there is a need to understand how quality of care contributes to client satisfaction and, most important, program participation and continuation rates. The cost of quality improvements (e.g., the impact on the logistics system when method range is expanded) also needs to be studied.

A quality of care study in relation to the postpartum delivery system would be useful. Most family planning counseling occurs during prenatal visits; many women arrive at the hospital to give birth without having had any prenatal care, thereby missing the usual source of family planning information. They are not routinely provided such counseling on the postpartum ward. A test of models to compensate for lack of prenatal counseling should be developed and tested. The peri-natal reproductive health program in Honduras is a first step in such an effort.

In any future INOPAL project, the end-point for the development of quality of care job aids (such as the ABC for CBD workers) and similar instruments needs to be defined. A study should be undertaken to determine the relationship between successful scoring on the application of the instrument (as measured by the "mystery client" method) and program outcomes (e.g., client satisfaction, volume of care, continuation rates, etc.).

Many of the instruments developed under INOPAL II have failed to find a market and have not been widely adopted outside the INOPAL collaborating agency community. These instruments will need the acceptance and support of other CAs in order to achieve meaningful levels of dissemination. Specifically, collaborative work with other CAs needs to be undertaken to define modifications that would make the products more acceptable in the field. If this collaboration cannot be achieved, then the future of this line of OR work needs to be reconsidered.

Another fruitful area of study would be to examine the effect of the broader approach of reproductive health on the quality, acceptability, and use of family planning services.

6.3.2 Institutionalization

A future OR project should place increased emphasis on achieving institutionalization of OR capacity. A follow-on project may be the last chance to institutionalize OR as a program improvement methodology. This implies shifting greater reliance on to host nationals for the identification of problems, design of intervention studies, analysis and interpretation of data, and development of findings and recommendations. This further implies greater use of technical assistance for subproject development and greater demands on staff time, combined with slower subproject development.

To build capacity for "beginning-to-end" OR capability, planning grants to selected institutions might be considered as a way of giving the staff time to work on OR designs and protocols. Most staff working in research or family planning organizations have their time fully committed to other projects. Freeing up their time for dedication to subproject development would contribute to institutionalizing this capability.

In each country where major OR activities have been carried out, and particularly in A.I.D. priority countries, a thoroughgoing strategy for the institutionalization of OR in LAC agencies should be developed. For example, one or more institutions in each key country (from the public and/or private sector, either family planning providers or research organizations) might be targeted for intensive development and institutionalization of OR capacity. In addition to INOPAL's funding subprojects with such organizations, INOPAL staff would broker OR opportunities to these local "OR-competent" agencies for projects funded by other CAs, with INOPAL staff providing diminishing levels of technical assistance as the staff of the target agencies gain increasing competence. (For example, rather than helping CARE conduct an OR study on different service delivery models, INOPAL staff would encourage CARE to contract with the local agency to conduct the OR, with INOPAL staff providing back-up technical assistance to ensure increasing quality and capability.)

One suggestion that was made to build capacity while strengthening the process of OR institutionalization was a national OR competition for small grants to university students. The funds would be used to allow the winning students to undertake the research they had designed in OR classes. A subproject with a research organization such as INANDEP in Peru could establish such a competitive small grants program and could be responsible for the review of proposals and provision of technical assistance to the student research projects. Findings from the studies would be presented at national and/or regional conferences.

6.3.3 Development of Subprojects

A.I.D.'s priority country strategy and plans for phasing out support to population activities in several important LAC countries should influence the identification of OR opportunities in the future. Increased emphasis on OR opportunities in the commercial sector, greater self-reliance of NGOs, and expansion of public sector programs to special population groups may be warranted. Sustainability should be viewed in the context of countrywide strategies, implying that planning and coordination between the OR contractor, other A.I.D. CAs, and other donor groups are necessary.

An important component of a future project should continue to be the development of subprojects. Through subproject protocols, the purpose and objectives are specified, giving direction to the activities that is useful for both project and subproject staff. Also, providing funds to LAC agencies through subprojects offers leverage for improved implementation.

Under INOPAL II, specifying the number of subprojects put pressure on the staff to accept subprojects at the start of the project that might not have been included later. Since there are excellent OR opportunities that now cannot be supported by INOPAL II because of lack of funds, the next OR project should stress flexibility regarding the number of subprojects to be achieved to reduce this pressure.

The future project should also downplay the overall number of subprojects required and allow more flexibility in terms of the approval process. Past experience suggests that the need to move the proposals relatively quickly through the approval process is counterproductive to fully nurturing the development of increased sophistication on the part of local agency staff with regard to the process of converting a study problem into a research design from which needed conclusions can be drawn and decisions made. It is appropriate that project staff make decisions about institutional capability to undertake protocol development. However, to the extent possible and appropriate, this should be done through technical assistance rather than through INOPAL staff intervention.

In the design of a future OR project, A.I.D. may not need to include great detail defining each activity such as identification of OR.¹⁶ Rather, the workscope should provide broad guidelines to reinforce the need to coordinate and work with USAID missions and other CAs to ensure that A.I.D.'s phase-out plans go as smoothly as possible, that USAID strategies are implemented, and that LAC service delivery problems are addressed.

A number of additional recommendations for the development of subprojects are made based on the experiences of INOPAL II. First, a future project should continue to emphasize work with public sector institutions, but expectations for easy and timely completion of studies must be tempered. Following INOPAL II's success in scaling up and replicating subproject results, it may be important to focus on subprojects that are relatively small in scale, of shorter duration, and with simpler designs making them easier to execute and producing findings that are more easily replicated by local institutions.

Given the problems encountered in conducting complex quasi-experimental designs, a future OR project should keep the designs as simple as possible while still ensuring a minimum of rigor. Simple demonstration projects with pre- and post-tests may be all that are needed. More complex designs should be undertaken very selectively, and they should be implemented only in those settings where the design is feasible.¹⁷ A geographic focus may be appropriate for this type of study, with particular states of a country selected as intervention and control areas. Again if feasible, it might be very

¹⁶This assumes that a future OR project will not be competitively procured, a recommendation of this evaluation.

¹⁷A number of questions, however, require quasi-experiments. Had the natural experiment of APROFE in Ecuador failed to have control groups, it might have been concluded erroneously that raising prices causes an increased demand for IUD services. Pre- and post-tests alone do not protect the study against the combined effects of inertia (the number of clients typically grows from one year to the next), season (in Ecuador, the third quarter is associated with the largest number of new clients), and historic factors (raises in minimum wages, etc.). Simplicity must be always sought, of course, but within the limits of the methodological requirements to produce real knowledge, not illusory data.

useful to set up two to three larger experimental projects (Peru, Guatemala) where the project is engaged in a continuing, iterative process of improving service delivery.

6.3.4 Technical Assistance

Technical assistance should continue to be an important aspect of implementation of subprojects. In addition, a future project should also include technical assistance subprojects (as was done under INOPAL II) and more general technical assistance. The simple procedures for defining technical assistance subprojects such as those used in INOPAL II and other straightforward procedures to track time and materials for more general technical assistance should be adopted. Not only local agencies but also USAID missions should be beneficiaries of this assistance.

In a future OR project, much more attention should be directed to transferring data analysis skills to local agencies. Further work on instruments should concentrate on improving and using what is available. If new instruments are to be considered, more thought should be given to the need or end-point for their use, especially through other CAs.

6.3.5 Dissemination

Dissemination should also continue to be an integral part of a future OR project. Greater emphasis should be given to reaching policymakers and program managers from the earliest stages of subproject design and then during the implementation process to facilitate the use and scaling-up of results. Other activities such as small group meetings, observational travel, and ongoing technical assistance are additional means by which a future project can facilitate replication and the transfer of experiences. Key audiences for disseminating the process and results of OR activities will be local agencies, CAs working in those countries and elsewhere in the region, and A.I.D.

6.3.6 Fellows

The use of international and national fellows should continue, with greater efforts to provide the mentoring and experience sequence (especially for national fellows) that would make the assignment even more valuable for both parties. On completion of their two-year fellowship, the national fellows should be considered for positions in an OR-conducting agency, and funding should be provided to allow them to undertake or participate in one or more small OR studies to further strengthen institutional capacity and local expertise.

6.3.7 Collaboration

Collaboration with CAs should also continue to be emphasized in a future OR project. Such collaboration should start at the earliest stage of subproject development (e.g., in the identification of possible OR opportunities). One approach might be to form informal task groups on specific themes (quality of care, sustainability, etc.) involving both CAs and local agencies to help identify particular and critical OR activities within thematic areas. This idea corresponds to the suggestion to form task groups for setting a country research agenda on particular themes mentioned above.

6.3.8 Project Staff and Structure

Expertise in social science research and the management of family planning programs will continue to be needed in any future OR project. However, it is also anticipated that future OR work will deal

more with issues of cost and sustainability of programs, particularly in the more advanced countries in the region. Assuming this will be the case, the addition of one full-time staff person who combines good experience managing family planning programs with cost-analysis skills would be very desirable. In addition to or in lieu of enhancing the skills of the core staff, this expertise might be tapped through a subcontract with PROFAMILIA in Colombia or a similarly qualified FPA to make these skills available to other local collaborating agencies in other LAC countries. In the public sector, arrangements to use the expertise of individuals from the leading social security institutions for LAC regional technical assistance efforts should also be considered.

The decentralized structure of the OR project staff with resident advisors in key countries is also appropriate for a future OR project. Especially if increased emphasis is placed on institutionalization and ongoing technical assistance to assure continued use and evaluation of innovations, resident staff will be vital to successful implementation.

6.3.9 Implementing Institution

After nearly 10 years of work in OR in LAC, the Population Council has developed a unique institutional capacity and experience that has been successful in putting OR on the map in the region. A large network of strong relationships has been established with key local agencies in many countries in the region and with USAID missions as well. The trust and mutual respect that have developed enable the Population Council to play a key role as advisor to many of these institutions. The INOPAL staff share common goals with USAID missions and A.I.D./Washington in terms not only of the objectives of an OR program, but also of the means for achieving those ends. A.I.D. would be well advised to continue this relationship with the Population Council in any future OR project and thus to capitalize on past investments in OR with the Population Council. A number of USAID missions specifically stated their strong support for the continued, vital role of the Population Council in OR in the region. The high level of interest on the part of USAID missions in "buying into" INOPAL (a level that exceeds the contract ceiling by almost \$3.5 million¹⁸) is further testimony to the confidence placed in the Population Council for work in OR in LAC.

6.3.10 Contracting Mode

Given the unique institutional strength of the Population Council in the field of OR in LAC, the most appropriate A.I.D. contracting mechanism for continued work in this area would be an assistance instrument such as a cooperative agreement. Future work in OR in the LAC region would be best served by assistance to the Population Council in order to transfer its institutional experience in OR to developing countries. This mechanism would enable A.I.D. and the Population Council to be partners in pursuit of common goals for the continued OR program. Further, the evaluation of INOPAL II has recommended that the design of the project remain basically the same in the future. It would be wasteful of government resources and time consuming to try to establish this capability in a different organization.

Given the past history of the INOPAL I and II projects as contracts, A.I.D.'s Office of Procurement may be reluctant to shift to a different contracting mode for the future. If the proposed change from a contract to a cooperative agreement is not feasible, then the Population Council's INOPAL project

¹⁸See Table 2 which shows substantial additional funding from Haiti and Guatemala that cannot be accommodated in the current contract.

contract should be renewed for another five years without re-competing it because the Council already has a vast and sound network established enabling staff to generate quickly the OR projects needed to support A.I.D.'s priority strategy. As a last resort and if a competitive procurement is the only acceptable avenue, A.I.D.'s Office of Procurement should issue (as it does with all competed contracts) an announcement of an intent to compete the follow-on OR project to ascertain if there are other organizations interested in competing. Since there was no competition for the INOPAL II procurement, it is likely that there will be no competition for the follow-on.

Appendices

Appendix A

Evaluation Scope of Work

The evaluation team will address each major component of INOPAL's scope of work (see pages 1 - 3), and the extent to which activities have accomplished the general goal of "development of cost-effective ways to better satisfy the desire for family planning services in Latin America and the Caribbean." Because INOPAL already has implemented or completed the specified number of subprojects as indicated by the contract, emphasis will instead focus on assessing the effectiveness and quality of the activities. The team will appraise the appropriateness of the project design. It will also consider the implications of AID/Washington's priority country strategy for future project design. The team will also assess the management of the contract by R&D/POP/R. The questions below are illustrative; the team is encouraged to identify 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

- Did OR opportunities arise from the need to solve service delivery issues? What criteria were used to select host country organizations? Did the project sufficiently emphasize the public sector's important role in providing family planning services?
- Did the contractor work effectively with program managers/ counterparts to identify topics of relevance to them?
- Did the contractor adequately consider the programmatic and policy implications of potential research topics for the subcontracting agency, host country, and region? Were activities' replicability sufficiently taken into consideration?
- What role was played by diagnostic studies in identifying OR opportunities, and suggesting solutions?
- Has the project been responsive to AID mission and AID/W concerns?
- Has the project collaborated with AID cooperating agencies in the identification of OR topics?
- 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?

B. Assessment of the actual and potential impact of the portfolio of subprojects identified

- Did the project identify and then address the major constraints to meeting the unmet need for family planning in Latin America? What interventions have been identified to effectively alleviate those constraints?
- How were technical assistance projects selected? What has been their impact?
- Has the project balanced the needs and priorities of in-country organizations with the needs of AID/Washington to address certain global issues?

2. Development of OR Subproject Protocols

A. Effectiveness of the collaboration with subcontracting organizations

- Did the subcontracting organizations selected have the potential both to have a significant impact in improving service delivery and to institutionalize OR capacity? Has this happened? Were public sector institutions adequately included in the selection of collaborating organizations?
- How effective have initial OR workshops, the OR Handbook, and the technical assistance provided throughout the subprojects been? In countries where there is no resident advisor, has the ongoing TA been sufficient?

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

- Is the number and geographic distribution of the OR subprojects both manageable and maximal in terms of program impact?
- Would a fewer number of larger subprojects with more intensive technical assistance have potentially more impact?

3. Implementation of Research Design

A. Quality of the implementation

- What has been the quality of subproject designs? Were they appropriate and effective in addressing the identified problem?
- Were there any significant departures from the original subproject design? If so, what effect did these have on the validity and usefulness of research results?

- What has been the quality of instruments developed, training conducted, data collection procedures, data analysis, and final report preparation?

B. Technical assistance to subcontracting institutions

- What has been the impact of TA to subcontracting institutions? Has the TA provided by the Contractor been sufficient at each stage of implementation?
- What has been the success of OR subprojects which have been implemented in countries where there is no resident advisor?
- 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 Latin America

A. Utilization of findings from OR subprojects

- What are the major programmatic findings of the OR subprojects? To what extent have these findings lead to improvements in the delivery of family planning services?
- To what extent have project staff been successful in identifying appropriate applications of research results, and scaling-up activities? How well has the project ensured that lessons learned from the first INOPAL contract were utilized?

B. Effectiveness of dissemination activities

- How effective have various dissemination activities been? Who is the audience for these materials? Are they appropriate audiences? Has any attempt been made to assess audience response?
- What efforts have been undertaken to disseminate OR findings to Cas and other family planning organizations working in Latin America and in the U.S.? How effective have these efforts been? What specific examples are there of use of OR findings?
- Has the placement in New York of a dissemination specialist for all three regional projects satisfactorily assisted the INOPAL project in its dissemination activities?

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 Latin America?

- Has the project produced practical findings and recommendations for the improved design and implementation of family planning services in Latin America? Have the findings/recommendations lead to actual improvements?
- What factors, either internal or external to the project, have tended to constrain or reduce its impact? What suggestions can be made for reducing these constraints and improving impact in the future?
- To what extent has the Contractor been successful in institutionalizing OR capacity in family planning organizations in Latin America?

6. Management of the Project by AID/Washington

- Has the project received adequate and/or consistent guidance from R&D/POP/R in terms of setting the research agenda?
- How has the frequent turnover of CTOs at R&D/POP/R affected the project?
- Has R&D/POP/R provided sound and rapid feedback throughout the subproject approval process?

7. Considerations for the Future

Currently, four countries in Latin America are designated by AID/Washington as priority countries (Brazil, Colombia, Mexico, and Peru). Of these, only Peru is not scheduled for a phase-out in the next five to ten years. However, missions in several non-priority countries continue to perceive family planning activities as highly important.

- What new needs should a follow-on OR/TA project address?
- How can OR/TA best serve priority countries during the future? What should be the role of the next project in phase-out countries?
- How best can a new project meet the needs of missions in non-priority countries where family planning is still a priority?

- What should be the balance among "traditional" OR activities, diagnostic studies, and technical assistance activities? What should be the priorities in selecting from a large number of requests for technical assistance?
- In the current contract, priority was given to the public sector and other large service delivery systems. Should a follow-on project continue this focus?
- Is project staffing and geographic placement of the project offices optimal for impact? Should there be a greater number of in-country advisors? What should be the distribution of field and US-based staff?
- What would be appropriate outputs for a future project? How can OR program impact be better measured both quantitatively and qualitatively?

Appendix B
List of Contacts

The Population Council

Bolivia

John Skibiak, Resident Advisor
Claudia de la Quintana, local research fellow

Honduras

Rebecka Lundgren, Resident Advisor

Peru

James Foreit, Senior Associate, INOPAL II Project Director
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Maria Rosa Garate, Research and Dissemination Specialist
Gustavo Quiroz, Consultant

Mexico

John Townsend, Regional Director
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Carlos Brambila, Associate
Antonieta Martin, Communications Officer for Latin America and the Caribbean

New York

Netania Budofsky, Project Coordinator
Joanne Gleason, Program Manager
Robert A. Miller, Associate, Programs Division

Bolivia

USAID/Bolivia

Sigrid Anderson, Chief, Health & Human Resources Division
Jennifer Macias, University of Michigan fellow

AYUFAM

Jorge Del Castillo, Researcher
Graciela Quiroz, Researcher
Alberto de la Galvez, Researcher

Centro de Investigación, Educación y Servicios (CIES)
Carlos Salazar, OR principal investigator

Ministry of Health, Cochabamba

Carlos Nava, Head of the Reproductive Services at the Unidad Sanitaria

Research and Evaluation Subcommittee of the National Reproductive Health Program
Eduardo Del Castillo, President

Ecuador

USAID/ Ecuador
Ken Yamashita
Mario Vergara

Asociacion Pro-Bienestar de la Familia Ecuatoriana (APROFE)
Agustin Cuesta, Director of Investigations

Centro Medico de Planificacion Familiar (CEMOPLAF)
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Teresa de Vargas, Administrator Director
Ernesto Pinto, Chief of Investigations
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Centro de Estudios de Poblacion y Paternidad Responsable (CEPAR)
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USAID/Honduras
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Save the Children
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Luis Amendola, M.D., Subproject Principal Investigator
Jorge Ponce, Health Program Coordinator in La Esperanze

AHLACMA
Dra. Argentina de Chavez

IHSS
Dr. Lopez Canales
Dr. Jose Carcamo

Mexico

US Embassy
Art Danart, USAID Representative
Bonnie Osegueda

CORA
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Leticia Valesco, Research and Training Assistant

IMSS, Jefatura des Servicios de Salud Reproductiva y Materno Infantil
Jose Antonio Fernandez Sauri, M.D.
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Daniel Hernandez

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Susan Pick de Weiss, Director

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AVSC
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IPPF/Mexico
Alvaro Monroy

Pathfinder/Mexico
Esperanza Delgado

SOMARC/Mexico
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Peru

USAID/Peru
Heather Goldman, Chief, Office of Health, Population and Nutrition
María Angélica Bourneck, Population Specialist
Gloria Nichtawitz, Project Coordinator

Andean Institute for Studies in Population and Development (INANDEP)
Patricia Mostajo, Research Director
Dina Li, General Coordinator
Rosa Monge, OR Project Field Supervisor

Association of Professionals for the Promotion of Maternal and Infant Health (APROSAMI)
César H. Guzmán, M.D., Executive Director
Patricia Asenjo

Ministry of Health/Lima
Andrés Mongrut, M.D., Director of Social Programs

Ministry of Health/Piura
Luis Miguel León, M.D., Director, Piura Subregion
Luis Beingolea, M.D., Director of Technical Support, Piur Subregion
Luis Magán, M.D., Coordinator for Family Planning, Piura Subregion
Nelson Peñaranda, CARE Project Coordinator, Piura Subregion

Peruvian Institute for Social Security (IPSS)
Enrique del Barco, M.D., Director, Integrated Health Programs for Mothers

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Gloria Lagos, Local Coordinator

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Appendix C

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INOPAL II SUBPROJECT STATUS THROUGH DECEMBER 31, 1992

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Bolivia/Centro de Investigacion, Educacion y Servicios (CIES)	"A Comparative Study of Three Strategies to Improve the Financial Sustainability of a Bolivian Family Planning Provider"	Intervention Income generation and Sustainability	\$ 78,830 7/1/92-11/30/93	Subcontract CI92.26A, project ongoing
Bolivia/ Hospital Obrero No. 1, Caja Nacional de Salud	"Clinical Pre-introduction Study of the Subdermal Contraceptive Implants NORPLANT® in Bolivia"	Intervention New Methods	\$ 7,795 9/1/90-8/31/91	Subcontract CI90.75A terminated, project pending transfer to SIAP
Brazil/ Instituto Materno Infantil de Pernambuco (IMIP) and Centro de Pesquisas e Controle das Doencas Materno-Infantis de Campinas (CEMICAMP)	"Evaluation of a New Counseling Strategy on the Use of Lactation-Amenorrhea as a Method to Prolong Natural Post-Partum Infertility"	Intervention Breast-feeding	\$ 74,168 5/1/91-6/30/93	IMIP Subcontract CI91.14A and Supplement CI92.13A/CEMICAMP Subcontract CI91.15A, project ongoing CI91.14A Amendment No. 1 CI91.15A Amendments Nos. 1 and 2

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Brazil/ Protecao Medica as Empresas Ltda. (PROMEDICA)	"Acceptability and Cost Effectiveness of Postpartum and Post-abortion Family Planning in a Health Maintenance Organization in Bahia"	Intervention Postpartum	\$132,736 9/15/91- 9/14/94	Subcontract CI91.77A, project ongoing
Colombia/ Asociacion Pro-Bienestar de la Familia Colombiana (PROFAMILIA)	"Testing Pricing/Payment Systems to Improve Access and Cost-recovery from NORPLANT"	Intervention New Methods	\$ 40,483 3/1/92- 9/30/93	Subcontract CI92.09A, project ongoing
Ecuador/ Asociacion Pro-Bienestar de la Familia Ecuatoriana (APROFE)	"Pricing, Quality of Care, Rumors, and Other Possible Causes of the Loss of Family Planning Clients: A Diagnostic Study in 14 Ecuadorian Cities"	Intervention and Descriptive Sustainability	\$ 53,908 10/1/91- 4/30/92 extended through 11/30/92	Subcontract CI91.86A, project ongoing Amendments Nos. 1, 2 and 3
Ecuador/ Centro Medico de Planificacion Familiar (CEMOPLAF)	"Operations Research to Improve the Sustainability of an Ecuadorian Family Planning Program"	Technical Assistance and Descriptive Sustainability	\$ 43,356 6/1/91- 11/30/92 extended through 3/31/93	Subcontract CI91.09A, project ongoing Amendment No. 1

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Ecuador/Centro Medico de Planificacion Familiar (CEMOPLAF)	"One-day Seminar on Injectable Contraceptives"	Technical Assistance New Methods	\$ 7,517 11/1/92- 12/31/92	Subcontract CI92.74A, project completed
Ecuador/Centro Medico de Planificacion Familiar (CEMOPLAF)	"Workshop on the Evaluation of Family Planning Programs"	Technical Assistance Evaluation	\$ 9,471 10/1/92- 11/15/92	Subcontract CI92.68A, project completed
Ecuador/Centro de Estudios de Poblacion y Paternidad Responsable (CEPAR)	"A Five-month Follow-up Study of Potential Clients of APROFE and other Ecuadorean Providers"	Technical Assistance	\$ 7,257 9/9/92- 11/15/92	Subcontract CI92.69A, project completed Amendment No. 1
Guatemala/ Patronato para el Mejoramiento de la Salud de los Trabajadores (AGROSALUD)	"Self-Financed Incorporation of FP in Rural Fincas in Guatemala"	Intervention Rural areas	\$ 37,615 6/1/90- 11/30/91 extended through 3/31/92	Subcontract CI90.58A, project completed Amendments Nos. 1, 2 and 3
Guatemala/ Unidad de Planificacion Familiar, Ministerio de Salud Publica y Asistencia Social	"The Use of Self-Evaluation Forms to Improve the Family Planning Program of the Ministry of Health of Guatemala"	Intervention Training and Supervision	\$ 56,010 9/15/91- 3/14/93	Subcontract CI91.73A, project ongoing

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Haiti/ St. Lucia Planned Parenthood Association (PPA)	Study Tour of Factory-Based Family Planning Programs in the Eastern Caribbean	Technical Assistance Employment- based Service Delivery	\$ 9,575 4/91	In-house project, completed
Honduras/ Asociacion Hondurena de Lactancia Materna (AHLACMA)	"The Promotion of Breastfeeding and Birth Spacing in Rural Areas"	Intervention Breast-feeding	\$ 54,640 6/1/90- 11/30/91 extended through 4/30/92	Subcontract CI90.55A, project completed Amendments Nos. 1 and 2
Honduras/ Asociacion Hondurena de Lactancia Materna for La Leche League	"Breastfeeding for Natural Birth Spacing in Honduras"	Intervention Breast-feeding	\$ 20,250 6/1/90- 9/30/91 extended through 10/31/92	Subcontract CI90.50A, project completed Amendments Nos. 1, 2 and 3
Honduras/ Asociacion Hondurena de Lactancia Materna (AHLACMA)	"Increasing the Promotion of Reproductive Health through Social Development NGOs"	Intervention Training	\$ 91,689 4/1/92- 10/31/93	Subcontract CI92.18A, project ongoing
Honduras/ Cooperative for American Relief Everywhere (CARE)	"Incorporation of Reproductive Health Services into CARE's Programs in Western Honduras"	Intervention Rural services	\$110,789 8/1/92- 2/28/94	Subcontract CI92.53A, project ongoing

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Honduras/ Instituto Hondureno de Seguridad Social (IHSS)	"Reproductive Health and Prenatal Care"	Intervention Prenatal and Postpartum	\$ 83,669 6/15/90-12/14/91 extended through 10/31/92	Subcontract CI90.66A, project completed Amendments Nos. 1, 2, 3, 4 and 5
Honduras/ Save the Children	"Incorporation of FP Services into Save the Children's Social Development Strategies"	Intervention and Technical Assistance Rural areas	\$ 98,053 5/1/91-1/31/93 extended through 3/31/93	Subcontract CI91.22A, project ongoing Amendment No. 1
Mexico/ Academia Mexicana de Investigacion en Demografia Medica (AMIDEM) for Instituto Mexicano de Seguro Social (IMSS)	"A Strategy to Increase the Acceptance of No-scalpel Vasectomy in Out-patient Clinics of the Mexican Social Security Institute"	Intervention New Methods	\$ 71,126 2/15/92-5/14/93 extended through 8/14/93	Subcontract CI92.04A, project ongoing Amendment No. 1
Mexico/ Centro de Orientacion para Adolescentes (CORA)	"Postpartum Education for Adolescents: Evaluation and Refining of a Model for Institutionalization"	Technical Assistance and Descriptive Postpartum	\$ 29,765 4/15/91-9/15/92	Subcontract CI91.21A, project completed

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Mexico/ Desarrollo e investigacion de la Planificacion Familiar (DIPLAF)	"Strengthening the Coverage Extension Strategy of the Ministry of Health"	Intervention Rural services	\$ 74,190 11/1/91- 4/30/93 extended through 6/30/93	Subcontract CI91.89A and Supplement CI92.32A, project ongoing Amendments Nos. 1 and 2
Mexico/Federacion Mexicana de Asociaciones Privadas de Salud y Desarrollo Comunitario (FEMAP)	"Cost-effectiveness Analysis of Sustainability Strategies in Private Family Planning Programs"	Intervention Sustainability	\$ 47,203 10/1/92- 9/30/93	Subcontract CI92.61A, project ongoing
Mexico/ Instituto Mexicano de Investigacion de Familia y Poblacion (IMIFAP)	"An Operational Test to Institutionalize Family Life Education in Secondary Schools in Mexico"	Technical Assistance Young Adults	\$ 62,757 6/1/91- 9/30/92	Subcontract CI91.43A and Supplement CI92.07A, project completed Amendment No. 1
Mexico/ Fundacion Mexicana para la Planificacion Familiar (MEXFAM)	"Quality Improvement Process Management in Family Planning Programs"	Intervention Management and Quality	\$112,919 3/1/91- 2/28/93	Subcontract CI91.11A, project ongoing Amendment No. 1

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Mexico/ Prosuperacion Familiar Neolonesa, A.C. (PSFN)	"Institutionalization of Youth Programs: A Follow-up Survey"	Diagnostic Young Adults	\$ 9,729 7/1/92- 12/31/92	Subcontract CI92.35A, project completed
Mexico	"Latin American Symposium on Family Planning"	Dissemination	\$ 43,500 8/1/92- 7/31/93	In-house project, ongoing
Mexico	"Publication of Spanish Language Book of OR Readings"	Dissemination	\$ 23,690 7/15/92- 9/31/93	In-house project, ongoing
Nicaragua/ PROFAMILIA	"The Use of Management Information Systems for Operations Research"	Technical Assistance Management and MIS	\$ 25,270 2/15/92- 6/14/93	Subcontract CI92.03A, project ongoing
Paraguay/ Centro Paraguayo de Estudios de Poblacion (CEPEP)	"Developing Tools of Low-cost Use to Improve the Quality of Care of Rural CBD in Paraguay"	Intervention Rural Areas and Quality	\$ 99,954 1/1/92- 8/31/93	Subcontract CI91.96A, project ongoing Amendment No. 1
Peru/ Apoyo a Programas de Poblacion (APROPO)	"A Study to Increase the Availability and Price of Oral Contraceptives in Three Program Settings"	Intervention Sustainability	\$ 33,434 6/1/90- 5/31/91	Subcontract CI90.59A and Supplement CI91.08A, project completed Amendments Nos. 1 and 2

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Peru/ Asociacion de Profesionales en Salud Materno Infantil (APROSAMI) and Centro Norperuano de Capacitacion y Promocion Familiar (CENPROF)	"Redesigning Compensation and Other Administrative and Technical Systems to Improve Quality of Care in Peruvian Family Planning Programs"	Intervention Quality of Care	\$ 99,418 11/15/9011 /15/92 and 2/1/91-8/31/92 extended through 2/15/93	Subcontracts CI90.89A and CI91.01A, project ongoing CI90.89A Amendment No. 1 CI91.01A Amendments Nos. 1 and 2
Peru/ Centro Medico Ruiz Gonzalez S.A. (MEDIC S.A.)	"Preparing for Privatization of the Peruvian Social Security System: A Feasibility Test of Introducing Family Planning into Private Health Providers"	Diagnostic Training and Supervision	\$ 9,800 9/1/91-2/28/93	Subcontract CI91.58A, project ongoing
Peru/ Instituto de Estudios de Poblacion (IEPO), Universidad Peruana Cayetano Heredia	"Reassessing Injectable Contraceptives: A Seminar for Peruvian Health Professionals"	Technical Assistance New Methods	\$ 9,130 12/26/91 - 2/5/92 extended through 6/30/92	Subcontract CI19.21A, project completed Amendment No. 1

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Peru/ Instituto Andino de Estudios en Poblacion y Desarrollo (INANDEP)	"An Experiment on Organizational Models and Range of Methods for Family Planning Service Delivery to Rural and Semi-rural Populations in Two Regions in Peru"	Intervention Rural Areas	\$179,122 9/1/91- 6/30/93 extended through 11/30/93	Subcontract CI91.66A and Supplement CI92.70A, project ongoing Amendment No. 1
Peru/ Instituto Andino de Estudios en Poblacion y Desarrollo (INANDEP)	"A Diagnosis of Post Model and Territorial Distribution of Family Planning Service Delivery Points in Metropolitan Lima"	Diagnostic Service Delivery	\$ 7,722 12/1/91- 1/15/92	Subcontract CI19.16A, project completed
Peru/ Instituto Andino de Estudios en Poblacion y Desarrollo (INANDEP)	"Comparison Between Two Payment Models to Physicians in Two Private Family Planning Agencies in Peru"	Intervention Sustainability	\$ 40,340 7/15/92- 7/14/93	Subcontract CI92.45A, project ongoing
Peru/ Asociacion Benefica Prisma (Proyectos en Informatica, Salud, Medicina y Agricultura)	"Institutional Strengthening in the Private Sector"	Technical Assistance Operating Systems	\$ 27,438 1/15/91- 7/14/92	Subcontract CI91.04A, project completed

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Peru/Asociacion Benefica Prisma (Proyectos en Informatica, Salud, Medicina y Agricultura)	"Operations Research to Improve Ministry of Health Family Planning Services in Peru"	Situation Analysis Strategic Planning	\$223,853 4/15/92-12/15/92 extended through 3/31/93	Subcontract CI92.23A, project ongoing Amendments Nos. 1 and 2
Peru/Asociacion Benefica Prisma (Proyectos en Informatica, Salud, Medicina y Agricultura)	"Workshop on Gender Training for Family Planning and Reproductive Health"	Technical Assistance Gender	\$ 7,560 10/1/92-11/15/92	Subcontract CI92.67A, project completed
Peru/ PROFAMILIA for the Instituto Peruano de Seguridad Social (IPSS)	"Institutionalization of Postpartum Family Planning in the Social Security Health System of Peru"	Technical Assistance and Descriptive Postpartum	\$ 74,105 7/1/90-6/30/92 extended through 12/31/92	Subcontract CI90.84A, project ongoing Amendments Nos. 1 and 2
Peru/ Vecinos Peru	"Operations Research to Improve Ministry of Health Family Planning Services in Iquitos, Peru"	Intervention and Technical Assistance Operating Systems	\$102,394 9/1/90-6/30/92 extended through 12/31/92	Subcontract CI90.85A and Supplement CI19.11A, project completed Amendment No. 1

INOPAL II SPONSORED WORKSHOPS THROUGH DECEMBER 31, 1992

COUNTRY	SEMINAR/WORKSHOP TITLE	DATE	CO-SPONSORING AGENCIES	NUMBER OF PARTICIPANTS
Bolivia	"International Training Workshop on Operations Research"	August 1991	Development Associates and Pathfinder International	32
Bolivia	"National Workshop on Operations Research"	February 1992		40
Bolivia	"Workshop for Men: Realities and Experiences"	August 1992		30
Ecuador	"Andean Conference on Cost-effectiveness in Family Planning Programs"	April 1991	Development Associates and Pathfinder International	26
Honduras	"National Seminar on Advances in Reproductive Health: Technology and Application"	June 1991		40
Honduras	"International Workshop on Operations Research Tools for Quality of Care in Family Planning"	September 1991	IPPF	46
Honduras	"Central America Workshop on Cost-effectiveness in Family Planning Programs"	November 1992	Development Associates	35
Mexico	"First Latin American Conference on Quality of Care in Family Planning:"	August 1990	Fundación Mexicana para la Salud	120
Peru	"Community Based Distribution of Contraceptives in Rural Areas"	May 1990	PRISMA and Ministry of Health	43

COUNTRY	SEMINAR/WORKSHOP TITLE	DATE	CO-SPONSORING AGENCIES	NUMBER OF PARTICIPANTS
Peru	"Two MIS and Service Statistics Workshops, including Andean Conference on MIS in Family Planning"	May and November 1990	Pathfinder International, Development Associates and PRISMA	20
Peru	First Peruvian Workshop on Quality of Care"	May 1991	Pathfinder International, PRISMA and Ministry of Health	89
Peru	"International Workshop on Strategic Planning for Family Planning Programs"	November 1991		19

Appendix E

INOPAL I and II Local Collaborating Institutions

Country	Private	Public	INOPAL I	INOPAL II
Barbados	BFPA		X	
Bolivia	CIES		X	X
		Caja Nacional De Salud		X
Brazil	AMICO		X	
	ABEPF		X	
	PRO-PATER		X	
	IMIP/CEMICAMP			X
	PROMEDICA			X
Colombia	PROFAMILIA*		X	X
	SOMEFA		X	
Dominican Republic	PROFAMILIA		X	
Ecuador	CEMOPLAF*		X	X
	APROFE			X
	CEPAR		X	X
Grenada	GPPA		X	
Guatemala	APROFAM		X	X
	AGES		X	
	AGROSALUD			X
		MOH		X
Haiti	PPA			X
Honduras	PROALMA AHLACMA*		X	X
	ASHONPLAFA		X	X
		Social Security Institute (IHSS)	X	X
	La Leche League			X
	CARE			X
	PLAN			X

Country	Private	Public	INOPAL I	INOPAL II
Honduras (cont.)	Save the Children			X
Jamaica	The Women's Centre		X	
Mexico		Social Security Institute (IMSS)	X	X
	PSFN		X	X
	MIPFAC		X	
	MEXFAM*		X	X
	FEMAP		X	X
	PROFAM/MSA		X	
	CORA		X	X
	CIFE		X	
		CONASIDA (MOH)	X	
	IMIFAP		X	X
		ISSSTE		X
	DIPLAF/MOH		X	
Nicaragua	PROFAMILIA			X
		MOH		X
Paraguay	CEPEP*		X	X
Peru	INPPARES*		X	X
	ADIM		X	
	VECINOS		X	X
	PROFAMILIA		X	X
		IPPS	X	X
	CENPROF		X	X
		Univerisdad San Marcos	X	
		MOH*	X	X
	APROPO			X
	APROSAMI		X	X
	MEDICSA			X

Country	Private	Public	INOPAL I	INOPAL II
Peru (cont.)	IEPO/Univ. Cayetano Heredia			X
	INANDEP*			X
	CARE			X
	PRISMA*		X	X
	MARCELINO			X
	APRODEBIFAM			X
	PLANIFAM			X
St. Kitts - Nevis		MOH	X	

*More than one project implemented.

Appendix F

Equipment Provided to Subprojects by INOPAL II

BRAZIL

IMIP (CI91.14A)

Intel 8087-1 Math Coprocessor	\$195.00
Clipper Version 5.01	555.00
SPSS	765.00
Seagate hard drive and controller card	<u>433.67</u>
	\$1,968.67

PROMEDICA (CI91.77A)

Microtec MF 486 SX computer and RIMA XT printer	\$6000.00
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ECUADOR

CEMOPLAF (CI91.09A)

Compaq 386S computer	\$2,135.00
Compaq VGA monitor	235.00
Epson FX-850 printer	335.00
Compaq DOS 3.31	84.00
WordPerfect 5.1	<u>100.00</u>
	\$2,889.00

CEMOPAF (CI93.19A)

ALR Flyer 4 DX@/66 computer	\$3,445.00
Epson LQ-1170 printer	645.00
Quattro Pro	105.00
Foxpro	595.00
Distribution Kit	345.00
PKZIP Version 2.0	99.00
A-B switchbox, cables and diskettes	<u>483.85</u>
	\$5,717.45

GUATEMALA

AGROSALUD (CI90.58A)

WordPerfect	\$139.00
SPSS	790.00
FoxPro	560.00
dBase III	340.00
Harvard Graphics card	<u>214.95</u>
	\$2,043.95

Ministry of Health/Guatemala (CI91.73A)

Samsung FX2200 \$480.00

HONDURAS

AHLACMA/LLL (CI90.50A)

Compaq Prolinea 3/25s	\$1,189.00
Compaq monitor	369.00
Intel 80387 sx-25 Math Coprocessor	99.00
External Sysgen floppy	199.00
Mouse	99.00
Lotus 1-2-3	399.00
HP LaserJet III printer	1,595.00
Parallel cable	20.00
1 Mb Memory	189.00
Toner Cartridge	<u>90.00</u>
	\$4,248.00

AHLACMA (CI90.55A)

Epson printer	\$775.00
Compaq 286E	3,507.00
Compaq monitor	204.00
DOS 3.3	95.00
Lotus	408.00
SPSS	795.00
Harvard Graphics 2.12	395.00
dBase III	425.00
Harvard Graphics 2.3	<u>329.00</u>
	\$7,008.00

AHLACMA (CI92.18A)

Sony video camera	\$1,099.00
Quasar VCR	<u>290.00</u>
	\$1,389.00

IHSS (CI90.66A)

2 Zenith televisions	\$990.00
Panasonic Omnivision VCR	700.00
Compaq Prolinea 3/25s	1,189.00
Compaq color monitor	369.00
Intel 80387 sx-25	99.00
External floppy	199.00
Logitech mouse	<u>99.00</u>
	\$2,465.00

Save the Children (CI92.98A)

SPSS Base System and Statistics	\$490.00
Mapping for Map Info	<u>395.00</u>
	\$885.00

MEXICO

DIPLAF (CI91.89A)

Compaq Deskpro 386N	\$1,600.00
Compaq monochrome monitor	225.00
Compaq DOS	84.00
Intel 80387 math coprocessor	125.00
4 Mb Compaq memory	545.00
Stata Version 3.0	165.00
WordPerfect 5.1	<u>31.00</u>
	\$2,775.00

NICARAGUA

PROFAMILIA (CI92.03A)

Spanish WordPerfect	\$425.00
Spanish Lotus 1-2-3	445.00
dBase IV	475.00
PC Tools	135.00
Norton Anti-virus	99.00
Harvard Graphics	395.00
Logitech mouseman	<u>165.00</u>
	\$2,139.00

PERU

APROPO (CI90.59A)

SPSS Base System Version 4.0	\$490.00
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APROSAMI (CI90.89A)

Digetron Computer	\$2,217.00
Stablizer	228.00
Epson Printer	<u>855.00</u>
	\$3,330.00

INANDEP (CI91.66A)

Digetron Computer	\$1,390.00
Epson printer and stabilizer	865.00
SPSS	490.00
WordPerfect	31.00
Harvard Graphics	<u>395.00</u>
	\$3,171.00

INANDEP (CI92.45A)

2 Compaq 4/25/s computers	\$2,790.00
2 Compaq monochrome monitors	420.00
2 600 watt line conditioners	238.00
1 1200 watt line conditioner	199.00
2 WordPerfect	270.00
1 Harvard Graphics	395.00
1 Hewlett Packard LaserJet 4 printer	1,475.00
2 Epson LQ-1170 printers	1,330.00
2 dBase IV	495.00
1 switchbox	29.95
3 cables	69.90
1 toner cartridge	<u>105.00</u>
	\$7,816.85

PRISMA (CI92.23A)

1 dBase IV	\$495.00
2 WordPerfect	270.00
1 SPSS	295.00
1 A-B switchbox	29.95
1 Epson printer	645.00
3 cables	34.00
2 Compaq 4/50 computers	4,190.00
2 Compaq monochrome monitors	<u>420.00</u>
	\$6,378.95

PROFAMILIA/Peru (CI90.84A)

124 MB Seagate hard disk with: 16/20 Mhz 4MB Interface card Intel 8037 math coprocessor Three button mouse	\$1,432.00
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Appendix G

Instruments Developed or Modified under INOPAL II

In industry and the military, operations research is commonly used to develop tools and systems that make workers more effective and efficient. Similarly, a variety of instruments for family planning program improvement have been developed during INOPAL II. These include 13 tools and systems that can be used by clients, providers, trainers, program managers and evaluators.

A. AN AID TO METHOD USE FOR NFP USERS

1. Fertility Necklace

The "fertility necklace" (first developed in the Ivory Coast) was tested by INOPAL II during the AGROSALUD project in Guatemala. INOPAL will continue testing the necklace with other Guatemalan and Bolivian organizations. The necklace teaches the different phases of menstrual cycles and helps users to be aware of the fertile period.

The necklace, based on a 28 day cycle, uses four different colored beads to identify the different phases of the fertility cycle. A single neutral colored bead is used to identify the beginning of the cycle but is not counted. This is followed by five red beads representing menstruation and then five blue (or white) beads for the relatively infertile days preceding the fertile period. Eight green beads cover the fertile period when conception is most likely to occur if the woman has sexual relations. This period is followed by ten more blue (or white) beads indicating another infertile period at the end of the cycle. During training, women are reminded of the variability in cycles.

B. EXPERT SYSTEMS AND CHECKLISTS TO BE USED BY CBD DISTRIBUTORS AND CLINIC STAFF IN PATIENT COUNSELING AND METHOD PRESCRIPTION

Two common problems in CBD programs have been detected by INOPAL through the use of the Standardized Test of CBD Distributor Family Planning Knowledge, and simulated client techniques. Many CBD distributors lack technical competence, and many do not to discuss contraindications, side effects, and correct method use techniques with their clients. Several instruments have been developed by INOPAL to help CBD distributors counsel clients and prescribe methods correctly. INOPAL II also developed other instruments to improve the quality of care given to patients during the perinatal period.

in the clinic, (b) a set of expected provider behaviors, and (c) guidelines to offer feedback. The promoter plays herself servicing the "client" and receives feedback from the supervisor. Learning objectives include: conducting the interview amiably, determining the client's needs, assisting client decision-making, providing information about contraceptives, and promoting continuity. The BFI can be used with the ABC or alone.

6. Individual Diagnosis and Feedback Instrument (IDFI)

The IDFI was developed in Peru during INOPAL I. It allows CBD supervisors to diagnose distributor family planning knowledge weaknesses and correct them immediately, on-site. The IDFI is a book of questions and answers. If the distributor answers correctly, she is rewarded verbally, and a new theme is taken; if she answers incorrectly, the supervisor provides the correct answer and reinforces the point through other questions/answers. Misunderstood themes are repeated in subsequent visits until they are answered without errors. Completion takes 3 to 4 hours per distributor, distributed over 5 to 6 visits; it improves knowledge by 30% and is more effective and cost-effective, although more costly, than traditional refresher courses.

7. Self-Evaluation Guide for Rural Health Centers

The Guide was developed by the MOH in Guatemala during INOPAL II. It is a list of quality of care indicators. After brief training, providers fill out the guide to identify quality problems in their posts. Staff next use the guide to determine if they can solve the problem with resources at hand. At the end of the exercise, staff select the most important problems and discuss solutions. The Guide is again used to formulate a plan which states the problem, the recommended solution, tasks, persons responsible, and activity completion date.

8. Supervision and Training Follow-up Guide

The follow-up guide was first developed during INOPAL I by APROFAM and used (with adaptations) by AGROSALUD in Guatemala and Save the Children and CARE in Honduras During INOPAL II. The supervision/follow-up guide lists questions that the supervisor should ask the CBD distributor during consecutive visits. Any deficiency in knowledge discovered during the visit is corrected.

2. DENOTA/The CBD Distributor's ABC

DENOTA/ABC is an expert system in booklet form. It was developed for urban CBD programs in Peru (where it is called DENOTA) and modified for rural programs in Paraguay (where it is called The CBD Distributor's ABC). The system leads a CBD distributor step by step through counseling/prescription interaction using branching techniques.

3. Perinatal Clinical History And Carnet

This system was developed with the Honduras Social Security System (IHSS) during INOPAL II. The perinatal clinic history is an adaptation of a form used by the Centro Latinoamericano de Perinatologia (CLAP). A single form follows the patient through pregnancy and birth. It provides information on both the mother and the child. The form highlights reproductive risk factors for the provider. It also records counseling received and contains an informed consent form allowing a client to request a contraceptive method immediately post-partum or at the 40-day clinic. The carnet is carried by the patient. It is a referral form from peripheral clinics to the hospital.

4. "Stop-Light" For CBD Pill Prescription

"Stop Light is a checklist developed with PROFAMILIA/Dominican Republic during INOPAL I and extended to Honduras during INOPAL II. During counseling, the distributor checks eight contraindications for pill use. "Yes" answers are colored yellow (for relative contraindications) and red (for absolute contraindications). "No" answers are colored green. Yellow-colored checked boxes advise discretion and an emphasis on information to the user. Red-colored checked boxes advises the distributor to provide a different method or refer the user to clinic. A version is being developed for DMPA prescription.

C. SUPERVISORY INSTRUMENTS FOR CBD AND RURAL HEALTH CENTERS

Supervision and training are two of the greatest cost areas in CBD and other rural family planning programs. This often results in inadequate training and supervision. INOPAL has developed three instruments for low cost supervision, training, and quality improvement.

5. Behavioral Feedback Instrument (BFI)

Developed for CEPEP of Paraguay during INOPAL II, the instrument was designed for use by nurse-obstetrician supervisors to shape CBD promoter service behavior when the promoter comes to the clinic. The BFI consists of four cases. Each case entails (a) a client profile that the supervisor must enact in client-counseling role-playing sessions taking place

D. TRAINING MATERIALS

Quality of care is a relatively new area, and INOPAL II found it necessary to develop its own training materials for OR projects.

9. Quality of Care Training Manual

The focus of this manual is the implementation of quality of care improvement programs. The manual includes a section for trainers with practical exercises and figures that can be used as slides, and a section for workshop participants with information and exercises. The manual is currently being used in Guatemala by the MOH. With the assistance of MSH further testing of the manual will be conducted in Mexico and Bolivia.

E. MANAGEMENT INFORMATION SYSTEMS

When INOPAL I began, most small family planning PVOs did not have computerized management information systems. PF-CONTRO and other systems were developed by the Council to permit operations research project data to be electronically processed. Over time, the systems were modified to include other functions such as logistics, etc.

10. PF-CONTRO

PF-CONTRO was developed during INOPAL I and amplified during INOPAL II. The MIS includes service statistics modules for CBD programs and clinics, modules to track IE&C and training activities, logistics, and basic accounting. The system is used by all family planning PVOs in Peru.

F. EVALUATION INSTRUMENTS

INOPAL OR focuses on the improvement of program operating systems and processes such as training, supervision, etc. The program has developed process evaluation instruments which permit sophisticated measurement of process variables.

11. Test of Family Planning Knowledge (TFPK)

INOPAL has discovered that evaluation of training is a weakness in many Latin American Family Planning Programs. The TFPK is a standardized 48 item multiple-choice test of CBD distributor family planning knowledge of proven reliability and validity. It contains five scales (Reproduction, Pill, Barrier, IUD-VSC, and Total). The test can be used to standardize the measurement of training outcomes for research or routine program purposes. The test can be used to compare pre- and post-training knowledge, courses, instructors, groups of trainees and individuals, both within and across programs and countries. The test has been validated in different programs, countries, and with CBD distributors of different literacy levels. It has been used in Colombia, Ecuador, Paraguay, and Peru. Sub-scales on NORPLANT® and DMPA knowledge are being developed.

12. Checklists and Client Scripts For Mystery Clients

The use of mystery (or simulated) clients is a promising technique for evaluating the behavior of CBD distributors and other family planning workers. However, there is a need for systematization of mystery client observations. INOPAL II has developed (a) client profiles that can be enacted by a simulated client in a visit to a CBD promoter; and, (b) a 40 to 50-item checklist pertaining to the provider behaviors expected in the specific situation, which the simulated client fills-out upon completion of the interview. The instruments have been used in Paraguay and Peru.

13. Questionnaires and Other Instruments for Situation Analysis

Instruments for Situation Analysis were available only in English. INOPAL developed and/or modified seven Spanish Language Instruments for use in Peru. These instruments are now being translated back into English and The Population Council is considering using them as the standard situational analysis instruments. The seven include: (1) pharmacy interview and inventory; (2) private physician interview; (3) CBD auxiliary interview and inventory; (4) Hospital/Clinic interview and observation, and inventory; (5) client/provider interaction observation; (6) Hospital/Clinic inventory; and, (7) family planning client interview.

Appendix H

INOPAL II Final Reports

CEMOPLAF/Ecuador - CI91.09A - "Operations research to improve the sustainability of an Ecuadorean family planning program"

CEMOPLAF/Ecuador - CI92.68A - "Workshop on evaluation of family planning programs"

CEMOPLAF/Ecuador - CI92.74A - "One-day seminar on injectable contraceptives"

AGROSALUD/Guatemala - CI90.58A - "Self-financed incorporation of family planning services in rural Guatemala"

AHLACMA/Honduras - CI90.55A - "The promotion of breastfeeding and birthspacing in rural areas"

IHSS/Honduras - CI90.66A - "Reproductive Health and Prenatal Care"

CORA/Mexico - CI91.21A - "Postpartum education for adolescents: evaluation and refining of a model for institutionalization"

IMFAP/Mexico - CI91.43A - "An operational test to institutionalize family life education in the secondary schools in Mexico"

APROPO/Peru - CI90.59A - "A study to increase the availability and price of oral contraceptives in three program settings"

IEPO/Peru - CI19.21A - "Reassessing injectable contraceptives: a seminar for Peruvian health professionals"

INANDEP/Peru - CI91.16A - "A diagnosis of post model and territorial distribution of family planning service delivery points in metropolitan Lima"

PRISMA/Peru - CI91.04A - "Institutional strengthening in the private sector"

PRISMA/Peru - CI92.67A - "Workshop on gender training for planning and reproductive health"

PROFAMILIA/Peru - CI90.84A - "Institutionalization of postpartum family planning in the social security health system of Peru"

Appendix I

Draft Outline of OR Book of Readings

A. GENERAL INTRODUCTION J. Foreit, R. Vernon

I. Purpose of the Book

- a. Accompany the OR Handbook: Illustrate research designs
- b. Partially correct the lack of OR publications in Spanish
- c. Present examples of contemporary (and some classic) OR from Latin America and around the world as well as to illustrate research designs
- d. Mention of basic English sources of articles on OR: Cucca and Pierce, Studies, etc.

II. What is OR:

- a. difference between classic OR and family planning OR
- b. intervention research
- c. program evaluation

III. EXAMPLES OF OR TOPICS AND MAJOR IMPACTS ON PROGRAMS

- a. non-physician prescription of contraceptives
- b. CBD
- c. promotion
- d. continuation
- e. Increased method mix

IV. CURRENT OR IN LATIN AMERICA

- a. vasectomy
- b. quality of care
- c. supervision and training
- d. sustainability

V. CHANGES IN OR RESEARCH DESIGNS OVER TIME

- a. Less black box: more how much, why, how
- b. Shorter projects
- c. use of non-fertility indicators as dependent variables

B. NONEXPERIMENTAL DESIGNS

- a. What are they
- b. Why are they used
- c. Discussion of each article including:
 - 1. Design and other methodological issues:
 - 2. Importance of topic

(REPEAT FORMAT FOR OTHER DESIGNS)

Appendix J

INOPAL II End-of-Project Seminars as of May 1993

Country/Agency	Project Title	Date	Number of Participants
Ecuador/APROFE	"Pricing, Quality of Care, Rumors, and Other Possible Causes of the Loss of Family Planning Clients: A Diagnostic Study in 14 Ecuadorian Cities"	Nov. 5 - 6, 1992	15
Ecuador/CEMOPLAF	"Operations Research to Improve the Sustainability of an Ecuadorian Family Planning Program"	Mar. 30 - 31, 1993	25
Ecuador/CEMOPLAF	"One-day Seminar on Injectable Contraceptives"	Nov. 17, 1992	90
Ecuador/CEMOPLAF	"Workshop on the Evaluation of Family Planning Programs"	Oct. 5 - 9, 1992	36
Ecuador/CEPAR	"A Five-Month Follow-Up Study of Potential Clients of APROFE and other Ecuadorian Providers"	N/A	N/A
Guatemala/AGROSALUD	"Self-financed Incorporation of FP in Rural Fincas in Guatemala"	Mar. 13, 1992	50
Honduras/AHLACMA	"The Promotion of Breastfeeding and Birth Spacing in Rural Areas"	April 1992	45
Honduras/AHLACMA for La Leche League	"Breastfeeding for Natural Birth Spacing in Honduras"	June 1992	80
Honduras/IHSS	"Reproductive Health and Prenatal Care"	August 1992	125
Honduras/Save the Children	"Incorporation of FP Services into Save the Children's Social Development Strategies"	April 1993	100
Mexico/CORA	"Postpartum Education for Adolescents: Evaluation and Refining of a Model for Institutionalization"	Sept. 1992	75

Country/Agency	Project Title	Date	Number of Participants
Mexico/IMIFAP	"An Operational Test to Institutionalize Family Life Education in Secondary Schools in Mexico" (Press conference held as part of seminar)	Nov. 24, 1992	30
Mexico/PSFN	"Institutionalization of Youth Programs: A Follow-Up Survey"	N/A	N/A
Mexico/Collaborative Effort with Pathfinder, MEXFAM, UNFPA	"Latin American Symposium on Family Planning:	Nov. 30 - Dec. 2, 1992	150
Peru/APROPO	"A Study to Increase the Availability and Price of Oral Contraceptives in Three Program Settings"	May 17 - 30, 1991	45 (Lima) 20 (Ica)
Peru/IEPO	"Reassessing Injectable Contraceptives: A Seminar for Peruvian Health Professionals"	Jan, 27, 1992	100
Peru/INANDEP	"A Diagnosis of Post Model and Territorial Distribution of Family Planning Service Delivery Points in Metropolitan Lima"	N/A	N/A
Peru/PRISMA	"Institutional Strengthening in the Private Sector"	Aug. 10, 1992	18
Peru/IPSS	"Institutionalization of Postpartum Family Planning in the Social Security Health System of Peru"	June 26, 1992	25
Peru/Vecinos Peru	"Operations Research to Improve Ministry of Health Family Planning Services in Iquitos, Peru"	Feb. 5, 1993	20
Peru/PRISMA	"Workshop on Gender Training for Family Planning and Reproductive Health"	Oct. 15 - 17, 1992	21

Appendix K

**Subsequent Affiliations of University of Michigan Fellows
and INOPAL Local Fellows**

INOPAL Subsequent Affiliations of University of Michigan Fellows

Michigan Fellow	Subsequent affiliations
Janie Benson	Pathfinder International; IPAS
Jay Gribble	Harvard U. Ph.D., Demography; National Academy of Sciences
Peggy Levitt	Mass. Institute of Technology, graduate student, urban planning
Nancy Murray	A.I.D./W; Management Science For Health/FPMD Program
James Rosen	The Population Council (Consultant, Peru Office); Development Associates, Inc.
Paul Schenkel	A.I.D./W
Anne Staunton	Current Fellow (Mexico)

INOPAL Local Fellows Subsequent Affiliations

Fellow	Affiliation
Juan Loo	U. Nacional de Chile, graduate student, biostatistics
Rocio Mosquera	The Population Council (Consultant, Peru Office)
Claudia Maria de la Quintana	Current Fellow (Bolivia)

Appendix L

INOPAL II Sponsored Workshops through December 31, 1992

Country	Seminar/Workshop title	Date	Co-Sponsoring Agency	Number of Participants
Bolivia	"International Training Workshop on Operations Research"	August 1991	Development Associates and Pathfinder International	32
	"National Workshop on Operations Research"	February 1992		40
	"Workshop for Men: Realities and Experiences"	August 1992		30
Ecuador	"Andean Conference on Cost-Effectiveness in Family Planning Programs"	April 1991	Development Associates and Pathfinder International	26
Honduras	"National Seminar on Advances in Reproductive Health: Technology and Application"	June 1991		40
	"International Workshop on Operations Research Tools for Quality Care in Family Planning"	September 1991	IPPF	46
	"Central America Workshop on Cost-Effectiveness in Family Planning Programs"	November 1992	Development Associates	35
Mexico	"First Latin American Conference on Quality of Care in Family Planning"	August 1990	Fundacion Mexicana para la Salud	120
Peru	"Community Based Distribution of Contraceptives in Rural Areas"	May 1990	PRISMA and Ministry of Health	43
	"Two MIS and Service Statistics Workshops, including Andean Conference on MIS in Family Planning"	May and November 1990	Pathfinder International, Development Associates and PRISMA	20

Peru (cont.)	"First Peruvian Workshop on Quality of Care"	May 1991	Pathfinder International, PRISMA and Ministry of Health	89
	"International Workshop on Strategic Planning for Family Planning Programs"	November 1991		19

Appendix M

CA's and Other International Organizations Collaborating with INOPAL II

COOPERATING AGENCY	COUNTRY	PROJECT/ACTIVITY COLLABORATION
AVSC	MEXICO	IMSS:No-Scalpel Vasectomy ISSSTE: Family Planning Evaluation
	PERU	IPSS: Postpartum Family Planning
CARE	BOLIVIA	Collaboration design of rural project
	GUATEMALA	TA to A.I.D.-funded CARE OR Project
	HONDURAS	TA and financing of CARE OR Project
	PERU	TA and financing of CARE OR Project
COLUMBIA U.	REGIONAL	Editing, Translating and distribution of J. Ross et al. <u>Management Strategies For Family Planning Programs</u>
DAI	BOLIVIA	Development of FEPADE OR project
	ECUADOR	Cost-Effectiveness Workshop
	HONDURAS	Cost-Effectiveness Workshop
	MEXICO	Collaboration in project with MOH
	PERU	Collaboration in two OR projects
DHS	PERU	INOPAL situation analysis based on DHS survey sample: Situation analysis replaced DHS community module as part of 1991-1992 national survey
	REGIONAL	INOPAL LAC Mailing list shared with DHS
FAMILY CARE INTL.	BOLIVIA	TA organization of Safe Motherhood Conference
FHI	ECUADOR	Collaboration on IUD revisit norm project with CEMOPLAF Collaboration on DMPA project Collaboration on CEMOPLAF OR institutionalization project
	MEXICO	Collaboration in design of IUD revisit norm project with IMSS

COOPERATING AGENCY	COUNTRY	PROJECT
FUTURES OPTIONS II FUTURES SOMARC	BRAZIL	Collaboration on PROMEDICA Postpartum project
	PERU	Collaboration on situation analysis dissemination
	PERU	Collaboration on APROPO OR project
GEORGETOWN U. NFP AND BREASTFEEDING PROJECT	BRAZIL	Collaboration on IMIP LAM project
	HONDURAS	Collaboration on La Leche League LAM project
IPPF/WHR	HONDURAS	Collaboration on quality of care workshop
	NICARAGUA	Collaboration on project with PROFAMILIA
	MEXICO	Collaboration in design of priority country strategy
	REGIONAL	TA in design of affiliate TA needs assessment INOPAL LAC Mailing list shared with IPPF
JHPIEGO	PERU	Collaboration on IPSS postpartum FP
JOHN SNOW MOTHERCARE	BOLIVIA	Collaboration on projects in Cochabamba
LA LECHE LEAGUE	GUATEMALA	TA to train AGROSALUD promoters
MSH	BOLIVIA	Collaboration on quality of care project
	MEXICO	Collaboration on FEMAP cost study Collaboration on MEXFAM quality of care project
	REGIONAL	INOPAL LAC Mailing list shared with MSH R. Vernon Guest Editor of CQI Issue of <u>The Family Planning Manager</u>
PAHO	REGIONAL	PAHO will reprint <u>OR Handbook</u>

COOPERATING AGENCY	COUNTRY	PROJECT
PATHFINDER.	BOLIVIA	Collaborated on OR workshop
	ECUADOR	Collaborated on Evaluation workshop
		Collaborated on service statistics workshop
	PERU	Collaborated on two IPSS postpartum projects Collaborated on APROPO OR project
PLAN	HONDURAS	OR project to improve reproductive health services
SAVE THE CHILDREN	HONDURAS	OR project to improve reproductive health services
TVT MORE	REGIONAL	INOPAL shared mailing list, photo bank with MORE project
U. OF MICHIGAN	REGIONAL	Two International Population fellows worked in INOPAL II Mexico Office
UNFPA	PERU	Collaborated on DMPA project
WORLD NEIGHBORS	ECUADOR	Collaborated on DMPA project
	HONDURAS	OR project to improve reproductive health services
WORLD VISION	HONDURAS	OR project to improve reproductive health services

Cabled Responses from USAID Missions for Evaluation of INOPAL II

PAGE 01 LA PAZ 05673 00 OF 02 291529Z 0074 026318 A101787
ACTION A10-00

ACTION OFFICE POP-04
INFO FAPB-02 LADR-03 LASA-02 RDAA-01 PRPC-02 HEAL-04 SEOP-01
FMAD-02 SERP-01 HHS-09 AMAD-01 MLC-01
/033 AB 29/2350Z

INFO LOG-00 OES-09 RPE-01 /011W
-----B97CE9 291817Z /49 38

R 292130Z APR 93
FM AMEMBASSY LA PAZ
TO SECSTATE WASHDC 0293

UNCLAS LA PAZ 005873

AIDAC

FOR: R&D/POP/R; BARBARA FERLINGA
INFO LAC/OR/HPN, CAROL DABBS

E.O. 12356: N/A
SUBJECT: POPULATION: EVALUATION OF LAC OPERATIONS
RESEARCH/TECHNICAL ASSISTANCE PROJECT (INOPAL II)

REF: SECSTATE 96754

1. THE BOLIVIA MISSION PLANS TO BUY-IN TO SUBJECT CONTRACT FOR THE PROVISION OF OPERATIONS RESEARCH (OR) TA AND SERVICES WITHIN OUR RECENTLY AMENDED REPRODUCTIVE HEALTH SERVICES PROJECT (RHSP), PACD DECEMBER 1997. THE SOW CALLS FOR THE IMPLEMENTATION OF EIGHT MAJOR OR STUDIES WITH LOCAL PUBLIC OR PRIVATE INSTITUTIONS DURING LOP WHICH WILL ADDRESS ISSUES CONSTRAINING THE EXPANSION AND ACCESSIBILITY OF FP SERVICES TO THE BOLIVIAN POPULATION. WITHIN THIS FRAMEWORK, ACCOMPLISHMENTS SO

FAR OBTAINED FROM THE INOPAL PROJECT ARE THE FOLLOWING:

- A) A RESIDENT ADVISOR WAS PLACED AND A LOCAL OFFICE WAS OPENED IN LA PAZ IN 1991, WHERE A REGULARLY USED POPULATION REFERENCE LIBRARY IS ESTABLISHED;
- B) THE RESIDENT ADVISOR PARTICIPATES AND SUPPORTS THE ACTIVITIES OF THE RESEARCH AND EVALUATION SUBCOMMITTEE OF THE NATIONAL REPRODUCTIVE HEALTH SERVICES PROJECT;
- C) COORDINATED AND IMPLEMENTED VARIOUS OR TRAINING WORKSHOPS WITH THE PARTICIPATION OF ALL PUBLIC AND PRIVATE INSTITUTIONS WORKING UNDER THE PROGRAM;
- D) STARTED ONE RESEARCH PROJECT TO TEST FINANCIAL STRATEGIES WITH A LOCAL PVO, AND HAS SEVERAL ADDITIONAL PROPOSALS IN THE PIPELINE AT DIFFERENT STAGES OF NEGOTIATION;
- E) PROVIDED TA TO INSTITUTIONS WORKING ON SURVEYS AND RESEARCH PROJECTS RELATED TO FP, IE. A COUPLES' KAP ON RH CONDUCTED BY AYUFAM, BOLIVIAN NGO;

2. PLANS FOR THE CONTINUATION OF INOPAL II'S WORK UNDER THE CURRENT AND FUTURE BUY-INS INCLUDE THE FOLLOWING PIPELINE OF OR STUDIES:

- DISPELLING FEARS AND RUMORS ABOUT MODERN FP METHODS
- INTRODUCING RURAL FP SERVICES THROUGH THE PUBLIC SECTOR
- COMPARATIVE ANALYSIS OF STRATEGIES TO IMPROVE THE AVAILABILITY AND ACCEPTABILITY OF FP IN RURAL INDIGENOUS

COMMUNITIES

- ASSESSMENT OF PUBLIC SECTOR HEALTH FACILITIES

LA PAZ 05673 00 OF 02 291529Z

ADDRESSING THE ABORTION-RELATED PROBLEMS
- CONDOM USERS PROFILE STUDY IN HIGH RISK ZONES OF SANTA CRUZ

- NEEDS ASSESSMENT FOR SEXUAL EDUCATION TRAINING AND INSTRUCTION IN PUBLIC SCHOOLS

- ROUND TABLE DISCUSSIONS ON THEMES IN FP.

3. COMMENTS ON THE ISSUES THAT CONCERN THE EVALUATION:

A) THE PROCESS OF DEVELOPING A RESEARCH AGENDA IN BOLIVIA HAS BEEN CONDUCTED THROUGH VARIOUS TRAINING EVENTS IN OR FOR THE PUBLIC AND PRIVATE SECTOR SO THAT RESEARCHERS AND MANAGERS UNDERSTAND THE UTILIZATION OF OR AS A MANAGEMENT TOOL TO IMPROVE SERVICE DELIVERY. THE CONCEPT OF OR WAS HARDLY KNOWN TO BOLIVIAN RESEARCHERS WHOSE MAIN FOCUS ALWAYS TENDS TO BE ACADEMIC AND THEORETICAL STUDIES.

B) ONLY ONE FULL PROJECT IS ON-GOING WHICH IS A COMPARISON STUDY OF THREE STRATEGIES TO IMPROVE FINANCIAL SUSTAINABILITY OF BOLIVIAN NGO (CIES). PART OF THE DELAYS APPEAR TO BE DUE TO EXTENSIVE ADMINISTRATIVE AND HOME-OFFICE DRIVEN FUNCTIONS OF THE LOCAL OFFICE OUTSIDE OF THE SOW OF THE MISSION BUY-IN; FOR EXAMPLE: REVITALIZATION OF NORPLANT TRIALS; AND THE SAFE MOTHERHOOD CONFERENCE. OTHER DELAYS ARE DUE TO THE DIFFICULTY OF IDENTIFYING AND NEGOTIATING QUALITY RESEARCH PROPOSALS WITH LOCAL INSTITUTIONS MOST OF WHICH DO NOT HAVE SOPHISTICATED RESEARCH CAPABILITIES IN PLACE, BUT PROVISION OF DIRECT, FREQUENT TA BY THE

RESIDENT ADVISOR HAS PROVEN TO BE VERY USEFUL NOT ONLY FOR THESE RESEARCH ORGANIZATIONS BUT ALSO FOR THE WHOLE RH AND POPULATION MISSION PORTFOLIO.

C) TOO EARLY TO ASSESS DUE TO (B) ABOVE.

D) SAME AS (C) ABOVE.

4. RESPONSIVENESS OF INOPAL STAFF, NAMELY THE LOCAL OFFICE, HAS BEEN VERY GOOD AND HELPFUL FOR THE WHOLE RH AND POPULATION MISSION PORTFOLIO. OUR ONLY CONCERN IS THAT THE IMPLEMENTATION OF OUR RHSP CALLS FOR FASTER PROCESSING OF RESEARCH IDEAS WHOSE FINDINGS COULD BE APPLIED IMMEDIATELY IN ORDER TO IMPROVE ACCESSIBILITY AND EXPANSION OF RH SERVICES. ALMOST THREE YEARS HAVE ELAPSED SINCE THE START OF THE PROJECT AND ABOUT TWO OF INOPAL II ASSISTANCE IN BOLIVIA. WE NEED OR RESULTS SOONER RATHER THAN LATER IN ORDER TO PROVIDE OUR PARTICIPATING INSTITUTIONS AND USAID, GUIDANCE ON HOW TO IMPROVE OPERATIONS, INCREASE EFFICIENCY, IMPROVE QUALITY OF CARE AND EXPAND ACCESS.

THE HHR OFFICE'S PROJECT MANAGEMENT UNIT OF THE RNS PROJECT HOLD REGULAR MONTHLY MEETINGS WITH ALL CAS UNDER THE PROJECT, APPROXIMATELY 10, WITH 5 IN-COUNTRY REPRESENTATIVES. THE POPULATION COUNCIL REPRESENTATIVE FAITHFULLY ATTENDS AND PLAYS A KEY ROLE IN PROVIDING ADVISE AND COLLABORATION WITH HHR AND THESE CAS. FOR EXAMPLE, THE POPULATION COUNCIL REPRESENTATIVE TOOK IT UPON HIMSELF TO ORGANIZE A ONE-DAY SEMINAR WHICH WILL INTRODUCE FP TO A LARGE GROUP OF PVOs/NGOs (PROCOSI) IN BOLIVIA. BOWERS

PAGE 01 BRASIL 03831 071435Z 6017 032000 AID8982
ACTION AID-00

ACTION OFFICE POP-04
INFO LADR-03 LASA-02 AALA-01 DO-01 /011 A2 GB 08/1436Z

INFO LOG-00 OES-09 RPE-01 /011W
-----BCC345 071737Z /38

R 071433Z MAY 93
FM AMEMBASSY BRASILIA
TO SECSTATE WASHDC 6765

UNCLAS BRASILIA 03831

AIDAC

FOR: RD/POP/R, TO BARBARA FERINGA

E. O. 12356: N/A

TAGS: N/A

SUBJECT: POPULATION: EVALUATION OF LAC OPERATIONS
RESEARCH/TECHNICAL ASSISTANCE PROJECT (INOPAL II)

USAID/BRAZIL HAS BENEFITTED OSIDERABLY QQM TZE
CONTRIBKT! OS OF THE INOPAL PROJECT AND! APPRECIATES THE
CONTINUED SUPPORT OF THIS PROJECT FOR PRIORITY ACTIVITIES.

OUR CONTACTS HAVE BEEN PRIMARILY WITH THE POP COUNCIL
STAFF IN BRAZIG EVEN FOR ACTIVITIES INVOLVING INOPAL.
RELYING ON THE BRAZIL STAFF FOR INFORMATION AND FINDINGS
HAS NOT BECN A PROBLEM. IN THE FUTURE, W WOULD WISH TO
BE MORE INVOLVED I THE DEVELOPMENT OF A RESEARCH AGENDA,
AS THERE ARE PQTICULAR ISSUES THAT RELATE TO THE
STRATEGIC OBJECTIVES OF THE BRAZIL COUNTRY PROGRAM.

WITH RESPECT TO THE FUTURE CONTRACT, WE WOULD NOTE THE
FOLLOWING POINTS:

1. IN BRAZIL, AT LEAST, A NUMBER OF IMPORTANT RESEARCH
ISES RELATE TO MEDICAL BARRIERS AND TO COST AND
BFINANCING ISSUES.
2. DISSEMINATION OF RESULTS, BOTH TO THE MEDICAL
COMMUNITY BUT ALSO TO OTHER INFLUENTIAL OPINION LEADERS
NEEDS MUCH STRENGTHENING.
3. THE RELATIONSHIP OF RESEARCH RESULTS TO POLICY NEEDS
TO BE CONSIDERED EXPLICITLY.
4. IT IS IMPORTANT THAT THE RESEARCH AGENDA RELATE TO
IMPORTANT GEOGRAPHIC AND PROGRAMMATIC PRIORITIES OF THE
COUNTRY PROGRAM; AND INVOLVE BOTH LOCAL COUNTERPARTS AND
OTHER CAS. MELTON

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PLANNING SERVICES, ESPECIALLY THOSE RELATED TO SERVICE DELIVERY AND COST-EFFECTIVENESS INTERVENTIONS.

AC: ON OFFICE POP-04
INFO LAGA-02 FOAA-01 PRPC-02 NEAL-04 MMS-09 AMAD-01 MLC-01
/024 AQ 22-0724Z

C) IF RD/POP/R NEEDS FURTHER INFORMATION PLEASE CONTACT THE MISSION AT YOUR CONVENIENCE. MACK

INFO LOG-00 JES-09 RPE-01 011W
-----8698A6 230216Z /36

R 222020Z APR 93
FM AMEMBASSY QUITO
TO SECSTATE WASHDC 0323

UNCLAS QUITO 03260

AIDAC

FOR RD/POP/RESEARCH: BARBARA FERINGA

E.O. 12356: N/A
SUBJECT: POPULATION: EVALUATION OF LRC OPERATIONS
RESEARCH/TECHNICAL ASSISTANCE PROJECT (INOPAL II)

REF: STATE 096754

1) AS PER REF PARA 3 REQUEST USAID/ECUADOR BELIEVES THAT INOPAL II HAS BEEN SUCCESSFUL IN ASSISTING THE FAMILY PLANNING ASSOCIATIONS TO PROGRESSIVELY ACQUIRE SKILLS TO INSTITUTIONALIZE THE ABILITY TO DESIGN AND CONDUCT OPERATIONS RESEARCH AND EVALUATION ACTIVITIES THAT WILL SUPPORT THE INSTITUTIONS TO ACHIEVE DEFINED GOALS FOR THE NEXT FOUR YEARS.

THE FOLLOWING ARE USAID/ECUADOR SPECIFIC COMMENTS REGARDING THE SUBJECT EVALUATION:

A) THE RESEARCH AGENDA HAS BEEN DEVELOPED BASED ON THE FAMILY PLANNING PRIVATE SECTOR PORTION OF THE PROGRAM. NEEDS HAVE BEEN OPENLY DISCUSSED AND AGREED UPON BETWEEN REPRESENTATIVES FROM THE MISSION, COUNTERPARTS AND INOPAL II. INOPAL II HAS PLAYED A KEY ROLE IN IDENTIFYING PRIORITY OPERATIONS RESEARCH ACTIVITIES. SOME OF THESE ACTIVITIES HAVE CONCLUDED AND OTHERS ARE UNDERWAY. RESULTS TO DATE HAVE BEEN VERY USEFUL.

B) THE OVERALL OPERATIONS RESEARCH IMPLEMENTATION PROCESS HAS BEEN UNIQUE AND CARRIED OUT IN A TIMELY FASHION. TECHNICAL ASSISTANCE TO THE FAMILY PLANNING ASSOCIATIONS HAVE BEEN GIVEN IN THE AREAS OF MARKET RESEARCH, INCLUDING COST RECOVERY, AND MARKET MONITORING. OF PARTICULAR INTEREST IS THE CLOSE AND PROFESSIONAL RELATIONSHIP ESTABLISHED BETWEEN INOPAL II AND CEMOPLAF.

C) ALL THE OPERATIONS RESEARCH STUDIES CARRIED OUT BY INOPAL II HAVE BEEN USEFUL TO STRENGTHEN THE FAMILY PLANNING ASSOCIATIONS. SPECIFICALLY THE STUDIES CARRIED OUT WITH APROFF REGARDING THE IDENTIFICATION OF CAUSES OF NEW USER LOSSES DURING 1989 AND WITH CEMOPLAF REGARDING THE 100 REVISIT NORM HAVE BEEN OUTSTANDING, APPLICABLE AND PRACTICAL.

D) THE RESEARCH FINDINGS OF THE PROJECT ARE DIFFERENT IN NATURE SINCE THERE HAVE BEEN SEVERAL AND DIFFERENT STUDIES WITH DIFFERENT GOALS AND PURPOSES. IN GENERAL

THE CONCLUSIONS AND RECOMMENDATIONS OF THE STUDIES HAVE BEEN USEFUL FOR THE FAMILY PLANNING ASSOCIATIONS AND WITHOUT DOUBT THE IMPLEMENTATION OF SUCH RECOMMENDATIONS HAVE AND/OR WILL IMPROVE FAMILY

PAGE 01 GUATEM 04392 192335Z 0899 024091 AID2325
ACTION AID-00

GUATEM 04392 192335Z

SPECIAL POPULATIONS LIKE NATIVE AMERICANS. FOR THE MORE
MATURE SERVICE PROVIDERS, EMPHASIS SHOULD BE PLACED ON
QUALITY OF CARE ISSUES AND INCOME GENERATION. KEANE

ACTION OFFICE POP-04
INFO LACE-01 RDAA-01 PRPC-02 HEAL-04 HHS-09 AMAD-01 MLC-01
/023 AD 20/0457Z

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FM AMEMBASSY GUATEMALA
TO DECCSTATE WASHDC 5141

UNCLAS GUATEMALA 04392

AIDAC

E.O. 12356: N/A
SUBJECT: POPULATION: EVALUATION OF LAC OPERATIONS

RESEARCH/TECHNICAL ASSISTANCE PROJECT (INOPAL II) (DPE-

3030-Z-00-9019-00)

REF: STATE 096754

1. IN ANSWER TO QUESTIONS POSED IN REF. CABLE A-0:

A. DEVELOPMENT OF THE RESEARCH AGENDA. THE PROJECTS
CARRIED OUT BY THE POPULATION COUNCIL IN CONJUNCTION
WITH LOCAL COUNTERPARTS WERE DEVELOPED JOINTLY. THE
MISSION WAS INVOLVED IN THE DEVELOPMENT OF THE RESEARCH
PROJECTS BUT NO AGENDA WAS DEVELOPED. BASED IN THIS
EXPERIENCE, THE MISSION HAS INCLUDED AN RD COMPONENT IN
THE NEW FAMILY HEALTH SERVICES PROJECT THAT WILL BE

CARRIED OUT THROUGH INOPAL II AND WILL DEVELOP AN AGENDA
THROUGH A COMMITTEE PROCESS THAT INVOLVES ALL THE MAJOR
FAMILY PLANNING/MATERNAL HEALTH PROVIDERS.

B. THE PROCESS OF RESEARCH IMPLEMENTATION INCLUDING
COLLABORATION WITH LOCAL COUNTERPARTS, AND THE PROVISION
OF TECHNICAL ASSISTANCE. THE MISSION FOUND IT WAS
DIFFICULT TO FIND QUALIFIED AND INTERESTED RESEARCH
PERSONNEL AND RELIED ON POPULATION COUNCIL TO PROVIDE
THIS EXPERTISE. IN THE FUTURE THE MISSION HOPES TO
PROVIDE MORE TRAINING IN RESEARCH METHODS AND DATA
ANALYSIS TO LOCAL AGENCIES THROUGH THE PROPOSED BUY-IN.

C. THE MAJOR RESEARCH FINDINGS OF THE PROJECTS WERE
USED TO IMPROVE SERVICES TO MAYAN POPULATIONS AND THIS
WILL CONTINUE TO BE THE FOCUS OF THE BUY-IN.

D. THE UTILIZATION OF OUR RESULTS FOR IMPROVEMENT OF
FAMILY PLANNING SERVICES IN LAC. SINCE GUATEMALA HAS
ONE OF THE LOWEST CPR IN THE HEMISPHERE AND ONE OF THE
HIGHEST PERCENTAGE OF NATIVE AMERICANS, OUR SITUATION IS
UNIQUE AND SO MUCH OF OUR RESEARCH CAN ONLY BE APPLIED
LOCALLY. HOWEVER, THERE ARE OTHER COUNTRIES (PERU,
ECUADOR, BOLIVIA, MEXICO) THAT DO HAVE LARGE REGIONS
THAT ARE SIMILAR TO GUATEMALA. THESE COUNTRIES SHOULD
SHARE MORE OF THEIR EXPERIENCES REGARDING THE PROVISION
OF SERVICES TO NATIVE PEOPLE AND THE NEW INOPAL CONTRACT
SHOULD HAVE THE BUDGET TO SUPPORT OBSERVATIONAL TRIPS,
REGIONAL CONFERENCES AND SPECIAL RESEARCH ON REACHING
NATIVE PEOPLE.

THE MISSION FEELS STRONGLY THAT PRIORITY SHOULD BE GIVEN
IN THE NEW CONTRACT TO COUNTRIES THAT HAVE THE LOWEST
NATIONAL CPR AND THE HIGHEST PERCENTAGE OF UNDER-SERVED.

PAGE 01 PORT A 02985 142008Z 5160 022323 AID8265
ACTION AID-00

ACTION OFFICE POP-04
INFO FAPB-02 LAOR-03 LACE-01 POID-01 RDAA-01 HEAL-04 SEOP-01
SERP-01 LADP-04 /022 A6 LW 15/1943Z

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R 141949Z APR 93
FM AMEMBASSY PORT AU PRINCE
TO SECSTATE WASHDC 2776

UNCLAS PORT AU PRINCE 02985

AIDAC

TO RD/POR/RESEARCH: BARBARA FERINGA

E. O. 12356: N/A
SUBJECT: POPULATION: EVALUATION OF LAC OPERATIONS
RESEARCH/TECHNICAL ASSISTANCE PROJECT (INOPAL II)

REF: STATE 096754

1. MISSION HAS HAD ONLY LIMITED EXPERIENCE IN PROJECT IMPLEMENTATION WITH INOPAL. INOPAL STAFF MADE TWO VISITS TO HAITI IN EARLY 1991 TO PLAN OR ACTIVITIES WITH USAID AND HAITIAN INSTITUTIONS, BUT THE COUP OF LATER THAT YEAR PRECLUDED IMPLEMENTATION. IN OUR OPINION, HOWEVER, THE RESEARCH AGENDA GENERATED BY INOPAL STAFFERS WAS WELL CONCEIVED AND TOTALLY APPROPRIATE TO MISSION NEEDS AT THAT TIME.

2. BASED ON THIS PREVIOUS EXPERIENCE, THE MISSION RECENTLY REQUESTED INOPAL II TO SEND A REPRESENTATIVE TO PORT-AU-PRINCE TO PARTICIPATE IN A MEETING OF A. I. D.'S POP-FP AND AIDS COOPERATING AGENCIES CURRENTLY ALLOWED TO WORK IN HAITI. AS A RESULT, USAID ANTICIPATES MAKING A BUY-IN TO INOPAL II TO BEGIN SELECTED OR WHICH CAN BE CONCLUDED PRIOR TO THE TERMINATION OF INOPAL II IN APPROXIMATELY EIGHTEEN MONTHS.

REDMAN

To: Barbara Feringa@RD.POP@AIDW
Cc:
Bcc:
From: John Burdick@HPN@HAITI
Subject: Evaluation of INOPAL II
Date: Monday, April 5, 1993 12:36:46 EDT
Attach:
Certify: N
Forwarded by:

Received your fax on subject 4/2. FYI, INOPAL II has not actually had any activities in Haiti except pre-planning back in 1990-1991, and again just now, in March 1993. We're anticipating cooking something up which can be done in the 18 months or so remaining in the INOPAL II project.

Gerry Bowers and I have discussed your request for feedback about the project from our Mexico and Peru perspectives. Both of us were/are very high on INOPAL II. The following represent our views on INOPAL activities in both countries.

1. Consistently superior work.
2. Highly supportive of A.I.D.'s priorities.
3. Excellent coordination with USAID/A.I.D.
4. Professional personnel with excellent skills.

Hope this will help in the evaluation.

PAGE 01 TEGUCI 04425 111650Z 3339 032904 AID1490
ACTION AID-00

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ACTION OFFICE POP-04
INFO LACE-01 GC-01 GCLA-01 RDAA-01 PRPC-02 HEAL-04 HHS-09
AMAD-01 MLC-01 /025 A0 11/1654Z

5. IN GENERAL, THE INOPAL EXPERIENCE HAS BEEN VERY SUCCESSFUL IN HONDURAS AND MISSION WOULD LIKE TO SEE THIS TYPE OF PROJECT CONTINUE. ARCOS

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FM AMEMBASSY TEGUCIGALPA
TO SECSTATE WASHDC PRIORITY 5614

UNCLAS TEGUCIGALPA 04425

AIDAC

E.O. 12356: N/A
SUBJECT: POPULATION: EVALUATION OF LAC OPERATIONS
RESEARCH/TECHNICAL ASSISTANCE PROJECT (INOPAL II)
HONDURAS RESPONSE

REF: STATE 096754

1. MISSION IS VERY SATISFIED WITH THE PERFORMANCE OF THE POPULATION COUNCIL UNDER THE CURRENT BUY-IN ARRANGEMENT. THE LOCAL INOPAL OFFICE HAS BEEN PROVIDING IMPORTANT AND NEEDED TECHNICAL ASSISTANCE TO A LARGE NUMBER OF PRIVATE VOLUNTARY ORGANIZATIONS (PVO). INOPAL HAS PROVIDED HIGH QUALITY TECHNICAL ASSISTANCE AND GUIDANCE WHICH HAS MOTIVATED PVO'S TO INTEGRATE FAMILY PLANNING SERVICES IN THEIR LOCAL PROGRAMS. OPERATIONS RESEARCH UNDER THE PROJECT HAS YIELDED VALUABLE INFORMATION ON THE MOST EFFECTIVE MEANS OF REACHING UNDERSERVED POPULATIONS WITH

FAMILY PLANNING SERVICES AND INFORMATION.

2. CONTRACEPTIVE PREVALENCE AND KNOWLEDGE HAS INCREASED IN THE COMMUNITIES WHERE INOPAL SPONSORED PVO'S HAVE WORKED TO IMPROVE FAMILY PLANNING SERVICES. INOPAL HAS BEEN INVOLVED IN DEVELOPING REFERRAL NETWORKS, ESTABLISHING CONTRACEPTIVE DISTRIBUTION POSTS, TRAINING OF VOLUNTEERS AND HEALTH PERSONNEL, AND IMPROVING SERVICE PROVISION. THE DEMAND FOR INOPAL'S ASSISTANCE HAS GROWN BEYOND THEIR CAPACITY TO PROVIDE IT AS THE POSITIVE RESULTS OF THEIR INTERVENTIONS HAVE BECOME WIDELY KNOWN. THERE NOW EXISTS A WAITING LIST OF PVO'S REQUESTING PARTICIPATION IN THE PROGRAM.

3. MANY PVO'S ARE REACHED THROUGH THE LOCAL WORKSHOPS ORGANIZED BY INOPAL. THESE WORKSHOPS HAVE BEEN WELL ATTENDED AND ARE HIGHLY REGARDED. THE PARTICIPATION AND INVOLVEMENT OF GOVERNMENT PERSONNEL IN THESE WORKSHOPS HAS CREATED A SPIRIT OF COOPERATION AMONG PUBLIC AND PRIVATE ORGANIZATIONS. THIS, IN TURN, HAS FACILITATED PROVISIONS OF SERVICES AT GOVERNMENT FACILITIES TO PEOPLE REFERRED FOR CONTRACEPTIVE SERVICES BY PVO'S.

4. COMMUNICATION BETWEEN INOPAL STAFF AND OUR MISSION HAS BEEN EXCELLENT. ALTHOUGH THE FIRST INOPAL LOCAL ADVISOR WAS UNSATISFACTORY, HE WAS REPLACED BY A MUCH MORE QUALIFIED INDIVIDUAL. SHE HAS BEEN VERY RESPONSIVE TO OUR REQUESTS AND CONCERNS. HER WORK IS HAVING A SIGNIFICANT IMPACT

IN PROMOTING FAMILY PLANNING SERVICES IN THE RURAL AND MARGINAL URBAN AREAS IN HONDURAS AS COVERAGE CONTINUES TO IMPROVE.

ACTION OFFICE POP-04
INFO LAOR-03 LACE-01 RDAA-01 HEAL-04 LAOP-04
/017 A1 TR 14/1944Z

INFO LOG-00 OES-09 /010W
-----82C004 132147Z /38

R 132015Z APR 93
FM AMEMBASSY MANAGUA
TO SECSTATE WASHDC 0540

UNCLAS MANAGUA 02249

AIDAC

FOR RD/POP/R, BARBARA FERINGA

E.O. 12356: N/A
SUBJECT: POPULATION: EVALUATION OF INOPAL II

REF: STATE 096754

1. DURING 1992 AND IN FEBRUARY 1993, INOPAL II PROVIDED TECHNICAL ASSISTANCE TO PROFAMILIA, THE IPPF AFFILIATE IN NICARAGUA. THE OBJECTIVE OF THE TECHNICAL ASSISTANCE HAS TO DEVELOP AND STRENGTHEN THE MANAGEMENT INFORMATION SYSTEM (MIS) OF PROFAMILIA IN ORDER TO ENABLE PERSONNEL AT ALL LEVELS OF THE ORGANIZATION TO PRODUCTIVELY USE INFORMATION GENERATED BY THE MIS IN THE ADMINISTRATION, CONTROL, PLANNING AND EVALUATION OF PROFAMILIA'S ACTIVITIES.

2. DURING THE PERIOD UNDER EXAMINATION, INOPAL II

CONSULTANTS PROVIDED TECHNICAL ASSISTANCE ON A TIMELY BASIS. IN ADDITION, THEY DEVELOPED AN EXCELLENT CONSULTANT-CLIENT RELATIONSHIP WITH THEIR COUNTERPARTS IN PROFAMILIA AND, AS A RESULT, WERE ALWAYS WELL RECEIVED. THIS IS NOTEWORTHY IN THAT PROFAMILIA CAN SOMETIMES BE A VERY DIFFICULT PLACE FOR OUTSIDE CONSULTANTS TO WORK. THE CONSULTANTS ALSO PREPARED AND SUBMITTED WELL WRITTEN AND DETAILED REPORTS BEFORE THEY DEPARTED THE COUNTRY. THESE REPORTS DISCUSSED WHAT HAD BEEN ACCOMPLISHED DURING THE CONSULTANCY AND WHAT PROFAMILIA NEEDED TO DO IN PREPARATION FOR THE NEXT VISIT. HOWEVER, BECAUSE PROFAMILIA PLACES MORE EMPHASIS ON FINANCIAL SYSTEMS RATHER THAN ON SERVICE STATISTICS, PROGRESS IN PROJECT IMPLEMENTATION WAS SOMETIMES SLOW BETWEEN VISITS. NEVERTHELESS, THE FORMATS DEVELOPED BY THE INOPAL II CONSULTANTS ARE CURRENTLY BEING USED. BECAUSE PROJECT IMPLEMENTATION WAS SOMETIMES SLOW, LITTLE TIME REMAINED TO TRAIN PROFAMILIA STAFF IN THE USE OF THE INFORMATION GENERATED BY THE MIS. IT SHOULD BE NOTED THAT PROFAMILIA PERSONNEL HAVE VERY LITTLE EXPERIENCE IN DATA COLLECTION, ANALYSIS AND INTERPRETATION. THUS, ANY FOLLOW-ON ASSISTANCE TO PROFAMILIA SHOULD EMPHASIZE THIS COMPONENT.

3. IN GENERAL, INOPAL II WAS RESPONSIVE TO THE MISSION'S REQUESTS FOR TECHNICAL ASSISTANCE. HOWEVER, THE MISSION WAS DISAPPOINTED WHEN A PROPOSED INOPAL PROJECT WITH THE MINISTRY OF HEALTH OF NICARAGUA FAILED TO MATERIALIZE, ALTHOUGH THE MISSION HAD RECOMMENDED AN ALTERNATIVE WAY TO FUND THIS PROJECT.

4. OVERALL, THE MISSION GIVES HIGH MARKS TO THE INOPAL II PROJECT HERE IN NICARAGUA. WE APPRECIATE THE PROFESSIONALISM OF THE CONSULTANTS, THE TIMELINESS OF

To: Barbara Feringa@RD.POP@AIDW
Cc: Maria Angelica Borneck
Bcc:
From: Maria Angelica Borne
Subject: EVALUATION OF INOPAL II
Date: Wednesday, May 5, 1993 at 3:17:33 pm
Attach:
Certify: N
Forwarded by:

A. DEVELOPMENT OF THE RESEARCH AGENDA

The Population Council has had interesting and appropriate initiatives to develop the research agenda for Peru. They have assisted local institutions to identify key operational problems. They also have been responsive to research needs detected by the USAID Mission and local organizations.

B. PROCESS OF RESEARCH IMPLEMENTATION INCLUDING COLLABORATION WITH LOCAL COUNTERPARTS, AND THE PROVISION OF TECHNICAL ASSISTANCE

Research implementation process has been conducted by the Population Council with the participation of local counterparts, such as research and service delivery PVOs and public institutions such as the Social Security and the Ministry of Health. The Population Council has provided the appropriate training and technical assistance to their local counterparts.

C. MAJOR RESEARCH FINDINGS OF THE PROJECTS

The Population Council has organized workshops and meetings to present and discuss final projects results. They also keep us maintained informed on most projects progress and their findings. As an example we can mention a recent report on findings in the pilot project conducted by INANDEP and CARE to introduce family planning information and services through CARE programs in rural areas, in cooperation with the MOH. This report shows results of an evaluation of training of MOH Sanitarios, made through the Mystery Client. Through these findings it is possible to reinforce the training of trainers course.

D. THE UTILIZATION OF OR RESULTS FOR IMPROVEMENT OF F.P. SERVICES IN LAC.

In Peru, INOPAL II activities have been mainly focused on institutionalization of programs/activities developed successfully during INOPAL I, therefore this point of your cable is the most applicable in Peru. In this case we have the service information system (FPCONTRO), and two training instruments (Test on Family Planning Knowledge and the individual Feedback Instrument). These instruments have been institutionalized in 6 PVOs supported by USAID Mission through PRISMA and two PVOs supported by centrally-funded cooperating agencies.

Also the Population Council has worked in the institutionalization of post-partum family planning services in Social Security hospitals initiated in INOPAL II. The successful experience with the Social Security served as a model for Pathfinder to support the development and/or strengthening of post-partum services in Ministry of Health hospitals.

Besides these two major efforts, the Population Council has also provided assistance to the Mission PVO project, through an up-dated study on zonification of services in Lima and alternative modalities of the itinerant posts, and a study of the role of a family planning PVO in Puno.

They have also conducted a series of training workshops for evaluators to do operations research and cost-effectiveness analysis, in cooperation with Path-

finder and Development Associates.

I believe that the assistance of the Population Council in the following areas have been of high impact: For PVOs, to have reliable information on their services to evaluate their progress towards their goals and targets, and to improve their staff training, in particular in counselling to improve the quality of services provided. Probably the highest impact on services will be the institutionalization of the post-partum services. However, we identify a major challenge in MOH hospitals, where a great percentage of women do not attend to pre-natal care. Maybe this will be a topic for future operations research.

Regarding institutionalization of operations research and evaluation in local institutions, I feel that Population Council has trained a selected group of evaluators, however local PVOs have not institutionalized well the evaluation systems, maybe because of budget limitations or other factors that are not clear to me at this moment.

During Mr. Blomberg visit, we will have the opportunity to discuss more about these issues.