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**EVALUATION OF THE ASIA/NEAR EAST
OPERATIONS RESEARCH AND
TECHNICAL ASSISTANCE (ANE OR/TA)
PROJECT (936-3030)**

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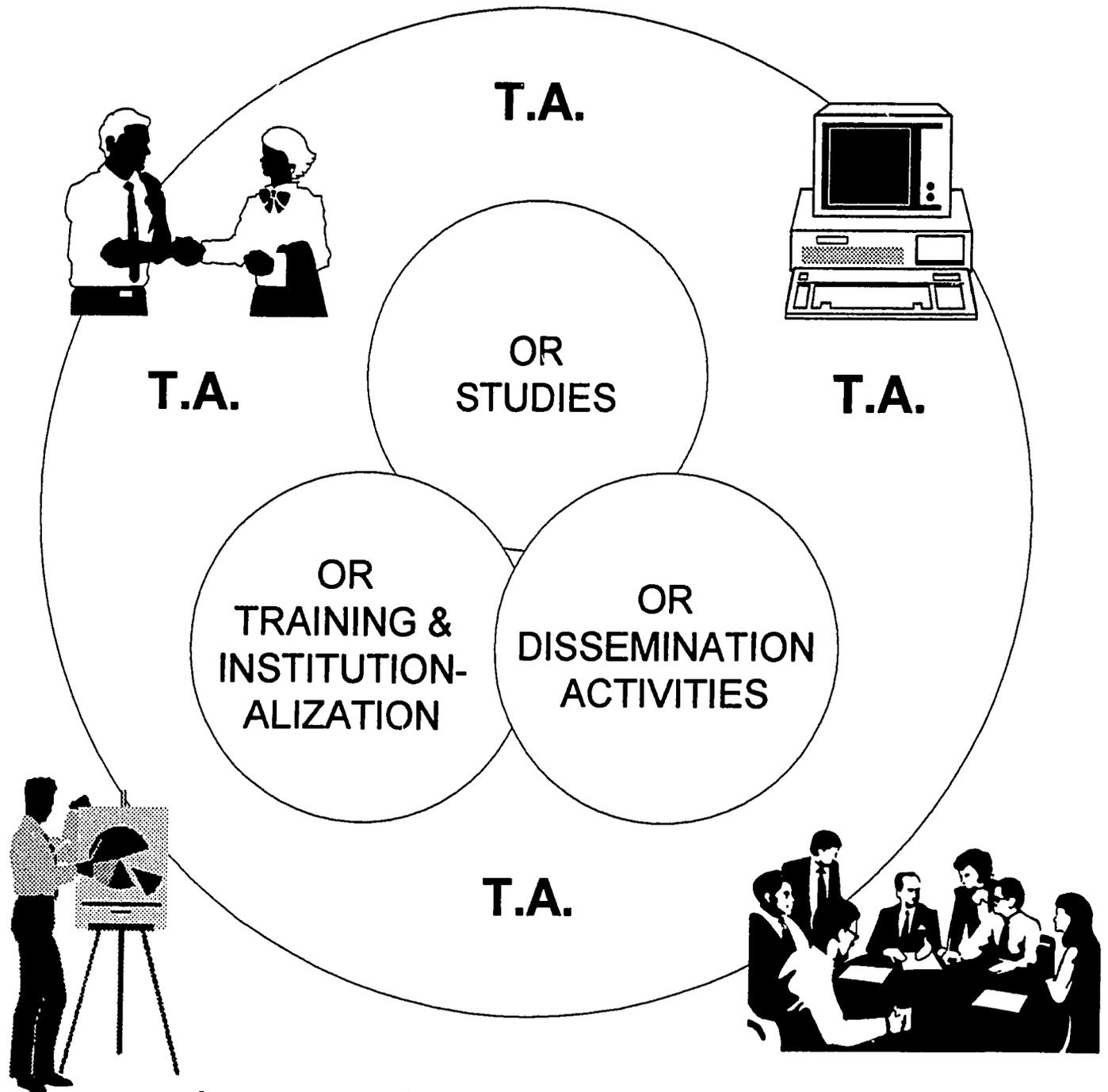
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ANE-OR/TA PROJECT EVALUATION



**Integrated Operations Research and
Technical Assistance Functions**

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ABBREVIATIONS

ADB	Asian Development Bank
AIDS	acquired immunodeficiency syndrome
ANE	Bureau for Asia and the Near East (USAID)
ANE OR/TA	Asia and the Near East Operations Research and Technical Assistance Project
APHA	American Public Health Association
AVSC	Association for Voluntary Surgical Contraception
BHW	Barangay health worker (the Philippines)
BKKBN	National Family Planning Coordinating Board (Indonesia)
BSPO	Barangay Service Project Officers (the Philippines)
CA	Cooperating Agency
CAR	Coronilla Administrative Region (the Philippines)
CBD	community-based distribution
CEDPA	Centre for Development and Population Activities
CHO	City Health Office (Iloilo City, the Philippines)
CMS	Continuous Motivation Scheme (Pakistan)
CPO	City Population Office (Iloilo City, the Philippines)
CPR	Contraceptive Prevalence Rate
CPS	Contraceptive Prevalence Survey
CTO	Cognizant Technical Officer
DHS	Demographic and Health Survey
DMPA	Depo-Provera (trade name for depot medroxy-progesterone acetate)
DOH	Department of Health (the Philippines)
ET	evaluation team
FHI	Family Health International
FP	family planning
FPHS	Family Planning Health Services Project
FWC	Family Welfare Center (Pakistan)
FY	fiscal year
GOI	Government of India
GTZ	German Association for Technical Cooperation
ICDDR,B	International Center for Diarrheal Disease Research, Bangladesh
IFPS	Innovations in Family Planning Services (India)
IMA	Indian Medical Association
INOPAL	Operations Research in Family Planning and Maternal-Child Health for Latin America and the Caribbean Project
IUD	intrauterine device
JHU	Johns Hopkins University
JSI	John Snow, Incorporated
LDC	less developed country
LGU	local government unit (the Philippines)
MCH	maternal and child health
MOHFP	Ministry of Health and Family Planning (Bangladesh)
MOHFW	Ministry of Health and Child Welfare (India)
MOPW	Ministry of Population Welfare (Pakistan)
MSH	Management Sciences for Health
NCIH	National Council on International Health

NDS	National Demographic Survey
NGO	nongovernmental organization
NIPORT	National Institute for Population Research and Training (Bangladesh)
OC	oral contraceptive
ODA	Overseas Development Administration (United Kingdom)
OR	operations research
PCS	Population Communication Services Project (Johns Hopkins University)
PDHS	Pakistan Demographic and Health Survey
PHN	population, health, and nutrition
POPLINE	on-line computer population resource
PPFA	Planned Parenthood Federation of America
RFA	request for abstract
Rs.	rupee (Indian currency)
SSIFPSA	State Innovations in Family Planning Services Agency (India)
SOMARC	Social Marketing for Change Project
SPSS	Statistical Package for the Social Sciences
TA	technical assistance
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UP	Uttar Pradesh State (India)
URC	University Research Corporation
U.S.	United States
USAID	United States Agency for International Development
USAID/W	United States Agency for International Development/Washington
World Bank	International Bank for Reconstruction and Development

ANE-OR/TA PROJECT EVALUATION

The Project at a Glance

- ANE OR/TA is one of three regional contracts (ANE, LAC, AFR); the Population Council currently has all three contracts.
- Current contract period is July 1990 - July 1995. Funding level is \$12.6 million of which \$11.5 million has been obligated. A 5-year follow-on contract is planned, and may be competed.
- Project covers a huge geographic area, from Morocco to the Philippines. It has been active in 8 countries where it has initiated some 42 subproject activities plus 20 workshops. Project staffing currently totals 12 persons in the field, plus 2 fellows, and 2 persons in New York.
- Project aims at promoting use of operations research (OR) to improve access to and quality of family planning programs in the region.
- OR is broadly defined to include diagnostic studies, situational analyses, intervention studies, and technical assistance related to virtually any aspect of FP service delivery. Project components also include training and dissemination activities.
- Project management is by means of a (regional) Project Director now located in New Delhi, assisted by two Deputy Directors (Bangladesh and Egypt) with subregional responsibility. The New York office provides overall administrative and program support.
- Project suffered a very slow startup due to contractor-related problems, problems on the USAID side, and to exogenous factors such as the Gulf War which severely limited travel over an extended period.
- Now in its fourth of five years, contract performance is generally strong. The Population Council has done an excellent job of positioning itself for critical collaboration with host institutions. The potential for major gains during the next five to six years is substantial, particularly in South Asia.
- This potential will only be realized if a determined effort is made by the contractor to think, plan, and act *strategically*, i.e., to ensure that resources available are applied primarily to actions which have the potential for achieving a major impact.
- USAID needs also to ensure that the follow-on contract provides the contractor with adequate resources and flexibility to respond quickly and fully to key programmatic opportunities as they arise, i.e., to minimize the number of lost opportunities to have a major impact on FP service delivery access, quality, and sustainability.

EXECUTIVE SUMMARY

The ANE OR/TA contract was initiated in FY1990 as part of the global umbrella project, "Strategies for Improving Service Delivery" (936-3030). The goals of the umbrella project are to improve the quality, accessibility and cost-effectiveness of family planning/maternal and child health (FP/MCH) delivery systems and to strengthen LDC institutional capabilities to use operations research (OR) as a management tool to diagnose and solve service delivery problems. The five-year, \$12.6 million contract was competitively awarded in July, 1990 to the Population Council. The contract scope of work is similar to that of the INOPAL II Project in Latin America and the Caribbean and the Africa OR/TA Project, both of which were also awarded to the Population Council. The contract calls for applying operations research and technical assistance (TA) to improve family planning services in Asia and the Near East. Specific project activities include development and implementation of operations research subprojects (OR studies) to respond to regional and country-specific needs; dissemination of OR methodologies and subproject results in ANE countries; technical assistance to solve service delivery problems without formal OR studies; and institutionalization of OR as a problem-solving tool for family planning managers.

The project Scope of Work developed by USAID was both broad and flexible. The contract calls for approximately 30-35 subprojects (OR studies), including small diagnostic studies. The number of workshops called for (8) is relatively modest. While USAID/W has seen technical assistance as an integral part of OR since the inception of the program, the technical assistance role of OR advisors was not formalized in the previous five-year contract for OR in Asia. In the current contract special emphasis was given to technical assistance, and it was explicitly mentioned as a criterion against which contractor performance would be assessed. The intent on the part of USAID/W in emphasizing technical assistance and in making the scope of work flexible was to encourage the contractor to focus attention on achieving impact rather than focussing more narrowly on completing a list of project "deliverables."

Project Performance

Overview. At the time of the evaluation it was obvious that the contractor would have no difficulty in completing the contract deliverables. Eighteen subprojects had already been completed and 26 were underway. Twenty workshops had been held. In all of the countries with resident OR advisors the contractor had provided technical assistance to improve family planning service delivery without field tests (or conventional OR studies). In terms of quality and impact, contractor performance was generally weak during the first three years of the project and strong during the fourth year. Year five looks highly promising. Problems that were identified during the initial years of the project have been resolved, and the project is on a productive course.

Strategy Development. The broadness and flexibility of the contract scope of work made it important for the project to develop a clear overall strategy and specific country strategies in order to identify a strong set of activities for achieving an impact on family planning services. While all of the activities undertaken were consistent with the project's scope of work, and the processes through which activities were identified were generally appropriate, a coherent strategy was clearly lacking. In several cases earlier development of a written country strategy might have helped to better focus OR/TA activities to maximize impact. This also might have helped in achieving consensus with USAID missions, USAID/W and in-country collaborators regarding an appropriate set of activities for each country. By the time of the evaluation, appropriate strategies were in place in all countries in which the project is working. (In Pakistan, the contractor's work is no longer funded under this contract.) In Pakistan, India and Bangladesh, the three most populous South Asian countries, the

strategies involve working to transform the massive public sector programs that are responsible for providing family planning services to most of the population. In all three countries it appears that the OR/TA project is now strategically positioned to have a major impact. In all countries with ongoing OR/TA activities, project activities are now strategically directed toward key issues.

Technical assistance to ANE researchers. In at least two countries the project has succeeded in providing well-focused technical assistance to strengthen OR capacity within local institutions through a combination of collaborative studies, workshops and informal training. In other cases OR training and technical assistance has been provided in a more scattered fashion and seems to have been less effective. The training workshops that appear to have been most useful have been those that complemented rather than substituted for informal technical assistance to researchers and program managers. In general the evaluators found that the participating researchers could have used more technical assistance than they received in various stages of study design, implementation, analysis, and presentation and dissemination of findings. The simplest explanation for this is that the ANE OR/TA Project needed more staff and needed to concentrate staff strategically so that each country office could contain a variety of skills. Another way to avoid this problem might have been to limit the number of countries in which the project worked, and to limit the activities in each country to maximize quality. Learning while doing probably is the most effective way to transfer OR skills. While this did happen to some extent in the project, more researchers could be given opportunities for participatory, collaborative OR training in the future if the project was organized somewhat differently and this was made an explicit goal.

Promoting use of OR by decision-makers. In several countries the project seems to have been quite effective in imparting the concept of OR to program managers and decision-makers. This was particularly evident in Pakistan and India. In both countries officials at high levels in the ministries responsible for family planning programs had become highly conversant with the principles and basic methods of OR. The contractor's success in generating interest and knowledge about OR at these high levels in key South Asian countries is clearly a product of its success in recruiting prominent senior advisors with many years of experience in Asia, who were able to establish trust and interact effectively with high-ranking officials. The prestige of the Population Council in Asia clearly has contributed to the project's ability to provide technical assistance in OR to high level policy-makers in Bangladesh, as well as in India and Pakistan.

Technical assistance to solve service delivery problems without formal OR studies. The ANE OR/TA project's emphasis on providing technical assistance outside of the context of individual OR studies appears to have increased the perceived value of the OR program to USAID missions in Asia and the Near East, and made it easier for OR advisors to assist host country service delivery organizations and policy-makers. The contractor has used both resident advisors and consultants in responding to requests for technical assistance. Recipients for the most part have been ministries and USAID missions, and in some cases other USAID-funded CAs and local NGOs. Examples of assistance provided include data analysis, synthesis and presentation, review of proposals and other documents, assistance in research and training activities of other agencies, assistance in project design, guidance to the host country government in program implementation, and assistance in developing program monitoring and evaluation mechanisms. Over the years, USAID/W and cooperating agencies involved in OR have attempted to define OR broadly as resource for problem analysis and development of improved models for FP service delivery, but this image of OR has not been successfully conveyed. OR continues to be associated in peoples' minds with lists of discrete OR studies. Synthesizing research findings for policy-makers and participating in policy development are not perceived as central aspects of OR. However, there is a clear perceived need for such activities, and it is obvious that this aspect of OR can continue to play an important role in family planning programs in the future.

Dissemination of OR results. The ANE OR/TA Project has used a variety of modalities for dissemination of research findings, some intended for a wide audience and some for a limited audience, or even a single individual such as a conversation with a program director or government official. The project has prepared subproject reports and papers for professional journals. At the end of most subprojects a dissemination seminar is held, bringing together subproject participants and potential users of the findings. Aside from these two mechanisms, the project's dissemination of OR findings has been relatively limited so far. However, a thoughtful dissemination plan was prepared at the beginning of 1994, and as this is implemented the quality and quantity of dissemination efforts should improve dramatically. Ultimately it is not just their dissemination, but the effective utilization of OR methods and findings that will determine their impact.

Organization and Management

This project has been minimally staffed to achieve its intended goals, given the enormity of the region, and this has contributed to tension between the contractor and USAID missions. Several missions perceived that the regional responsibilities of the Project Director and Deputy Directors made it difficult for them to respond to the needs and opportunities in the countries where they resided, and this is likely to continue to be a problem.

Another issue clouding contractor-USAID relationships has been one of independence. The missions have tended to assume a posture of "ownership." USAID pays the bills and missions often see the ANE OR/TA Project as a potentially important component in its overall strategies for country assistance. The Population Council, on the other hand, is reluctant to cede direction of its activities to USAID on the grounds that it was awarded the contract because of its technical expertise in OR. This becomes an issue when a mission attempts to guide not only what will be done, but how it will be done. The fact that the Population Council has a life and purpose beyond USAID's specific programs in any given country (and often has separately-funded activities) tends to be perceived as a disadvantage by USAID, while the Contractor sees this as a strength. The conundrum of ownership versus independence sometimes obscures the fact that both the Council and USAID share the same objectives. It takes considerable human as well as technical skills on the part of the Project Director and staff--as well as USAID staff--to keep this issue at bay. Appointment of a new Director and several changes in key staff have helped to change strained relationships into positive, constructive ones. However, continued efforts on the part of the contractor and USAID are needed to maintain this.

Impact

Four years into a five-year project, and given the nature of the subprojects that have been completed, the impact of the ANE OR/TA effort can only be measured by intermediate indicators, not by measures such as change in contraceptive prevalence or continuation rates. Because few of the subprojects undertaken involve development and testing of new interventions, more often than not the subprojects have generated findings that provide decision-makers with information about what **not** to do (or what to **stop** doing), rather than what to do. Nonetheless, these "negative" findings have provided important information which has affected significant decisions in many cases. Other subprojects have generated information that contributed to the design of new interventions.

In Pakistan, for example, an IUD follow-up study revealed that actual IUD insertions were far fewer than reported, due to the desire of providers to report achievement of government targets. This finding resulted in the elimination (or reformulation) of the target-setting process. A secondary impact was to reduce the projected logistical requirements for this method by 75 percent, reducing donor expenditures. A study in India evaluating a new training program for physicians designed to broaden

method mix by improving access to oral contraceptives found that OCs were being emphasized at the expense of other methods. The training was subsequently broadened to emphasize several methods. The study also revealed the inadequacy of training alone as a strategy for improving private physician effectiveness in providing family planning services.

In the Philippines findings from an evaluation of a training program were used as a basis for restructuring the program, shortening its duration, and reducing the number of IUD insertions required to complete the training. Quality of care issues were made an explicit part of the training module. Based on the findings of a diagnostic study, various steps were taken to improve the visibility and effectiveness of community health volunteers. Based on a study of family planning dropouts in Northern Mindanao, use of a quality of care monitoring tool was initiated.

Although the documentable impact of the project to date has been relatively modest, a strong argument can be made that by continuing on its current course, the project has the potential to achieve a substantial positive impact on family planning services in the ANF region, and particularly in South Asia. In several key countries, the Population Council has developed an institutional presence that would not be transferable to another contractor. It has gone through the long process of obtaining host government clearances and has opened field offices in India, Pakistan and Bangladesh. In these countries the Population Council has formed strong relationships with key institutions. It is not seen merely as a contractor carrying out the agenda of a donor agency, but has an independent identity as an institution with expertise in research and policy development in the population field. This status was achieved in part through the ANE OR/TA contract and also through other Council activities both prior to and during the contract. The fact that the contractor successfully found other sources of support to continue OR/TA project work in Pakistan after USAID was no longer able to fund activities there illustrates the Population Council's commitment to operations research and its organizational stature. The Council is now in an excellent position to conduct operations research in Asia, whereas a new contractor would start off at a distinct disadvantage.

1. Introduction

1.1 Project Overview

Contract Number: DPE-3030-C-00-0022-00
LOP Funding: \$12,590,724 (1990-1995)
Contractor: The Population Council
CTO: Jeffrey Spieler, Chief, Research Division, Office of Population
Technical Advisor: Karin Ringheim, Research Division, Office of Population
Title: ANE OR/TA (Asia/Near East Operations Research and Technical Assistance)

The ANE OR/TA contract was initiated in FY1990 as part of the global umbrella project, "Strategies for Improving Service Delivery" (936-3030). The goals of the umbrella project were to improve the quality, accessibility, and cost-effectiveness of family planning/maternal and child health (FP/MCH) delivery systems and to strengthen LDC institutional capabilities to use operations research (OR) as a management tool to diagnose and solve service delivery problems. The five-year, \$12.6 million contract was competitively awarded in July 1990 to the Population Council.

The contract scope of work was similar to that of INOPAL III and the Africa OR/TA Projects (both of which were also awarded to the Population Council). The contract called for applying operations research and technical assistance (TA) to improve family planning services in Asia and the Near East through five mechanisms:

- (1) improving access to a full range of family planning services and methods;
- (2) developing service delivery strategies that are client-oriented and acceptable to various special population groups;
- (3) improving the operations of programs to make them more efficient;
- (4) improving the quality of existing services; and
- (5) strengthening the capabilities of family planning program managers to use operations research to diagnose and solve service delivery problems.

Notably, the definition of technical assistance (TA) was redefined and expanded: "OR-related TA" was to be tailored to the needs of the host country agency in carrying out an OR subproject as designed and to utilize the results for policy making. TA was also to be given to help ANE institutions and USAID missions solve family planning service delivery problems *without formal subprojects to test solutions*.

1.2 Evaluation Purpose and Methodology

The purpose of this evaluation is to assess the extent to which the contractor met the goals of the ANE OR/TA contract. This assessment will contribute to an evaluation of the impact of the ANE OR/TA Project on the improvement of family planning services in Asia and the Near East and to recommendations concerning the design of a follow-on operations research project in the region.

The evaluation was carried out by three persons: Robert Blomberg (PPFA/San Francisco), Sidney Schuler (John Snow, Inc.), and William Trayfors (Independent Consultant and Team Leader). Drs. Blomberg and Schuler have extensive backgrounds in family planning service delivery and in operations research, respectively; Mr. Trayfors is a retired USAID Population Officer with 15 years country experience in the ANE region.

The team traveled to India, Pakistan, the Philippines, and to the Population Council's headquarters office in New York. In addition, Dr. Schuler used the occasion of a visit to Bangladesh (for another purpose) to examine ANE OR/TA activities over a two-day period.

While in India and in the Philippines, the Team was able to meet with the Population Council's ANE OR/TA representatives in Egypt and Indonesia to gain a fuller understanding of activities in those countries.

The Team's data collection efforts centered on three themes: (1) contract performance (both contractor and USAID); (2) project impact; and (3) recommendations for the future.¹

In all, the Team talked with over 100 persons and examined many dozens of project-related documents of all types during a three-week period beginning August 8, 1994. A debriefing was held for the Office of Population on September 2.

¹ The Asia OR/TA project is planned to continue for another five-year period (1995-2000) under a new contract (with or without the same contractor).

2. Project Performance

2.1 Project Scope of Work

Specifically, the contract specifies that the Population Council was to:

1. Identify family planning OR opportunities which meet regional and country-specific needs by:
 - collaborating with public and private family planning service and research organizations and private sector organizations;
 - collaborating with USAID and other international donors and USAID cooperating agencies (CAs);
 - conducting diagnostic studies, when needed, to identify and specify service delivery constraints or to determine demand for family planning among a specific population;
 - selecting OR opportunities which take into consideration: (a) USAID population policies and priorities; (b) development, population policies and institutional needs of the host country; (c) local agency interest and institutional capacity to implement OR and utilize OR results for policy-making; (d) national, regional and global policy implications of the research topic; (e) uniqueness of the research approach, cost sharing of research and service delivery by other institutions; and (f) the Population Council's staffing and fiscal capabilities;
 - drafting a brief country strategy for each country in which OR/TA activities are proposed that will identify the major public and private sector family planning service delivery organizations, the major issues and barriers to effective service delivery and the priority areas in which OR/TA intended to address these issues/barriers.

2. Prepare OR subproject proposals by:
 - working closely with Asian and Near East agencies; and
 - designing projects and providing technical assistance to subcontractors designing projects.

3. Implement research designs and facilitate family planning and maternal and child health service delivery by:
 - providing ongoing technical assistance throughout all phases of subproject implementation, as well as application of research findings for program improvement;
 - holding approximately six workshops of 2-3 days duration in the region to teach OR concepts and research methodologies; and
 - providing fiscal monitoring of subcontracts.

4. Disseminate OR methodologies and subproject results in the country and region by:
 - assisting host countries to analyze research findings, write progress and final reports, formulate policy conclusions, and disseminate results to individuals in other local and public and private sector institutions;
 - assisting regional agencies to hold one dissemination seminar in the host country in the last quarter of the life of the subproject;
 - organizing a regional conference during the last quarter of the contract;
 - presenting project results at U.S. and international meetings, such as APHA and NCIH; and
 - publishing important project results in relevant scientific and professional journals.

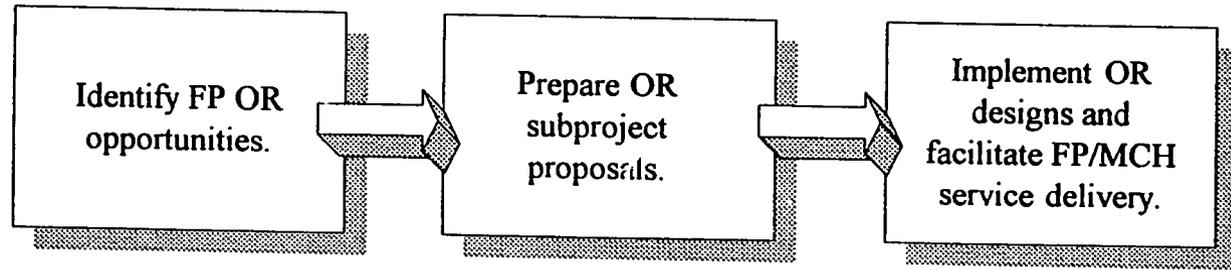
5. **Provide technical assistance to solve service delivery problems without field test solutions. These may involve:**
 - refining management information systems;
 - putting computer systems into place to improve program management;
 - processing and analyzing existing service statistics;
 - developing strategies to improve management of CBD or other programs; and
 - developing appropriate evaluation indicators.

6. **Institutionalize OR as a problem-solving tool for family planning managers by:**
 - holding at least two in-country workshops to teach program managers and policy-makers how they can use OR to improve family planning programs;
 - providing ad hoc assistance to family planning service delivery agencies in analyzing problems and developing solutions; and
 - providing individualized technical assistance to providers in applying existing OR findings to improve programs.

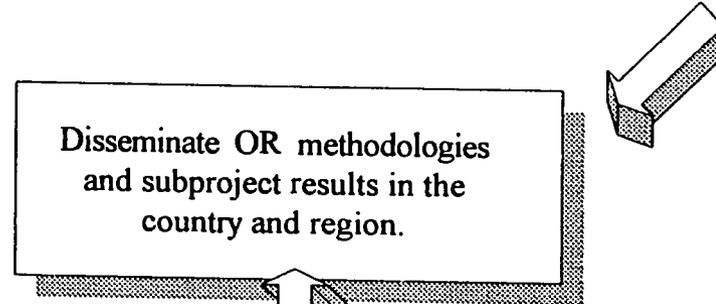
It may be helpful to envision the Scope of Work diagrammatically, as shown in **Figure 1**.

Contractor's Scope of Work for ANE-OR/TA Project

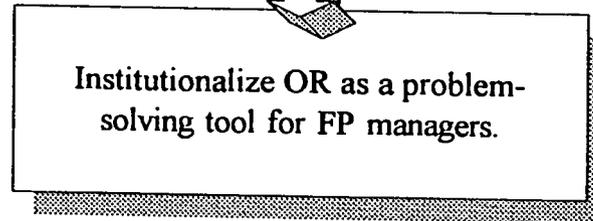
OR Studies and Subprojects:



OR Dissemination:



OR Institutionalization:



Technical Assistance:

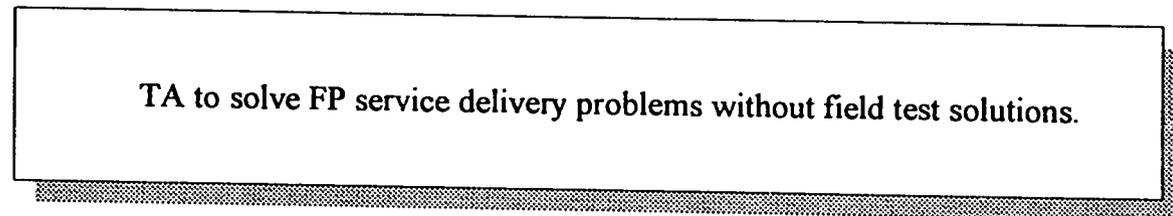


Figure 1

5

2.2 Overview of Project Performance

The project Scope of Work developed by USAID was both broad and flexible. The contract calls for approximately 30-35 subprojects (OR studies), including small diagnostic studies (with budgets of less \$25,000²) for which USAID/W concurrence is not required. The number of workshops called for is relatively modest (six to teach OR concepts and methodologies and two specifically to teach program managers and policy-makers to use OR, in addition to dissemination seminars for subprojects). While USAID/W has seen technical assistance as an integral part of OR since the program's inception, the technical assistance role of OR advisors was not formalized in the previous five-year contract for OR in the ANE region. In the current contract, special emphasis was given to technical assistance, and it was explicitly mentioned as a criterion against which contractor performance would be assessed. The intent on the part of USAID/W in emphasizing technical assistance and in making the Scope of Work flexible was to encourage the contractor to focus attention on achieving impact rather than focussing more narrowly on completing a list of project "deliverables."

At the time of the evaluation it was obvious that the contractor would have no difficulty in completing the contract deliverables. Eighteen subprojects already had been completed and 26 were underway. Twenty workshops had been held. In all of the countries with resident OR advisors, the contractor provided technical assistance to improve family planning service delivery without field tests (or conventional OR studies). Appendix D contains a detailed listing of contract deliverables and their status to date.

In terms of quality and impact, contractor performance was generally weak during the first two to three years of the project and strong during year four. Year five looks very promising. Problems that were identified during the initial years of the project have been resolved, and the project is on a productive course. The project's slow start-up was due to multiple factors, not only under-performance by the contractor. These included a travel ban during the Gulf War, the threat and ultimate withdrawal of USAID development assistance to Pakistan in response to nuclear proliferation issues, and the lack of specific guidelines for work in India during the time that USAID was developing a new large-scale population assistance initiative there. Getting host government clearances and setting up offices in Pakistan and India and getting USAID mission clearances for resident advisors also took considerable time.

Performance weaknesses in the early years may also be more apparent than real, since it seems unlikely that transition from weak to strong performance occurred overnight sometime during the third year of the project. Rather, it is more likely that despite documented problems in years one and two, groundwork was being laid for the stronger performance which was evident to the evaluation team (ET) in year four, and the excellent positioning for major impact to occur during year five and beyond.

2.3 Identification of OR/TA Opportunities and Strategy Development

The broadness and flexibility of the contract Scope of Work made it imperative for the project to develop a clear overall strategy and specific country strategies, in order to identify a strong set of activities for achieving an impact on family planning services. The OR program is designed so the contractor can develop activities and provide assistance in collaboration with USAID missions, governmental and nongovernmental agencies in host countries, USAID CA's and other bilateral and international donor organizations working in the region, as well as USAID/W. This situation can

² \$10,000 prior to modification of the contract in February 1993.

produce a myriad of opportunities, requests and demands, and without a clear guiding strategy, there is a danger that merely "being responsive" can stretch project staff and resources thin and diminish potential impact.

In general, the processes through which subproject and technical assistance activities were identified was appropriate. The contractor has been flexible and responsive to local conditions in the process of identifying OR/TA activities in each country where the project has been working. Project staff interacted with USAID missions, government ministries, NGOs and cooperating agencies and responded to requests. In India, however, USAID staff perceived that the first Project Director and host country advisor were not responsive to mission priorities; at times, the process through which activities were identified was described as a struggle. Although all 12 subprojects that have been completed or are now underway in India were undertaken either in response to a request from the USAID mission or with the mission's support, the perception persists that the contractor was unresponsive prior to the arrival of the current Project Director.

For the most part, in all other countries contacted by the evaluation team, USAID missions perceived the contractor³ as (now being) responsive and helpful.⁴ Since the arrival of Dr. Townsend in India, the project has undertaken a number of subproject and technical assistance activities that the mission sees as extremely useful in furthering its agenda. In India and Pakistan, through informal technical assistance and discussions and collaborative projects, the contractor helped to inculcate the idea that OR can play an important role in transforming public sector service delivery programs. This has created the possibility, in both countries, for establishing experimental pilot areas along the lines of the ICDDR,B Family Planning and Health Services Extension Project in Bangladesh, where service delivery innovations can be developed and systematically tested.

While all of the activities undertaken were consistent with the project's Scope of Work, and the processes through which these activities were identified were generally appropriate, a coherent strategy was clearly lacking. In each country with a resident advisor, the development of a written strategy in which activities were being planned or proposed was included in the Scope of Work. This modus operandi was in fact followed in, e.g., Indonesia. Generally, however, country strategies were developed late (in years three or four). In several cases, earlier development of a written country strategy might have helped to better focus OR/TA activities to maximize impact. This also might have helped in achieving consensus with USAID missions, in-country collaborators, and USAID/W regarding an appropriate set of activities for each country.

India was a country with a high level of project activity and potential for considerably more activity, but a written strategy was developed only after the new Director's arrival at the beginning of year four of the project. In India, lack of a strategic focus, and the lack of consensus on the appropriate focus of project activities seem to have been major problems that inhibited potential impact and contributed to tensions between the contractor, USAID/India and USAID/W. Similarly, OR/TA work in Egypt was not well focused prior to the arrival of the new Deputy Director, Dr. Huntington, at the beginning of year four. A strategy for Egypt was developed and submitted to USAID/Egypt about eight months prior to this, but it did not receive mission approval.

The strategy developed for Bangladesh at the end of year two went through several subsequent revisions, reflecting a protracted period of uncertainty and disagreements about what the project should be doing. Consensus and a clear focus was achieved at the beginning of year four. In

⁴ During the first years of the project, however, six of eight countries cited problems of communication and/or responsiveness. See Figure 7 in Section 3.3.

contrast, in the Philippines and Indonesia where project activities were comparatively modest, OR/TA staff received specific, constructive guidance from the USAID missions on how the project could best contribute to overall USAID population assistance strategies in these countries. Well-focused portfolios of activities were developed within these guidelines. However, in Pakistan, despite a high level of activity and the (first) Project Director's presence, no written strategy was developed. The contractor worked in close collaboration with USAID/Pakistan and with USAID/W, and lack of a strategic plan did not seem to be a problem, perhaps because the Project Director had a working knowledge of the country spanning more than 20 years and had a very clear idea of what was needed there.

By the time of the evaluation, appropriate documented strategies were in place in all countries in which the project is working. (In Pakistan, where the contractor's work is no longer funded under this contract, the strategy still is not in written form). In Pakistan, India and Bangladesh, the three most populous South Asian countries, these strategies involve working to transform the massive public sector programs responsible for providing family planning services to most of the population. In all three countries it appears that the OR/TA Project is now strategically positioned to have a major impact. (However, more time will be required to realize this potential.) In all countries with ongoing OR/TA activities, project activities are now strategically directed toward key issues.

2.4 OR Subprojects

At the time of the evaluation, 16 OR subprojects had been completed and 26 were underway (see **Figure 2**). These include what traditionally have been called "OR studies" (involving problem analysis, solution development, and evaluation of program interventions, or simply evaluations), as well as other types of projects such as literature reviews, secondary analysis, baseline surveys, and situation analyses. The greatest number of subprojects (13) is in India, followed by Egypt, Indonesia and the Philippines (6 each), and Pakistan (5). Less than one-third of the subprojects were carried out "in-house," i.e., by Population Council staff, consultants, and short-term research assistants. Two-thirds were undertaken through subcontracts with host government agencies, private organizations, or universities. A more detailed description of each subproject is contained in Appendix E.

Half of the subprojects involve evaluation of service delivery interventions, somewhat less than half are small diagnostic studies (under \$25,000) or larger "situation analysis" projects to assess the current status of a service delivery system, and two are policy analyses (**Figure 3**). Of the total, nine studies were based on secondary data analysis. The studies that test and/or evaluate program interventions are in India (7), Egypt (6), Indonesia (4), Pakistan (3), and Bangladesh (1). On average, this is the most costly type of OR study, averaging \$63,000. The average cost of the diagnostic studies is \$38,000. The latter figure would be much lower, except that a few of the situation analyses were expensive (up to \$196,000); the median cost of the diagnostic studies is only \$15,000. On average, studies of service delivery interventions have taken approximately 15 months to complete. Diagnostic studies have been shorter in duration, averaging 11 months.

Topics. For the most part, the study topics reflect USAID priorities in each country. In India, for example, where a large USAID/GOI initiative was being designed, the emphasis has been on collaboration with the public sector: diagnostic studies, baseline surveys, evaluation of service delivery interventions that might be replicated on a larger scale under the new initiative, and mechanisms for expanding contraceptive choice. In Pakistan, the emphasis has been on working with the government to expand access to services. In Indonesia, where USAID was concerned about quality of care issues, particularly in connection with the rapid expansion of NORPLANT®, OR studies have focused on these issues.

STATUS OF ANE ORTA ACTIVITIES

July 1994

	Subprojects Completed	Subprojects Underway	Workshops Completed	Total
Bangladesh	1	3	5	9
Egypt	0	6	2	8
India	5	8	2	15
Indonesia	3	3	2	8
Nepal	1	0	0	1
Pakistan*	5	0	6	11
Philippines**	1	5	2	8
Tunisia	0	0	1	1
Turkey	0	1	0	1
TOTAL	16	26	20	62

* Funded through mission buy-in

** Partially funded through USAID mission buy-in

Figure 2

A small number of subprojects address topics that are seen by USAID as "emerging priorities," e.g., gender issues (a secondary analysis of focus group data from Bangladesh), post-abortion services (an intervention study in Egypt and a component of a situation analysis in Turkey), and reproductive health/contraceptive choice (two small studies in India involving provision of the diaphragm along with other methods). The ET believes that these are appropriate issues for treatment under this project and that, in the future, they should include focus on practical, cost-effective means for integrating these "emerging priorities" with mainstream family planning service delivery programs. The distribution of OR studies by topic is shown in **Figure 4**.

Designs and Methodologies. Based on his years of experience in operations research, the current OR/TA Director advocates a pragmatic approach to selecting research projects and methodologies. He prefers prospective studies, in which OR is used to develop and test an intervention, rather than retrospective evaluations. The Project Director has observed that when OR is used to evaluate existing programs, particularly when other CAs are involved, the findings are less likely to be applied because of a tendency to perceive the findings as criticism from outsiders. In general, he promotes simplicity, arguing that to answer most of the questions family planning OR is concerned with, a high degree of precision in measurement is not needed. He maintains that studies should be as brief as possible so that the findings will be available for decision making. He discourages the use of time-consuming surveys when service statistics or other data sources can provide adequate information to answer the questions at hand. Both Drs. Townsend and Huntington also express the view that OR studies would benefit from a wider range of methodologies and more use of qualitative methods, particularly for understanding the family planning "client's perspective."

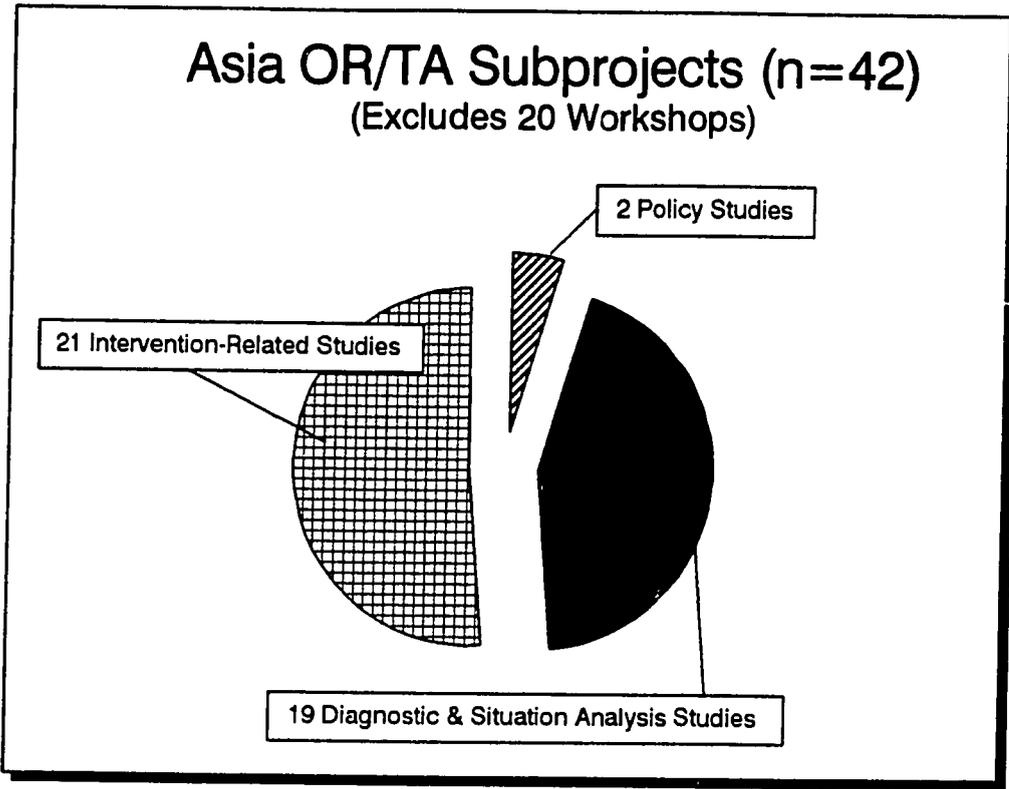


Figure 3

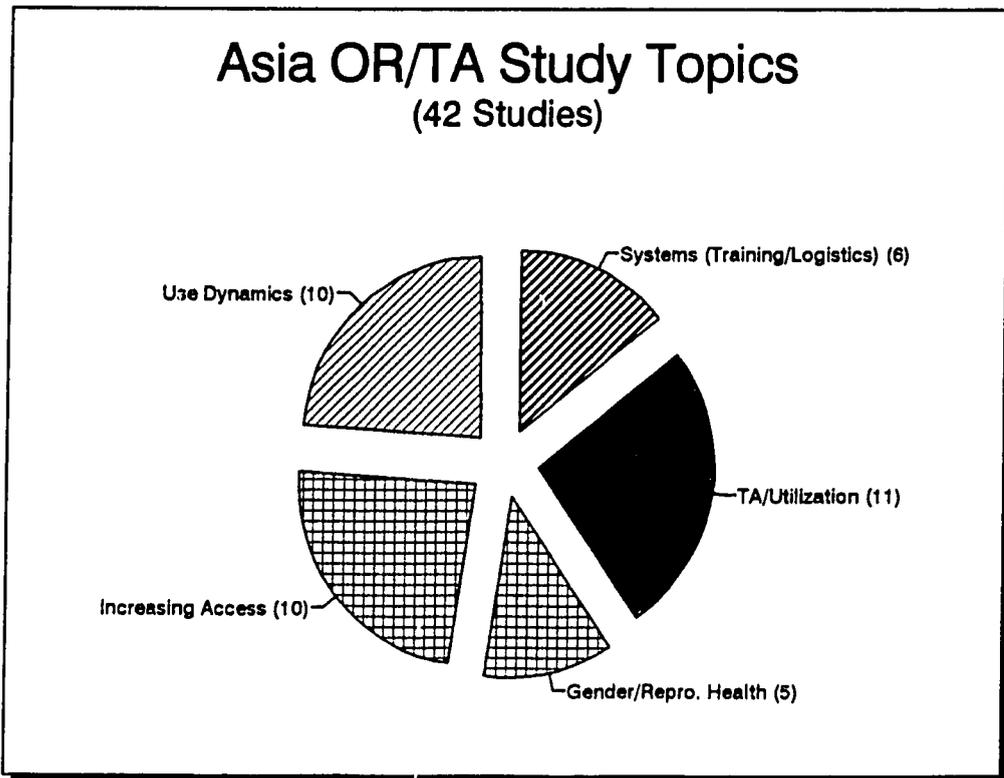


Figure 4

11

The four-year portfolio of OR/TA subprojects probably would have benefitted if it better reflected this point of view. A number of the subprojects evaluated interventions of other CAs. Many relied exclusively or almost exclusively on large, structured surveys to investigate FP client perspectives when other methods might have produced adequate information more quickly or yielded more insights. For example, an ongoing study (currently scheduled to last 41 months) to evaluate the effects of promoting family planning through dairy cooperatives in northern India includes a series of three large surveys. Meanwhile, plans to scale up the intervention are moving ahead in advance of the final findings. Obviously, in many cases large surveys are appropriate, e.g., where service statistics are known to be extremely unreliable or to measure method continuation. In other cases, large surveys are difficult to avoid. In India, the collaborating government agency in Uttar Pradesh (UP) insisted upon large baseline surveys and USAID asked the contractor to assist. But often, as the current OR/TA Director has observed, the principal reason for using structured surveys is that the researchers involved (both OR/TA staff and collaborating researchers) have had training and experience in survey research and statistical analysis and relatively little experience with other methodologies.

General Quality. Insufficient qualitative research skills and limited knowledge of family planning service delivery systems appear to have affected the way subprojects were implemented in some instances. For example, inappropriate questions intended to assess client perspectives were included in questionnaires in several studies. There has been a tendency in some cases to generate massive sets of tables without adequate time or attention to their interpretation and practical implications. It is clear from interviews, management reports, and other USAID documents that during the first three years of the contract, USAID/W and ANE missions were not always satisfied with the quality of subprojects. However, even when the methodologies chosen are not optimal, and when study implementation is somewhat weak, under favorable circumstances an OR study can produce useful results and can contribute to the development of skills in OR. This seems to have been the case with several of the studies. There are also a number of positive examples in which the research methods have been well suited to the problems being addressed, and the quality of study implementation seems to have been reasonably high. Even some of the weaker studies have their strong points.

Several ongoing studies in Egypt, India, and Turkey are using a combination of research methods effectively. Several of the policy studies and secondary analyses were effective in directing attention to important issues. A combination of service statistics and surveys was used in a series of studies in Indonesia that provided important information about the strengths and weaknesses of the NORPLANT® delivery system. Interventions are being developed under a follow-on study. (Additional examples are cited in Section 4 below.) Insofar as the evaluation team was capable of assessing, OR/TA staff and consultants have strong skills in sampling and statistical analysis, and these aspects of the studies generally have been strong.

However, to select the most appropriate mix of research methods for OR studies, and to make sure that subprojects are implemented effectively, a variety of skills is needed. Since it is difficult to find OR advisors who have all of the required skills, particularly in developing countries, collaboration among OR/TA staff and with other CAs is often necessary. Effective collaboration in designing and implementing OR studies took place, to some extent, under the current contract but, in general, more collaboration might have improved the quality of subproject design and implementation. USAID could facilitate this by increasing the project's level of effort so additional staff could be added to provide a better mix of skills. Such collaboration could also be fostered by concentrating OR/TA staff in priority countries and (in India) regions/cities, through greater use of consultants, and through joint subprojects with other CAs (for further discussion see Section 2.9).

2.5 Technical Assistance to Researchers

The styles of project implementation in Indonesia and the Philippines were well-suited for strengthening OR capacity within local research institutions. In Indonesia, a technical advisor was located within the research branch of the BKKBN, the government agency responsible for coordinating the national family planning program. This enabled the resident advisor to provide training through collaborative research activities and to work with staff at various levels rather than interacting mainly with principal investigators. In the Philippines, the project's resident advisor identified a number of regional research institutes that had relatively strong research capacity but lacked experience in applied research. Through a combination of training workshops and small OR studies, the project's efforts have been directed toward building an OR capacity within these institutions. The project has provided OR training and technical assistance but in a somewhat less effective fashion in India. Collaborating research institutions were not always selected and assisted strategically. This may have been because the contractor did not select the research institutions in some instances. In Pakistan, the contractor and USAID decided existing research organizations were not appropriate or feasible. As a result, most of the OR studies were done "in house" by hiring research staff.

In all countries, the evaluators found that participating researchers could have used more technical assistance than they received at various stages of study design, implementation, analysis, and presentation and dissemination of findings. The simplest explanation for this is that the ANE OR/TA Project needed more staff and needed to concentrate staff strategically so that each country office contained more of a variety of skills. Limiting the number of countries in which the project worked, not dispersing activities within large countries such as India, and restricting activities in each country to maximize quality might have been other ways to avoid this problem.

The experience of developing and implementing an OR study in Nepal suggests that, in most cases, it is not possible to provide adequate and timely technical assistance to local researchers in the absence of a resident advisor. Periodic visits for this purpose are not sufficient and diminish the advisor's ability to provide continuous assistance in the country where he or she is based.

2.6 Training Through Workshops

In the project's four years, 20 workshops were held to provide OR training to researchers and program managers. A breakdown of workshop topics is presented in Figure 5. Those directed at program managers were more general in nature, focusing on the basic concepts and methods of OR and its use for solving problems and introducing innovations into family planning service delivery systems. A few workshops included both program managers and researchers and were intended to identify topics and develop proposals for OR studies. The workshops primarily for researchers focused on strengthening specific skills (e.g., research design, report writing) or methods of data gathering and analysis (e.g., focus group research or specific computer programs for statistical analysis). The training workshops that appear to have been most useful were those that complemented rather than substituted informal technical assistance to researchers and program managers. For example, in Pakistan, the Philippines, and to some extent India, workshops were directly tied to the development and implementation of OR studies and were followed up with further technical assistance from the resident advisor. In Egypt, workshops were held to assist researchers involved in OR studies to organize their findings and write reports.

In many ANE countries, basic qualitative research skills tend to be weak. While it is difficult to teach these skills in a one-week workshop, such training can be useful for researchers who have some qualitative research experience and who are engaged in or are planning to take on new projects involving qualitative research. One workshop in Bangladesh that might have benefitted from the

inclusion of a field practicum component giving more emphasis to the basic problems of conceptualizing a qualitative study, designing interviews, and analyzing data, devoted a considerable amount of time to explaining how a text-based database program could be used to organize and sort data. However, the dilution of training with techniques that are unlikely to be useful to the participants in doing OR may have been limited to this single workshop. Due to time constraints the evaluators did not interview a representative sample of workshop participants.

Learning while doing probably is the most effective way to transfer OR skills. While this did happen to some extent in the project, more researchers could be given opportunities for participatory, collaborative OR training in the future if the project were organized somewhat differently and this was made an explicit goal.

ANE OR/TA Workshop Topics

(Number of Workshops Completed = 20)

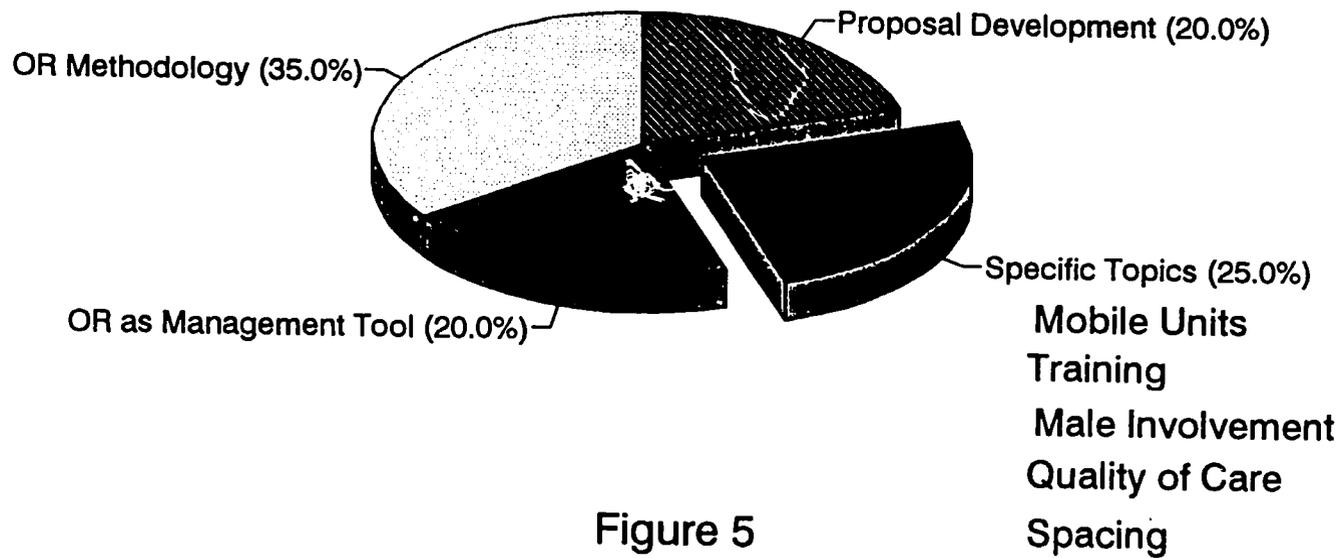


Figure 5

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2.7 Imparting OR Concepts and Skills to Program Managers

In several countries, the project seems to have been quite effective in imparting the concept of OR to program managers and decision-makers. This was particularly evident in Pakistan and India. In both countries, officials at high levels in the ministries responsible for family planning programs had become highly conversant with the principles and basic methods of OR. They talked about designing field experiments and analyzing data to solve problems and improve family planning service delivery systems. This was also true of state government officials in Uttar Pradesh, where USAID assistance is being targeted, and of the staff of the State Innovations in Family Planning Services Agency (SIFPSA), a quasi-governmental agency established to work with the state government on new initiatives in family planning service delivery. Success in generating interest and knowledge about OR at these high levels in key South Asian countries is clearly a product of the contractor's success in recruiting prominent senior advisors. With many years of experience in the ANE region, they were able to establish trust and interact effectively with high-ranking officials. The prestige of the Population Council in the ANE region also was probably a contributing factor.

The contractor's strong reputation, as well, appears to have contributed to its ability to interact effectively with policy-makers in Bangladesh. In contrast to India and Pakistan, there was more of a tradition of using OR within the government of Bangladesh, in large part as a result of the ICDDR,B Family Planning and Health Services Extension Project which has been in operation for many years with Population Council involvement. Similarly, the BKKBN in Indonesia has been involved in OR for many years. The Indonesian family planning program, through BKKBN, even more so than the Bangladesh program, has been using OR for some time to guide and improve its program.

In addition to informal interaction and meetings with officials and key staff in ministries, some of the workshops mentioned above probably played a role in promoting utilization of OR by program managers, or at least in generating a greater interest. However, without a formal evaluation it would be difficult to argue that the workshops have had a decisive impact. A study tour to Bangladesh for Pakistani officials and program managers, an educational method which has been used successfully in other projects as well, was perceived by USAID and the Population Council to be very effective. The tour focused on how to recruit mothers to provide family planning services in their communities. Fifteen hundred villages in Pakistan now have similar workers.

2.8 Technical Assistance to Solve Service Delivery Problems

The ANE OR/TA Project's emphasis on providing technical assistance outside of the context of individual OR studies appears to have increased the perceived value of the OR program to USAID missions in Asia and the Near East and made it easier for OR advisors to assist host country service delivery organizations and policy-makers. The contractor has used both resident advisors and consultants in responding to requests for technical assistance. Recipients, for the most part, have been ministries and USAID missions, and in some cases, other USAID-funded CAs and local NGOs. Examples of assistance provided include data analysis (Bangladesh, Egypt), data synthesis/presentation (Bangladesh, Egypt, India, the Philippines), review of proposals and other documents (Bangladesh, Egypt, India, Pakistan), assistance in research and training activities of other agencies (India, Egypt, Indonesia, the Philippines, Pakistan, Bangladesh), assistance in project design (India, Pakistan), guidance to the host country government in program implementation (Pakistan), and assistance in developing program monitoring and evaluation mechanisms (India, Pakistan, the Philippines, Bangladesh). For reporting purposes, some technical assistance activities become formalized as subprojects or subsequently lead to the development of subprojects, but others do not. Under the contract, technical assistance activities that require 10 days or more of staff time or entail expenditures of more than \$25,000 (e.g., for consultants) require prior approval from USAID/W.

In Bangladesh, the project's main accomplishment has been technical assistance in connection with a new policy and planning initiative of the Ministry of Health and Family Welfare (MOHFW), which gives NGOs a central role in the planning and implementation process. USAID/Bangladesh, the MOHFW, and others involved in the process feel that the contractor has been making an important contribution to this initiative by synthesizing, interpreting, and presenting program data and research findings, facilitating discussion of important issues, and helping to develop plans for follow-up. Interviews with USAID, the MOHFW, and other key participants, as well as the documents produced by the new steering committee, suggest that if momentum can be maintained, the result may be a clearer direction and better-focused strategies and energies brought to bear on implementation problems that have been recognized for long time but never resolved.

Over the years, USAID/W and cooperating agencies involved in OR have attempted to define OR broadly as a tool for problem analysis and the development of improved models for FP service delivery. However, this image of OR has not been successfully conveyed. In many of the interviews, the evaluators got a sense, particularly from USAID missions, that synthesizing research findings for policy-makers and participating in policy development are not perceived as central aspects of OR. OR continues to be associated in peoples' minds with lists of discrete OR studies, and USAID/W continues to be perceived as demanding first and foremost that OR contractors produce specified quantities of OR studies to fulfill their contracts. Using program data and research findings to modify policies and programs is not seen as "OR as such." Nonetheless, there is a clear perceived need for such activities, and it is obvious that this aspect of OR can continue to play an important role in the family planning programs in the future.

2.9 Collaboration

2.9.1 Collaboration with CAs and Others

Through the ANE OR/TA Project, the Population Council has collaborated with a number of CAs, USAID-funded projects, and other agencies in several countries (see Figure 6). Sometimes this has been at the initiative of the ANE OR/TA staff, sometimes at the initiative of the other CA or agency, and sometimes as a consequence of USAID mission request/directive. Perhaps the strongest collaborative relationship under this contract has been established with AVSC, which is conducting a Population Council-style Situation Analysis in Turkey with financial support and TA from the ANE OR/TA Project but without the on-site assistance of OR/TA staff. Collaboration with AVSC in a Situation Analysis in Indonesia appears to have been similarly productive. In some instances, the collaboration has been instigated by USAID mission staff who have requested that the Population Council work with a specific CA on a specific project. Examples of this include the assessment of the effectiveness of promoting FP and MCH through dairy cooperatives in rural Bihar (India), a project being implemented with assistance from CEDPA, and an evaluation of the impact of training private doctors for promoting oral contraceptives, a Phase II scale-up project undertaken by the Indian Medical Association (IMA), with funding from Development Associates.

The ANE OR/TA Project Director is aware that the latter type of collaboration is not one which builds good working relationships with other CAs. As conducted, these studies appear to stand in judgement of the quality of the other CAs performance rather than as helpful in formulating a successful intervention effort. The key to successful collaboration is early participation in project/intervention development, and for the remainder of the current contract, that will be the Council's approach.

Early and close collaboration with service delivery CAs is especially important for purposes of institutionalizing OR. Not only do these CAs have greater potential for rapidly scaling-up projects that have either generated lessons through OR or have incorporated OR findings in their design but also they have an essential role in inculcating an "OR mentality" among program managers. The OR/TA Project can leverage its influence and impact with this type of collaboration.

Figure 6

COLLABORATING AGENCIES/PROJECTS

BANGLADESH

Pathfinder International
JSI
ICDDR,B
AVSC

EGYPT

FHI
Pathfinder International

PAKISTAN

AVSC
FHI
The Asia Foundation
Pathfinder International

INDIA

AVSC
CEDPA
Development Associates
Ford Foundation
The EVALUATION Project
The OPTIONS Project
The SOMARC Project
UNFPA/UNICEF
World Bank

INDONESIA

AVSC
URC
The SOMARC Project

PHILIPPINES

Ford Foundation
JSI
PCS
MSH

NEPAL

JSI
CEDPA

TURKEY

AVSC

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2.9.2 Collaboration with Host Country Institutions

Collaboration with host country institutions by the ANE OR/TA Project has been outstanding. The Council is perceived as being a valuable professional resource—and often a close partner—which can be useful and helpful in a variety of undertakings.

Achievement of this enviable position has been reached principally through the following four conditions:

- The Population Council's stature and reputation, developed over the past two decades, as a highly professional organization in the family planning field;
- The qualifications, experience, and skills of its field personnel and consultants—both personal and professional;
- The Council's willingness to be flexible and to engage host institutions "where they are" and to provide necessary support to accomplish mutual objectives;
- Hard work over a sustained period to position the Council as an important player in the host country's family planning enterprises and to gain access to—and the confidence of—key persons in government, NGO, and academic communities.

The relative ease with which the Council has been able to attract funding from UNFPA, the World Bank, the Asian Development Bank, and the Overseas Development Administration (U.K.) in Pakistan following the termination of USAID funding in that country is testimony to the high regard these agencies have for the Council and its entree to host institutions.

2.10 Dissemination and Application of Results

Dissemination of OR findings takes place through a variety of modalities, some intended for a wide audience, some for a limited audience, or even a single individual such as one-to-one conversation with a government program head. The latter is often overlooked as a dissemination medium. In the ANE/OR Project, publications have been created to reach the widest ANE and multiregional audience. End-of-project and other OR orientation and training workshops are undertaken to reach a "community of common interest"; technical assistance is used to interject OR approaches and findings into the understanding of service delivery issues of single individuals or small groups. It is important to recognize that not just those efforts specifically directed to wide dissemination of OR findings are either the only or most effective way to accomplish that end. It is not just their dissemination but their effective utilization of OR methods and findings that will determine effectiveness.

Dissemination and utilization of OR findings seems to be one of the most troubling areas of the OR endeavor. Finding the right modalities, format, message, and audience to successfully transmit information continues to be elusive. Except for scholarly articles⁵ which have been written by ANE OR/TA staff and published in journals with limited readership, efforts at dissemination of OR findings have been limited in nature and late in being undertaken. However, a thoughtful dissemination plan was prepared in January 1994 by a consultant now hired as staff in the ANE regional office (a second communications staff person has recently been hired for the subregional office in Egypt).

⁵ Six OR Working Papers, 16 journal articles, and one special issue of the *International Quarterly of Community Health Education* dedicated to family planning and operations research in Asia.

This plan takes into account the complexity of the multiple messages, channels, and targets or dissemination efforts. At the same time, the plan recognizes the limitations of written materials to achieve the goal of adoption of OR practices in problem solution (a role in institutionalizing OR) and the utilization of existing, relevant OR findings in implementing operational changes in family planning programs. As this plan is implemented, the quantity and quality of dissemination efforts under the contract should improve dramatically.

Publications

The most noteworthy effort at wide-audience dissemination has been the adaptation of *Alternatives*, originally created in the INOPAL OR program in Latin America as an ANE OR/TA semiannual publication with a distribution of approximately 2,000 copies. (This may be too small a number to reach many important potential readers of the publication in a region as populous as ANE, although "Research News", discussed below, may be a more cost-effective option for reaching a larger audience.) The first edition of ANE *Alternatives* was published in April 1994, nearly four years after the OR/TA contract was signed; a second edition is being prepared. The publication is attractive in appearance and crisply edited.

Whether *Alternatives* has succeeded in serving its intended purpose is, however, uncertain. Evidence for this concern came from inquiries by the evaluation team of several key people interviewed (all in India) who reported never having seen the publication when the evaluation team showed it to them. Distribution of the publication through domestic and international mail may not be a satisfactory means of getting the publication into the hands of its intended readers, and mechanisms, such as hand delivery of the publication by project staff during visits to key officials, merit consideration.

Another problem, in terms of effort and cost, is the creation and maintenance of an accurate and up-to-date mailing list, especially in countries where civil servants are rotated through positions every two years. It may be that in such instances, mailings to titles (e.g., Executive Director) rather than to named individuals would be an option worth considering. The contractor is in the process of compiling as complete a list of OR constituents as possible, including in the list the names of staff members of CAs working in the region and their US-based offices.

If read, *Alternatives* should be effective in communicating OR/TA work and progress to USAID missions, helping mission staff understand the contribution that OR is making and can make in solving family planning service delivery problems, and contributing to improved policy formulation. It is also the case that missions are interested in seeing work being done in their countries among projects described in the publication.

"Research News" is another attractive ANE OR/TA publication recently introduced. Each edition summarizes findings from a single OR study. Published as a single sheet, it can be produced for a more specific audience and distributed accordingly. The OR/TA staff are considering the possibility of several versions of each "Research News" for different audiences, including one which could be distributed cost-effectively to all cooperating agency staff for whom it would be appropriate and useful. This prospect addresses a concern of the evaluation team that information from OR studies was not getting down to the provider level, where individuals (acknowledging the matter of literacy levels) have the potential for implementing some of the recommendations generated from research subprojects.

Any publications intended for line-level staff should focus on "how-to" topics based on OR findings. Such multiple level publications could be particularly important in Uttar Pradesh as OR projects are scaled-up and could be the impetus for a study of the effectiveness of such a dissemination approach.

Seminars

End-of-project seminars of half-day and one-day duration bring together individuals who have participated in subprojects and/or have an interest in the findings the subproject has generated. In particular, these seminars are intended to inform decision-makers for whom the implications of the research are important and who have the opportunity to implement recommendations. The success of such seminars depends on having the right people in attendance and presenting the information effectively.

In addition to the above type of seminar, national research utilization conferences have been undertaken, such as the one in the Philippines scheduled for September 1994. It is intended as a venue for the national dissemination of the results of the five subprojects undertaken in that country.

While it would be inappropriate for the evaluation team to make generalizations about end-of-project seminars from the one example it observed, the team believes that a review by the contractor of the purpose, preparation, and procedures for presenting these seminars would be worthwhile. Prior to the offering of each seminar, OR/TA staff should review with each principal investigator (and presenting staff members) the seminar program, content, and main points, as well as handouts and audio/visual materials. It is important that these seminars emphasize the key findings, implications, and recommendations and the audience leave with these well in mind.

Press Releases

End-of-project press releases, sometimes focusing on the related seminars, have been prepared for distribution to local and national media in countries where OR projects have been undertaken. There is evidence that the press releases have been picked up by local media, at least in the Philippines, but the importance of this communication channel is uncertain.

Because the OR/TA dissemination effort needs to be strengthened wherever possible, the contractor should seek technical assistance from the Johns Hopkins University Population Communication Services Project (PCS) to see if more effective approaches can be devised.

To assure that maximum use is made of all operations research findings by all ANE family planning organizations, as well as to serve as a reinforcement for technical assistance capability, a CD-ROM version of POPLINE should be made available in every ANE OR/TA office. Access to this capability would allow ANE OR/TA staff to provide a literature review service to key public and private agencies and officials on request.

2.11 Sustainability

The issue of sustainability of OR concepts and practices is a knotty one, since true sustainability implies significant changes in outlook and practices of entire subcultures. It is probably insufficient to merely transfer policy concepts and technical understanding and skills; what is desirable is to foster habitual incorporation of OR concepts and practices within family planning programs, with or without outside technical or financial support.

A case in point is Indonesia, where the BKKBN clearly understands and uses OR effectively but prefers to use outside resources rather than to develop and refine its own internal capability. In all probability, true sustainability will often mean the incorporation of OR as a *line item in host institution budgets*, thus providing the level of visibility, support, and policy attention required.

3. Organization, Management, and Financial Status

3.1 Project Staff

The ANE OR/TA Project staff consists of a total of 16 persons (14 staff plus 2 fellows), deployed as follows:

<u>Location</u>	<u>Staff</u>	<u>Fellows</u>
India	5	1
Egypt	3	1
Philippines	2	
Bangladesh	1	
Indonesia	1	
New York City	2	
Total	<u>14</u>	<u>2</u>

Additional persons are engaged in OR/TA work through subprojects as required.

3.2 Project Management and Reporting

Project management is the responsibility of the Project Director, now located in New Delhi. The New York office of the Population Council provides a variety of support services, both technical and administrative/financial. Two Deputy Directors (in Egypt and Bangladesh) are assigned sub-regional responsibility, i.e., they assist the Project Director in overseeing OR/TA activities in the Near East and Southeast Asia subregions, respectively.

By almost any calculus one chooses, this project has been minimally staffed to accomplish its intended goals. Even assuming that the contractor had been able from the outset to identify and deploy an all-star cast of persons for all project positions (which was not the case in the actual event), staffing would have remained—in the opinion of the ET—a constraint to achievement of project objectives, given the enormity of the region⁶. Clearly, staffing is an issue for the follow-on project period, not only in terms of the overall level of effort but also in respect to the flexibility to rapidly expand and contract staff as needed.

The use of Project Directors and Deputy Directors having regional responsibility has been, and will likely continue to be, a problem as seen by the USAID missions. In India, the USAID PHN office wants full-time access to the Project Director, i.e., wants him to spend all his time on India. The Deputy Directors have had problems traveling in their subregions as well, since the USAID missions in their countries of residence want their undivided attention. The ET sees no easy answer to this problem. It is important that the Project Director actually reside in the region, and it is equally important that he/she be engaged at least part-time in the technical work of OR, not just in overall administrative, managerial, or policy/strategy matters. For at least the remainder of the contract period, and probably into the next, the Project Director (and his deputies) will likely be engaged in a balancing act vis-à-vis the local USAID missions, attempting to keep them happy while fulfilling their own regional/subregional responsibilities.

⁶ The Asia OR/TA contract covers a vast geographic area from Morocco to the Philippines. The eight countries in which the project is actually working comprise a total of 1.6 billion persons or about half the total LDC world population excluding China!

In the case of India, however, it is critical that an additional expatriate technical staff person be assigned immediately, preferably in Lucknow if GOI approval can be gained, to capitalize on opportunities to impact significantly on the development of family planning service delivery programs in that state.

For the follow-on contract period (1995-2000), the ET believes the critical staffing issue can best be met through these four actions:

- (1) limiting the number of countries in which the project operates and operating only in countries where there is a resident advisor;
- (2) limiting the overall number of activities in which the project engages and choosing them carefully through strategic planning;
- (3) increasing the overall project staffing to 19-20, plus fellows; and
- (4) finding flexible ways to expand and contract additional person-power as needed, e.g., through the creative use of subcontracting.

Reporting. The project has had considerable difficulty in completing the numerous administrative and financial reports required under the contract.⁷ The nature of the problem has been detailed in periodic management reviews. The contractor is acutely aware of these problems and has taken positive steps to correct the situation. A plan has been established to catch up on past-due reports and stay on schedule for the remainder of the contract period. Progress on implementing this plan seems good.

3.3 Relationship With USAID

Relations With USAID Missions. This has clearly been a problem area for the contractor, especially in the first three years of the contract. One problem area was mentioned in the preceding section, i.e., USAID wanting more time from project staff who have regional responsibilities. Other problems reported by USAID are summarized in Figure 7. The two time periods chosen show a much-improved situation in the current year.

⁷ By contrast, reporting on the technical side has been good, in terms of documenting subproject activities and their outcomes, journal articles, etc.

**USAID View of ANE OR/TA Project Problems
By Country**

Country	Project Years One to Three	Project Year Four +
Egypt	Failure to communicate with mission. Inadequate technical skills of Country Advisor. Inadequate project management and guidance from Council, resulting in "serious administrative and management issues which virtually precluded progress on substantive and programmatic issues."	New Resident Advisor in place and doing very well in developing strategy, contacts, and useful activities. Mission pleased with progress and desirous of continued support.
Turkey	No problems reported, except inability to provide desired level of assistance due to limitations imposed by USAID on number of CAs active in Turkey.	Useful collaboration and progress being made. No Resident Advisor in place.
Pakistan (Mission buy-in)	Slow to assign Country Advisor (first 18 months); initially, poor communications with mission. After October 1991, problems cleared up and project made very good progress.	Continued good progress, despite official end to USAID assistance in Pakistan in June 1993. Council plans to continue using other donor support (World Bank, ADB, UNFPA, ODA).
India	Mission highly displeased with Council's lack of responsiveness and failure to communicate. Particular disappointment re: lack of focus in UP and collaboration on innovations in Family Planning Services (India) IFPS Project.	With setup of Council regional office in New Delhi and assignment of new Project Director, activities now beginning to get on track. Project well situated to have major impact in future.
Nepal	A number of misunderstandings and poor communication between Council and mission (detailed in FAX June 1993).	Mission pleased with new staff and help from New York and Bangladesh (Bob Miller and Peter Miller). No Resident Advisor in place or planned.
Bangladesh	Initial problems with orientation and selection of activities.	Mission now pleased with Resident Advisor and wishes him to continue good work.
Indonesia	No problems reported.	Resident advisor in place. Mission pleased with his work, focusing on long-term methods.
Philippines (Partial mission buy-in)	Mission very dissatisfied with lack of responsiveness of project, since it wanted OR to play important role.	Resident Advisor in place and making excellent progress. Mission very pleased and wants to continue support.

Figure 7

Sources:

- Mission cables and E-mail messages
- Interviews (in person and by telephone)
- Management Reviews and other project documents

Evidence suggests that the contractor was both aware of the problems with the USAID missions and attempted to correct them wherever possible. This is reflected in memoranda, staff changes, and in project travel. For example, in the four years between May 1990 and May 1994, the (first) ANE OR/TA Project Director made a total of 47 visits to 9 countries:

<u>Place</u>	<u>Visits</u>
India	12
Washington, DC	11
New York	6
Thailand	4
Pakistan (including assignment to post)	4
Egypt	3
Bangladesh	2
Indonesia	2
Turkey	1
Singapore	1
Boston	1

No visits were made to Nepal and the Philippines. The pattern of these visits suggests that the Project Director was cognizant of the locus of principal project problems (India and Washington) and was traveling in an attempt to resolve them.

A fundamental issue clouding contractor-USAID relationships has been one of *independence*. The USAID missions, on the one hand, assume a posture of "ownership", since USAID pays the bills (for OR/TA Project-specific activities) and sees the ANE OR/TA Project as an important component in its overall country strategies. The Population Council, on the other hand, is reluctant to cede all responsibility (and direction) of its actions to USAID, believing both that it is contracted to exercise its considerable (predominant) technical experience in OR and, at the same time, has a life and a purpose beyond USAID, often in the same country where the OR/TA Project operates. For example, in India the Council worked over a 10-year period to gain GOI approval to establish a regional office, finally winning this approval in May 1994. The Council has activities in India beyond those funded by USAID, as it does in Pakistan (where all current activities are funded by other donors), and other countries. The conundrum of *ownership vs. independence* sometimes obscures the reality that both the Council and USAID share the same objectives and often agree on the same strategies in a given country. It takes considerable human as well as technical skills on the part of the Project Director and other contractor staff—as well as the staff of the USAID missions—to keep this issue at bay. The present project staff seems to be doing a good job at this.

Time, continued effort on the part of the contractor, efforts by the USAID missions and USAID/W, and several key staff appointments have served to turn around the relationship between the contractor and USAID. At the time of the evaluation, the ET found that a collaborative, positive, and productive relationship had been established with the USAID missions in all but one case (India); though problems remain in India, they appear to be well on the way toward resolution.

Relations With USAID/Washington. The project has benefitted by having a continuity of guidance and support from the Office of Population (only two CTOs in four years). While there have been stressful periods, particularly in relation to slow start-up, reporting, and staffing problems, these now have been resolved.

Recently, an initiative by the Family Planning Services Division has been launched to attempt to establish closer linkages between the OR/TA activities (all three regions) and the FP service-

providing CAs. Each of these CAs has been asked to designate a member of its staff as an "OR liaison" person. The intent is to promote more extensive use of OR lessons learned, where appropriate, and to provide useful feedback to the OR projects to make them more useful to the FP service-providing CAs. The ET believes this to be a very useful initiative that should contribute to the future success of the ANE OR/TA Project.

3.4 Financial Plans and Expenditures

Examination of the financial performance of the contractor was not part of the Scope of Work for this evaluation. The ET did, however, take note of two significant facts:

- (1) as mentioned above, reporting has been a problem, but is on the way toward resolution; and
- (2) the contractor did not appear to be constrained from project implementation to the same degree other contractors have sometimes been, i.e., USAID/W technical and contract office approvals were relatively timely and fewer in number because of the higher subcontracting authority under this contract.

4. Project Impact

Given the brevity of the evaluation team's stay in only three of the nine countries in which the project has been operational or undertaken activities, assessment of impact will necessarily be limited. Four years into a five-year project, the impact of the ANE OR/TA effort can only be measured by intermediate indicators, not by measures such as change in contraceptive prevalence or continuation rates.

Because few, if any, of the subprojects undertaken by the contractor can be classified as intervention-testing studies (except as these occur in the context of evaluation studies), more often than not the subprojects have generated findings that provide decision- and policy-makers with information about what not to do (or what to stop doing) rather than what to do. Nonetheless, these "negative" findings have provided important information which have affected significant decisions in many instances. The following are some examples.

4.1 Pakistan

An observation trip by high ranking population program officials from Pakistan to Bangladesh in April 1992 resulted in a complete restructuring of the approach to family planning service delivery in Pakistan in the current Five-year Development Plan for Family Planning with new emphasis placed on village-level access (doorstep delivery) and rural outreach.

An IUD follow-up study revealed that actual IUD insertions were far fewer than reported due to the desire of providers to report achievement of government targets. This finding resulted in the elimination and/or reformulation of the target-setting process. Its secondary impact was to identify the overstocking of commodities and reduce the projected logistical requirements for the method by 75 percent, reducing donor expenditures substantially. The study also provided evidence suggesting the need for additional work on quality of care issues.

A situational analysis of a sample of Pakistan's 1,288 Family Welfare Centres revealed the severity of service delivery limitations and provided additional impetus for the expansion of family planning services to villages through the village-based family planning worker program in order to provide better access to the 65 percent rural Pakistan population.

Another important dimension of the impact of the OR/TA presence in Pakistan is the fact that when USAID withdrew its support from the country in 1993, other donors stepped in to continue the support (in some instances at the request of the Government of Pakistan) of the OR agenda developed by the Council's Operations Research Team. If the perception of the value, utility, and importance of the OR program were not present, this would not have occurred.

4.2 India

Many of the small subprojects undertaken at the outset of the current OR/TA contract were syntheses of prior research and existing data which contributed to and supported the decision by USAID/India to select Uttar Pradesh as the focus of its investment in the Population, Health and Nutrition program.

A diagnostic assessment of a pilot-project training program offered by the Indian Medical Association in Gujrat, Bihar, and West Bengal) for 270 private physicians to encourage them to promote oral

contraceptive use as a birth spacing method indicated substantial success and resulted in an up-scaling of the project. The pilot study found that participants reported increased likelihood of having family planning acceptors among their clients, with a large increase in the percentage of physicians reporting prescription of OCs.

An OR study of the up-scaling of the IMA pilot project to train 2,500 physicians in Gujarat (with the assistance of Development Associates) found the expanded offering had been less successful than the pilot project. While the physicians' technical knowledge of oral contraceptives, their appropriate use, contraindications, and side effects increases significantly as a result of training, physician behavior with respect to prescribing OCs (based on incomplete reporting) did not result in overall increases in family planning clients but did result in some changes in method mix as a result of training. These findings have resulted in a redesign of the training to broaden the mix of methods on which physicians will be updated in future training sessions and recognition of the insufficiency of training alone as a vehicle for improving private physician effectiveness as a family planning provider. Consequently, the future up-scaling of the project in Uttar Pradesh will include an after-training support system to market family planning to potential clients.

The assessment of the effectiveness of working with village health workers in dairy cooperatives as a vehicle for increasing access to family planning information and services, being carried out in Bihar with CEDPA funding, has not yet produced its final lessons. When the third (final) survey is completed later this year, findings and lessons learned will be used to develop the up-scaling of the project to Uttar Pradesh.

4.3 The Philippines

Within the context of the six relatively small subprojects undertaken in the Philippines, most of the impact identifiable to date has been confined to agencies participating directly in the studies of the regions in which they have taken place, but there are exceptions.

A Diagnostic Study of the Implementation of the Department of Health (DOH) Training Course for Family Planning Providers in Corillera Administrative Region (CAR) and Region II resulted in a restructuring by the DOH of the training program for preceptors (to be pilot tested in September 1994) to shorten its duration from 12 to seven days and to reduce the number of IUD insertions precepted in the training of clinician/midwife providers in the Basic/Comprehensive Course from 15 to 10, based on the OR finding that trainees "already feel confident about their skills after an average of seven insertions". In addition, the OR findings resulted in issues of quality of care being made an explicit part of the Basic/Comprehensive Training module, where it had previously only been part of the Preceptors Training module.

More typical, however, is the impact/outcome of a diagnostic subproject which studied the factors that contribute to the performance of the Barangay (village) Service Point Officers (BSPOs) and Barangay Health Workers (BHWs) in the delivery of family planning services in Iloilo City. The study found that low and varying performance of the BSPOs and BHWs were attributable to supervision, inadequate training, volunteers' lack of time and lack of knowledge about their family planning functions, and the poor relationship between the volunteers and personnel of the City Population Office (CPO) and the City Health Office (CHO). The study also found a lack of agreement on family planning performance indicators between the two offices and the inconsistent use of incentives with volunteers which reduced their motivational value.

As a result of the OR findings, the Mayor of Iloilo City (under whose jurisdiction the delivery of health and family planning services now rests in the "devolved" delivery system) and the City Population

Officer saw that a series of activities were undertaken to rectify some of the identified problems. BSPOs were given training in community organization and provided with sign boards to identify them in their respective villages; CHO and CPO personnel and volunteers are participating in team-building sessions and monthly conferences to facilitate better coordination between the two offices; a system jointly drawn up by the CPO and the CHO has been put in place to facilitate referral of family planning clients to appropriate clinic services; and a family planning management and supervision course for population program officers and clinic personnel has been proposed for 1995.

(It should be noted that these "spontaneous" response/interventions create a perfect opportunity to track results through service statistics, and/or consider a follow-up or Phase II OR study to determine what has been useful and what remains problematic as a consequence of the Mayor's actions. Lessons learned from such a follow-on might be generalized and adaptable to other local government units responsible for family planning service delivery.)

In another example of localized impact, the OR diagnostic study of factors affecting the family planning drop-out rates in Northern Mindanao found that while clients were, in the main, satisfied or very satisfied with family planning services, most clients were not given a wide variety of method choices. Sixty percent of those interviewed reported receiving a lecture on only one method, while nine percent reported never receiving a lecture on any method. The "family planning trainers" responsible for informing clients about methods were rated very highly for their ability to clearly explain the method and its advantages but were rated less highly on their ability to explain the method's disadvantages and side effects, the latter being the main reason cited by interviewees for discontinuing method use. The study found that clients given "lectures" on more than one method and who had been given some orientation to possible side effects were less likely to discontinue use.

In response to these findings, the Regional Family Planning Coordinator implemented the use of a monitoring tool called the Quality of Care Assessment Checklist. The Coordinator has given instructions to providers on side effects and complications to be discussed during interpersonal counseling with clients and in small group meetings and has emphasized the use of other NGO clinics as potential referral centers. In addition, the Coordinator has initiated the revitalization of community volunteers to assist rural midwives with follow-up of drop-outs, as well as to serve as motivators/counselors and referral agents for clients, especially women with high reproductive health risks.

Conclusion. Although the documentable impact of the project to date has been relatively modest, a strong argument can be made that by continuing on its current course, the project has the potential to achieve a substantial positive impact on family planning services in the ANE region, particularly in South Asia. In several key countries, the Population Council has developed an institutional presence that would not be transferable to another contractor. It has gone through the long process of obtaining host government clearances and has opened field offices in Egypt, India, Pakistan, and Bangladesh. In these countries the Population Council has an independent identity as an institution with expertise in research and policy development in the population field. It has formed strong relationships with key institutions in these countries, and it is not seen merely as a contractor carrying out the agenda of a donor agency. This status was achieved in part through the ANE OR/TA contract and also through other Council activities both prior to and during the contract. The fact that the contractor successfully found other sources of support to continue OR/TA Project work in Pakistan after USAID was no longer able to fund activities there illustrates the Population Council's commitment to operations research and its organizational stature.

The Council is now in an excellent position to conduct operations research in the ANE region, whereas a new contractor would start off at a distinct disadvantage, which could mean several (more) years' delay in gearing up to reach the present strong position to achieve real impact.

5. Recommendations for the Remainder of the Contract Period (Through July 1995) and for the Follow-on Contract Period (1995-2000).

Avoiding Lost Opportunities

It is axiomatic that success in effecting major improvements in family planning service delivery programs depends heavily on having the right person(s) in the right place(s) at the right time(s). The current paradigm for assistance under the ANE OR/TA Project is seriously flawed in that it fails to take adequate account of this reality and to provide the needed flexibility. This condition needs to be corrected for work to proceed expeditiously in the next five-year project period.

First, in planning for OR activities over the next five to six years, one cannot anticipate in each target country either the number of opportunities for OR/TA interventions or the level of effort required to exploit those opportunities which appear most promising.

Second, response levels for OR/TA depend upon:

- (a) the readiness of the contractor to identify, prioritize, and exploit intervention opportunities; and
- (b) the readiness of host country institutions (and the USAID missions) to exploit them in collaboration with the contractor.

Contractor readiness implies:

- (a) USAID and host institution cooperative relationships in place (contractor known and trusted);
- (b) contractor personnel in place and on tap;
- (c) funding and other necessary resources available; and
- (d) a strategic plan in place against which opportunities may be identified, prioritized, and exploited.

Host institution readiness implies:

- (a) dynamic leadership available to address problems and intervention; and
- (b) agreement on strategic goals and priority interventions.

The above requires a greater level of flexibility in staffing for the provision of TA and for the conduct of OR studies and dissemination activities than the present contract permits.

In the next iteration of this project, USAID needs to find a way to maximize the probability of having the right person(s) in the right place(s) at the right time(s), together with the needed resources to respond quickly to high priority OR/TA opportunities.

The new contract should allow for a rapid expansion (or contraction) of effort in any given country in accordance with changing priorities, conditions, needs, and opportunities. The paradigm of "one country— one representative" needs to be modified accordingly. In a high priority country at a time when the window of opportunity for strategic OR/TA interventions is open, the contractor should be empowered to expand rapidly to take advantage of the chance to impact strongly on FP services availability.

Rapid expansion need not imply adding resident contractor personnel. In some cases, the infusion of high-quality TA via consultants (U.S. or other) may be sufficient. The hiring of long-term local consultants and the expansion of TA resources through subcontracts should also be facilitated under the new contract.

The ET strongly believes that if real impact is to be achieved under the ANE OR/TA Project, the momentum gained thus far must be continued and strengthened over the next five to six years. This means: (1) focusing available resources on strategically-important actions; (2) a modest increase in contractor level of effort; and (3) providing for a smooth continuation of contractor assistance.

The ET's recommendations are grouped below into five key categories: (1) Strategy Development; (2) Collaboration; (3) Staffing/Roles; (4) Dissemination; and (5) General Recommendations for USAID/Washington.

STRATEGY DEVELOPMENT

1. In the follow-on contract, the ANE OR/TA effort must re-emphasize strategic interventions. Recognizing that each country is unique and should be viewed within its own dynamic context, the contractor should develop a brief strategic plan (subject to revision based on changing circumstances) for each country in which the program operates.
2. The contractor should be psychologically and otherwise prepared to recognize opportunities to have a major impact and act quickly to exploit them (even if this means the restructuring of an existing country plan and reallocation of resources).
3. The Project Director should keep the ANE OR/TA staff focused on the **strategic** role of OR/TA, not just the fulfillment of contract requirements.

In general:

4. Reduce the number of diagnostic and evaluation subprojects except where they are part of a larger strategy to identify intervention-testing subprojects which will follow. Use situation analyses in the same way.
5. Focus OR subprojects on intervention testing.
6. In the identification of subprojects, give priority to host country institution interests so long as they are not in conflict with USAID mission strategies.
7. The project should continue focusing the majority of its effort and resources on increasing accessibility and improving quality.
8. In order to increase the salience of the issue under study, incorporate financial/cost analyses and/or projections in all intervention-testing research undertaken even if rudimentary and based on crude estimates.

In India: 8a. Develop an OR strategy that uses a systems approach (cum demonstration project) in one or more districts in Uttar Pradesh.

- 8b. Focus efforts on demonstrating that desired effects can be achieved through multiple inputs (e.g., training, supervision, logistical support, "management by walking around," etc.) before attempting to evaluate/disaggregate the relative value of each input.
- 9. Focus increasing efforts on capacity building and the institutionalization of OR. In the first year of the contract, develop written "institutionalization strategies" in each country having a resident program advisor.
- 10. Continue to give high priority to technical assistance for policy development.
- 11. With respect to "emerging priorities", e.g., in reproductive health, focus efforts on testing **practical and cost-effective means** of integrating interventions relating to sexually transmitted diseases, AIDS, infertility, and broader women's health concerns.

COLLABORATION

- 12. In countries where the OR project lacks advisors with family planning program management/operations experience, increase the level of collaboration with service delivery CAs in the identification, development, and implementation of subprojects.
- 13. To avoid appearing as the evaluators of other CA programs, engage in closer and earlier collaboration with service delivery CAs (as well as host country agencies) in the design and testing of interventions using OR methods.

STAFFING/ROLES

- 14. Concentrate OR advisors and activities in a limited number of priority countries with at least one senior advisor in each country and with a balance of skills and experience represented. OR studies should be undertaken only in countries with resident advisors.
- 15. Set more ample and flexible staffing levels in the follow-on project with core expatriate staff supplemented by host country advisors and flexible use of shorter-term specialists. (Increasing TA function/role demands additional advisor time.)
 - 15a. Increase staffing levels in priority countries, especially India. Do not rely on the regional Project Director to act as full-time/principal OR advisor to the USAID/India program.
 - 15b. In India, gain approval of the GOI to place a senior expatriate advisor with extensive family planning management/research experience in Uttar Pradesh. As a fallback position, place such an advisor in New Delhi with frequent travel to Lucknow.
- 16. Diversify staff in order to include more people with family planning program experience and anticipate expansion of OR into new thematic areas.
- 17. Create greater teamwork among senior expatriate OR advisors, host country advisors, and mid-level expatriate staff and interns to strengthen functioning of OR staff members.

DISSEMINATION

- 18. Work with JHU/PCS (or other appropriate CA) to identify more effective dissemination strategies and mechanisms.**
- 19. Work closely with subproject principal investigators to review and improve on organization of presentations, findings, and recommendations prior to convening end-of-project seminars.**
- 20. Develop strategies for the delivery of *Alternatives* (or similar publication) that do not rely on host country mail.**
- 21. Devise inexpensive "how-to" dissemination publications that are suitable for distribution in quantity to line staff in key public and private organizations.**
- 22. Make a CD-ROM version of POPLINE available in every ANE OR/TA office and provide a literature review service to key public and private agencies and officials.**

GENERAL RECOMMENDATIONS FOR USAID/WASHINGTON

- 23. Stay with the current contractor for the follow-on contract. A change in contractor at this juncture would risk losing project momentum and the opportunity to achieve real impact on improving FP service delivery.**
- 24. Increase the overall level of effort for the next contract period, commensurate with recommendations 14-16 above. The ET believes core staffing should be increased to 20 persons at a minimum.**
- 25. Require that service delivery CAs incorporate findings from OR studies in the design of interventions/projects in countries in which they work.**
- 26. In the future, develop a contracting mechanism that functions in a manner analogous to a lease wherein there is an option to extend the arrangement on mutually agreed terms rather than having the contractor re-compete for the follow-on contract. This would allow work to continue uninterrupted and would take advantage of established working relationships.**

APPENDICES

Appendix A	Scope of Work for Evaluation
Appendix B	Persons Contacted
Appendix C	Publications
Appendix D	OR/TA Project Deliverables
Appendix E	OR/TA Subprojects
Appendix F	Country Report - Bangladesh
Appendix G	Country Report - India
Appendix H	Country Report - Pakistan
Appendix I	Country Report - Philippines

APPENDIX A

EVALUATION SCOPE OF WORK (Questions)

The following questions were identified by G/PHN/POP as being of importance in this evaluation. Those which are checkmarked were deemed most important. The ET attempted to address as many of these as possible within the time allotted for the evaluation.

1. What has been the process by which OR/TA opportunities are identified?

- ✓ ● Has the project been responsive to USAID mission and USAID/W ideas and concerns?
- ✓ ● Was a country strategy paper produced for each country in which activities were planned?
- ✓ ● Has the project collaborated with USAID cooperating agencies (CAs) in the identification of OR topics?
 - What criteria were used to select host country organizations?
 - 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 the region?
 - Did the contractor identify similar or comparable studies conducted elsewhere by the contractor or locally by other institutions? If so, to what extent were the findings from previous studies used in designing the proposed study?
- ✓ ● Was there an appropriate balance between diagnostic studies to identify OR opportunities and intervention studies to test problem solving strategies?
 - Did the contractor consult with other groups i.e., women's health networks, NGOs, academics, MOH representatives or others in developing the research priorities?
 - How collaborative has this process been and what is the perceived utility of the OR agenda by constituent groups?

2. What is the actual and potential impact of the portfolio of subprojects and technical assistance identified?

- ✓ ● Did the project identify and then address the major constraints to meeting the unmet need for family planning in Asia and the Near East? What interventions have been identified to effectively alleviate those constraints?

- ✓ ● Was the project responsive to requests for technical assistance? Apart from subcontractors, to whom was technical assistance provided? Is it possible to identify impact resulting from technical assistance, i.e., policy or programmatic changes?

3. What were the types and geographical distribution of OR subprojects and how effective was the collaboration with subcontracting organizations?

- ✓ ● Did the subcontracting organizations selected have the potential to have a significant impact in improving service delivery? To institutionalize OR capacity? What evidence is there that this has occurred?
- ✓ ● According to the Mission, the Subcontractor, and other CA's, how effective have OR workshops, the OR Handbook, and the technical assistance provided throughout the subprojects been?
 - Is the number, type and geographic distribution of the OR subprojects both manageable and maximal in terms of program impact? Were good topics selected for study?
 - Did the project successfully strike a balance between small scale subprojects and larger scale subprojects with potentially greater impact? Between qualitative and quantitative methodologies?
 - 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?

4. What has been the quality of the implementation of individual subprojects?

- ✓ Were subproject designs appropriate and effective for addressing the identified research question?
 - Were there significant departures from the original research design, and, if so, what effect did these have on the validity and usefulness of research results?
- ✓ ● What has been the quality of research instruments, training, data collection procedures, data analysis, and final reports?
 - How well has a balance been achieved between a robust research design (i.e., a controlled experiment) and available resources?
 - Is there a potential for policy impact from the research?
 - What is the potential for replication of the research?

5. What has been the extent/impact of TA provided to subcontracting institutions?

- ✓ What percentage of project time has been devoted to technical assistance for subprojects? Has the TA provided by the Contractor been sufficient at each stage of implementation?
 - What have been the causes of any delays experienced in the implementation and

completion of OR projects? Have unanticipated events been handled expeditiously?

- ✓ ● Have subprojects been adequately monitored and oversight of field activities sufficiently provided by the Population Council?

6. How successfully have the results of OR subprojects in Asia and the Near East been disseminated?

- ✓ Has sufficient attention been devoted to making research results widely known by different audiences, including Missions and AID/W?
 - 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? If so, has an attempt been made to effect changes based upon the findings from audience response?
- ✓ ● What efforts have been undertaken to disseminate OR findings to OR constituents, other CAs and other family planning organizations working in Asia and the Near East?
 - What range of channels was used to disseminate information?
 - What is the quantity and timeliness of information disseminated?

7. What evidence is there that findings from OR/TA studies have been utilized?

- ✓ ● To what extent have project staff been successful in identifying appropriate applications of research results, and scaling-up activities?
 - Have OR staff worked with local program managers and staff of other CAs to utilize information for program improvement?
- ✓ ● Have any changes been implemented as a result of an OR study i.e., in policy or service delivery procedure, at the same site or in an expanded program, in programs of other organizations, country-wide or elsewhere?
 - Has the information gained been used as a basis for further research?
 - Is replication of the *methodology* occurring elsewhere in the country or region?

8. Concerning the overall goal of the project, to what extent have the activities of the project, taken as a whole, increased the quantity, quality, and acceptability of family planning services in Asia and the Near East?

- ✓ ● Has the project produced practical findings and recommendations for the improved design and implementation of family planning services in the region? Have the findings/recommendations led to actual improvements?
- ✓ ● To what extent has the Contractor been successful in institutionalizing OR capacity in family planning organizations in the region?

- Is there evidence that program managers are increasingly receptive to OR as a tool?
- Do managers appear oriented to a proactive approach to problem solving?
- Is there evidence that research capacity among local researchers has improved as a result of project input? (in research design, data collection, processing, computer skills, data analysis, report preparation?)
- Has the project contributed to strengthening the local research infrastructure (computers, reference documents, software.)?

9. How effective is the current Project management structure?

- ✓ How does the current management structure and field staff placement enhance/inhibit the implementation of project objectives?
 - How does the project management team provide oversight of project activities in the region?
 - Are field staff appropriately placed to maximize project impact?
- ✓ How successful is the coordination between field-based management and administration in New York?
- ✓
 - Has the project received adequate and/or consistent guidance from G/R&D/POP/R in terms of setting the research agenda, reviewing proposals and other documents, strengthening management and dissemination activities?
 - How has the recent turnover of CTOs at G/R&D/POP/R affected the project?
 - What has been the experience of the contractor with regard to timeliness and usefulness of G/R&D/POP/R feedback throughout the subproject approval process?
 - What has been the experience of the project staff in relation to the USAID/W Office of Procurement?

10. Compared to what has been observed in the current project, i.e., what is working well, as well as any problems identified, what recommendations does the evaluation team have for a follow-on project?

The following questions are illustrative of the information that would be useful. The evaluation team is invited to design its own response to this section, providing more or less detail as seems appropriate.

- ✓ How should a follow-on operations research project be structured? i.e., should there be greater emphasis on having the OR/TA project provide operations research assistance to other CAs?
 - What needs are not being met by the current project that should be addressed in a follow-on OR/TA project, i.e., in a reproductive health issues?

- How can OR/TA best serve priority countries in the future?
- 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?
- 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 based staff?
- ✓ ● What are the advantages and disadvantages of a U.S. (Washington) based Project management staff?
- ✓ ● 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?
- What would be appropriate outputs for a future project? How can OR program impact be better measured both quantitatively and qualitatively?

EVALUATION TEAM

**Bill Trayfors, Team Leader
Sidney Schuler
Robert Blomberg**

FIELDWORK

August 10 - 28, 1994

APPENDIX B

PERSONS CONTACTED

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Asia OR/TA Evaluation: Persons Contacted

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APPENDIX C

PUBLICATIONS LIST

Books and Special Journal Issues:

- Paying for India's Health Care. Edited by Khan, M. E. and Berman, P. Sage Publications, 1993, (325 pages).

-See also Introduction pp. 21-29 and chapter titled "The Planning Process and Government Health Expenditure Patterns in India in the Early 1980's" by M.E. Khan, N.B. Rao and C.V.S. Prasad, pp. 91-120 in above-mentioned book.
- International Quarterly of Community Health Education, A Journal of Policy and Applied Research: Special Issue, Family Planning and Operations Research in Asia. Editor: George P. Cemada, Vol. 14, Number 1, 1993-94.

-"Operations Research Diagnostic Studies: Formative Evaluation in India, Indonesia, Pakistan" by Cemada, G., Rob, U., Miller, P., Khan, M.E., Patel, B., and Tuladhar, J., pp. 5-20.

-"NORPLANT® Implant Use-Dynamic Diagnostic Study: Indonesia 1991," by Kasidi, H. and Miller, P., pp. 53-76.

-"The State of Family Planning in Uttar Pradesh, India: A Literature Synthesis," by Khan, M. E. and Patel, B., pp. 77-125.

Operations Research Working Papers Series:

- Kasidi, H. and P. Miller. "NORPLANT® Implant Use - Dynamics Diagnostic Study: Indonesia 1991," *The Population Council, Operations Research Working Papers, No. 1, 1993*, (24 pp.). (also printed in International Quarterly of Community Health Education, Vol. 14 No. 1, 1993-94.)
- Bratakoesoema, D.S., F.R. Djamal, H. Bachtiar, Masrul, N.B. Azwar, S. Sastrawinata, and J. Tuladhar. "The NORPLANT® Contraceptive: An Indonesian Experience," *The Population Council, Operations Research Working Papers, No. 2, 1993*, (67 pp.).
- Khan, M.E. and B. Patel. "Review of Family Planning in Uttar Pradesh: A Synthesis," *The Population Council, Operations Research Working Papers, No. 3, 1993*, (63 pp.).
- Cemada, G., U. Rob, S.I. Ameen, and M.S. Ahmad, . "A Situation Analysis of Family Welfare Centres in Pakistan," *The Population Council, Operations Research Working Papers, No. 4, 1993*, (36 pp.).
- Rob, U., G. Cemada, K. Siddiqui, and J. Naeem. "Pakistan IUD Follow-up Survey," *The Population Council, Operations Research Working Papers, No. 5, 1993*, (51 pp.).

- Khan, M.E. and Rajagopal, S. "Family Planning in India - Observations on the 1970, 1980 and 1988 ORG National FP Surveys," *Working Paper No. 1, Centre for Operations Research and Training (CORT), Baroda, India, 1992*. Also accepted for publication in Studies in Family Planning, The Population Council, New York.

Articles: (in chronological order of publication)

- Rob, U. "Socio-Economic Determinants of Desired Fertility in Bangladesh," Demography India, Vol. 19, No. 2, 1990, pp.251-261.
- Cemada, G. "Every Sixth Person in the World," Editorial in International Quarterly of Community Health Education, Vol. 11, No. 4, 1990-91, pp. 311-314.
- Cemada, G. and P. Donaldson. "Developing More Effective Family Planning, Family Health and Family Welfare Programs: Opportunities for Government-NGO Collaboration," Population Research Leads, United nations Economic and Social Commission for Asia and Pacific, Bangkok, 1992.
- Rob. U., "Socio-economic Determinants of Fertility: What Do We Know?", Demography India, Vol. 21, No. 1, pp. 19-28.
- Cernada, G., U. Rob, S.I. Ameen, and M.S. Ahmed. "Accessibility and Availability of Family Planning Services in Pakistan: 1992", Demography India, Vol 21, No.2 1992, pp.213-238.
- Cernada, G., U. Rob, S.I. Ameen, and M. Ahmad. "A Situation Analysis of Public Family Planning Service Delivery in Pakistan," International Quarterly of Community Health Education, Vol. 14, No. 1, 1993-94, pp. 21-51.
- Cemada, G., U. Rob, S.I. Ameen, and M. Ahmad. "Operations Research Diagnostic Studies: Formative Evaluation in India, Indonesia, Pakistan," International Quarterly of Community Health Education, Vol. 14, No. 1, 1993-94, pp. 5-20.
- Cemada, G. and U. Rob, "Pakistan's Fertility and Family Planning: Future Directions," The Journal of Family Welfare, Vol. 38, No. 3, September 1992, pp. 49-56.
- Rob, U. and G. Cemada. "Fertility and Family Planning in Bangladesh," The Journal of Family Welfare, Vol. 38, No. 4, December 1992, pp. 49-56.
- Khan, M.E. "Population Dynamics and the Family Welfare Programme in India - An Overview," The Journal of Family Welfare, Vol. 38, No. 4, 1992, pp. 60-68.
- Cernada, G.P. and U. Rob. "Information, Education and Communication Needs in Family Planning: The Case in Pakistan," International Quarterly of Community Health Education, Vol. 13, No. 2, 1992-93, pp. 97-106.
- Khan, M.E.. "Cultural Determinants of Infant Mortality in India," The Journal of Family Welfare, Vol. 39, No. 2, June 1993, pp. 3-13.

- Khan, M.E. and B. Patel. "Women's Access to Health Care," Seminar No. 410, October 1993, New Delhi, pp. 34-37.
- Khan, M.E. and B. Patel. "Generating Demand for Contraceptives in India: A Case Study of IFC Activities in Uttar Pradesh," Community Health Education, Baywood Publishing Company, Inc., Vol. 12, No.2, 1993, pp. 151-161.
- Khan, M.E. and Patel, B. "Abortion Acceptors in India - Observations from a Prospective Study." Proceedings of IUSSP, Vol. 1, XXII General Conference, Montreal, 1993, pp. 253-267.
- Miller, Peter C. and M. Alauddin. "Family Planning Fortnight 1993: An Approach to Revitalizing the Bangladesh National Family Planning Program," Proionmo, Magazine of the Family Planning Services and Training Center: Special Issue for National Population Day, February 1994.

Presentations:

Fourth Asian and Pacific Population Conference, held August 19-24, 1992, Bali, Indonesia

- Peter Donaldson and George Cernada - Population Research Leads 1992. Paper prepared as a background paper (POP/AAPC.4/INF.11) for the Meeting of Senior Officials. Prepared and published by ESCAP with financial support from UNFPA.

APHA 120th Meeting, held November 8-12, 1992, Washington, DC.

- ANE OR/TA Panel on "Recent family Planning Operations Research in Asia" held November 10. Presentations given by:
 - George Cernada: An Overview of Recent Family Planning Operations Research in Asia
 - William Darity: Family Planning Operations Research Strategy in Egypt
 - Ubaidur Rob: Family Planning Operations Research in a Low Contraceptive Prevalence Setting - Pakistan
 - M. E. Khan: Family Planning Operations Research within the "Big Country" Strategy in India
 - Jayanti Tuladhar: Recent Family Planning Operations Research on NORPLANT® in Indonesia
 - Peter Miller: Roles for Family Planning Operations Research in Bangladesh

IUSSP XXII General Conference for the Vth Session on Health and Social Aspects of Induced Abortion, held August 24 - September 1, 1993, Montreal, Quebec, Canada

- ANE OR/TA Staff Presentations:
 - M.E. Khan, Bella C. Patel and R. Chandrasekhar: "Abortion Acceptors in India - Observations from a Prospective Study"
 - George Cernada: "Operations Research in Family Planning in South Asia"

APHA 121st Annual Meeting, held October 24-28, 1993, San Francisco, CA.

■ **ANE OR/TA Staff Presentations**

- Dale Huntington and Laila Nawar: "Comprehensive Operations Research Program Underway in Egypt"
- Jayanti Tuladhar and Hermi Sutedi: "Quality of NORPLANT® Contraceptive Services in Indonesia"
- George Cemada, Ubaidur Rob, S. I. Ameen, and M. S. Ahmad: "Situation Analysis of Family Welfare Centers in Pakistan" presented by Donna Nager
- John Townsend: "Overview of OR Activities, Focus on India"

- M. E. Khan. Unmet Family Planning Needs in India. Paper presented at the IPPF World Congress in New Delhi, India, Fall 1992.

- M.E. Khan. Quality of Family Welfare Services in Bihar: Users Perspective. Paper presented for the Workshop on Family Planning Effort held in Ching Mai, Thailand, October 5-9, 1993.

- John Townsend and M.E. Khan. Target Setting in Family Planning Programmes: Problems and Potential Alternatives. Paper presented at the 1993 Annual meeting of the Indian Association for Population Studies held at Annamalai University, Chitambam, Tamil Nadu, India, December 16-19, 1993.

NCIH 21st Annual Health Conference, held June 26-29, 1994, Arlington, VA

- **Auxiliary Meeting on Operations Research and Family Planning**
- John Townsend, Presentation on India's Reproductive Health Program
 - Bob Miller, Presentation on Reproductive Health Activities in East and Southern Africa
 - Ricardo Vernon, Presentation on Reproductive Health in Family Planning Operations Research in Latin America

ANE OR/TA Alternatives Newsletter -Issue Number 1, April 1994

APPENDIX D

ANE OR/TA PROJECT DELIVERABLES

Activity 1: Identify Family Planning Operations Research and Technical Assistance Opportunities:

1. As of the Eighth Semi-Annual Report (through July 1994) 64 OR/TA activities have been identified, 54 core and 10 buy-ins.
 - 18 subprojects have been completed
 - 26 subprojects are underway
 - 20 workshops have been completed

Project outputs called for 35 activities.

2. Nine priority countries have been visited to date: Bangladesh, Egypt, India, Nepal, Pakistan, Philippines, Indonesia, Turkey and Tunisia.
3. Two buy-ins were obtained from USAID Missions, one in Pakistan and one in the Philippines. Pakistan buy-in has supported a Host Country Advisor until USAID funding to Pakistan was suspended on June 30, 1993. Central funds support three Host Country Advisors, one each in Egypt, India and the Philippines.
4. 3,500 project brochures printed and distributed as planned.
5. New edition of the Handbook for Family Planning Operations Research Design was distributed to ANE policy-makers, managers, researchers, and US and international agencies and training programs.

Additionally, an Arabic translation of the Handbook has been produced and distributed by the project staff in Egypt. The Handbook also has been translated into Vietnamese.

6. To be done - A database developed for each country and institution visited, listing potential OR opportunities and capabilities.
7. Accomplished - One month after the award of the ANE OR/TA project contract, a detailed work plan was prepared, describing the activities to be performed during the first year.

Activity 2: Technical Assistance to Solve Service Delivery Problems Without Field-Testing Solutions:

1. Accomplished/ongoing - Technical assistance provided to a range of family planning organizations, concentrating on analyzing family planning service delivery problems and on improving the ability of program managers and researchers to design and implement feasible solutions to these problems.
2. Twenty workshops have been conducted. Project outputs call for conducting 12 workshops.
3. Two buy-ins - Pakistan and the Philippines. Only the Pakistan buy-in supported a Host Country Advisor (see Activity 1, #3). This person identified service delivery problems at local and national family planning organizations.
4. To be formalized - The Council will prepare a roster of resources for TA available through the project, and a list of priority needs for TA in the region.

Deliveries Planned:

1. A work plan was prepared and submitted to USAID during the first month of the project.
2. The second annual work plan was submitted to USAID in a timely fashion.
3. The third and fourth year work plans were submitted to USAID as required. A draft of the fifth year work plan has been submitted to USAID.
4. Subproject technical and financial reports are being submitted to the Council and are available to the USAID/CTO on request.
5. Seven semi-annual technical progress reports have been submitted to USAID. The eighth semi-annual report which goes through July 31, 1994 is due at the end of August 1994.
6. Thirty-five final reports have been submitted to USAID, 20 workshop reports and 18 subproject reports.

A Close-Out report for the Pakistan buy-in has also been submitted.
7. Financial reports are being submitted to USAID by the Population Council's accounting department.
8. Trip reports have been submitted to the USAID/CTO following completion of project-funded consultant travel. Project funded-travel is listed at the end of each semi-annual report.
9. Monthly financial reports are sent to the Council's NY office by project staff.
10. A draft of the final ANE OR/TA Project Report will be submitted to USAID 45 days following the termination of the project contract.

Activity 3: Technical Assistance to Prepare Subproject Proposals:

1. To be formalized - Guidelines for detecting problems and developing solutions will be produced for program managers and Host Country Advisors.
2. Being carried out - A diagnostic phase will be incorporated into many OR subproject proposals, particularly those in low-prevalence countries, and collaborating agencies will be helped with implementation.
3. Scopes of work completed and approved by USAID for Bangladesh, Indonesia, Pakistan (buy-in), Egypt and the Philippines. The India OR strategy has been approved by USAID and the work plan is now under review by the Mission.
4. Sixty-four proposals for OR activities have been submitted to the USAID/CTO for approval (54 core and 10 under the requirements contract).

Activity 4: Technical Assistance to Implement the Research:

1. Forty-four subprojects and twenty workshops have been fully implemented.
2. Being done - Appropriate data collection instruments being developed and used, e.g. situation analysis.
3. Being done - Technical assistance being provided to design and select an appropriate sampling scheme for each study.
4. To date 19 desktop computers and 6 laptop computers:

1 laptop and 7 desktop computers/India;
1 laptop and 5 desktop computers/Pakistan;
1 laptop and 2 desktop computers/Bangladesh;
1 laptop and 4 desktop computers/Egypt;
1 laptop and 1 desktop computer/the Philippines (an additional 2 laptops to be ordered);
1 laptop/Indonesia,

have been purchased and installed at OR project sites in order to facilitate data storage, processing, and analysis. Of the 19 desktop computers 1 each for India and Pakistan were purchased for subprojects. An additional two desktop computers were also purchased for the New York office (see attached list of computer equipment by country).

Additionally, all of the Population Council offices are electronically linked mail enabling OR staff to send e-mails, faxes and documents, etc., allowing for quick turnaround.
5. Ongoing - Program managers and researchers are gaining an understanding of, and practical experience in, conducting OR activities and utilizing data for decision-making through working with ANE OR/TA project.
6. Thirty-five OR final reports have been prepared and submitted to USAID Missions and USAID/W (see attached list of final reports).

Activity 5: Disseminate and Utilize OR/TA Results:

1. Mailing lists from Bangladesh, Egypt, India, Indonesia and Pakistan were updated early into the project. At present this is being done for the region in a far more extensive and systematic way utilizing computer programs.
2. The first issue of Alternatives was prepared and distributed in April 1994. Two more issues will be distributed during the project period, in October 1994 and March 1995.
3. Being done - Project staff are providing TA to subprojects to improve the preparation and dissemination of OR technical reports.
4. End of project seminars have been held following all completed subprojects (18) to discuss OR results, replication mechanisms, and implications for agency operational policies. These seminars are planned for all subprojects.
5. To be done - one page summaries of all subprojects completed under the ANE OR/TA project for distribution to high-priority institutions and individuals on the mailing list.
6. Following each workshop in Pakistan press releases have been prepared and press briefings have been held. Newspaper reports of the Family Planning Fortnight held in Bangladesh, December 1993, have been bound and are available for review. A list of staff publications are also available.

Towards strengthening information dissemination, a comprehensive dissemination plan has been prepared and will be implemented by two Communications Officers, one already on staff in Egypt, and another being recruited for India.

Additionally, at the End-of-Project conference to be held in India, January 1995, a media workshop is planned in which a selected panel of program planners, policy-makers, women's representatives and journalists will discuss dissemination issues in the region.

7. ANEORTA staff have presented papers at NCIH (first and second year), IPPF (second year) APHA (second and third years), IUSSP (third year). Papers from eight OR staff members have been accepted for the upcoming APHA meeting in Washington, DC. During the past year OR interregional project presentations have been increasing. A joint presentation by the three OR projects (Africa, ANE and INOPAL) was held at NCIH in June 1994 and one is planned for the upcoming ICPD meeting in Cairo, September 1994.
8. An end-of-project conference is scheduled to be held in India, January 17-19, 1995. The question of holding a second, smaller regional conference is under discussion.
9. During the fifth year of the project, at no cost to the project, the Council will prepare an edited volume on OR/TA in ANE that brings together the best reports and papers prepared during the project and summarizes the experience with OR in ANE.
10. In process - Council staff in all project countries are providing TA to ANE family planning programs to encourage managers to make decisions on basis of operations research.

APPENDIX E

(Status as of July 31, 1994)
A. ANE OR/TA SUBPROJECTS COMPLETED

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Bangladesh/ University Research Corporation (URC), Bangladesh	"Review of Bangladesh Policies Related to Family Planning and Population" Subcontract # C193.36A	Diagnostic Study/Policy Review	\$15,773 June 1, 1993 - November 30, 1993	Final report submitted to USAIDW.
Egypt / The Population Council	"Arabic Translation of <u>Handbook for Family Planning Operations Research Design, 2nd Ed.</u> " PC In-house #6586	OR Handbook translation into Arabic/dissemination	\$3,928 December 1, 1992 - February 15, 1993 No cost extension through February 1994.	Final report submitted to USAIDW.
India / Centre for Operations Research and Training (CORT)	"Documenting IMA Pilot Study for OCP through Private Medical Practitioners in Three States" Subcontract # C191.98A	Diagnostic study / Program Evaluation	\$6,500 November 15, 1991 - May 15, 1992 No cost extension until December 31, 1992	Final report submitted to USAIDW.
India / Indian Association for Population Studies (IAPS)	"Review of the FP & MCH Studies Carried out in Uttar Pradesh" Subcontract # C192.05A	Studies review and synthesis of findings	\$9,990 February 1, 1992 - April 30, 1994	Final report submitted to USAIDW.
India / Information Systems	"Tabulation of U.P. Survey Data" Subcontract # C192.42A	Diagnostic study	\$3,550 May 16-July 31, 1992	Appendix 2 of synthesis paper.

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COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
<u>India</u> / The Population Council	"Review of Family Welfare Programme in Uttar Pradesh" In-house project # 3801	Synthesis of research findings	\$4,500 Dec. 10 - Feb. 10, 1992	Final report submitted to USAIDW.
<u>India</u> / The Population Council	"A Diagnostic Study of Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh" PC In-house project # 3807	Diagnostic Study	\$9,000 May 1991 - September 1991	Final report submitted to USAIDW.
<u>India</u> / The Population Council	"Uttar Pradesh Baseline Surveys" PC In-house #3812	Coordination of Survey Preparation	\$24,950 October 4, 1993 -April 1, 1994	Final reports submitted to SIFPSA/USAID/Delhi.
<u>India</u> / The Population Council	"Uttar Pradesh Baseline Surveys: Training" PC In-house # 3813	Training Consultancy Organizations in Data Processing	\$24,300 February - March 1994	Final reports submitted to SIFPSA/USAID/Delhi.
<u>Indonesia</u> / The Population Council and the National Family Planning Coordinating Board (BKKBN)	"A Diagnostic Study to Evaluate the Prevalence of Clinical and Non-Clinical Delivery of NORPLANT® in the Indonesian FP Program" PC In-house project # 6592	Diagnostic study	\$6,250 October 1 - December 31, 1991	Final report submitted to USAIDW.
<u>Indonesia</u> / National Family Planning Coordinating Board (BKKBN)	"An Evaluation of NORPLANT® Use Dynamics in the Indonesian FP Program" Subcontract # CI91.99A	New Methods	\$105,555 December 1, 1991 - April 30, 1993	Final report submitted to USAIDW.
<u>Indonesia</u> / Yayasan Kusuma Buana (YKB)	"Review of Existing NORPLANT® Acceptor Tracking System" Subcontract # CI93.49A	Diagnostic Study	\$11,876 September 1 - November 30, 1993 No cost extension through December 31, 1993	Final report submitted to USAIDW.

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Nepal / New Era	"Diagnostic Study of the Community Health Volunteer Program" (CHV) Subcontract # CI91.93A	Diagnostic Study / Qualitative Evaluation	\$12,195 February 16, 1992 - July 31, 1992 (No-cost extension until August 31, 1993)	Final report submitted to USAID/W.
Pakistan / The Population Council and the Ministry of Population Welfare	"Study Visit to Bangladesh for Officials of the Ministry of Population Welfare" PC In-house project # 6597	Observation trip for a team of country's eight highest ranking population program officials	\$9,800 (Central) April 10-18, 1992	Final report submitted to USAID/W.
Pakistan / The Population Council and the Ministry of Population Welfare	"IUD Follow-up Study" PC In-house project # 6585	Program Evaluation	\$93,796 (Buy-in) September 1, 1992 - April 30, 1993	Final report submitted to USAID/W.
Pakistan / Non-Governmental Organizations Coordinating Council for Population Welfare (NGOCC)	"Diagnostic Study of Strengths and Weaknesses of Major NGOs Working in FP Service Delivery System" Subcontract # CI92.01A	Diagnostic study	\$9,768 (Central) February 15 - July 15, 1992	Final report submitted to USAID/W.
Pakistan / Ministry of Population Welfare	"Situation Analysis of Family Welfare Centers" PC In-house # 6596	Situation Analysis of Family Planning Program	\$44,634 (Buy-in) June 1, 1992- 31 Dec 1992	Final report submitted to USAID/W.
Pakistan / Ministry of Population Welfare	"Evaluation of Contraceptive Service Delivery through Mobile Service Units in Pakistan" PC In-house # 6599	Program Intervention / Study Design	\$35,853 (Buy-in) September 1, 1991 - June 30, 1992	Project suspended June 30, 1993 due to end of USAID funds to Pakistan. Funding continued by UNFPA. Final report pending.
Pakistan / Behbud Association	"Male Attitudes and Involvement in Family Planning" Subcontract # CI92.94A	Intervention Study	\$10,779 (Central) December 15, 1992 - March 31, 1994	Project suspended June 30, 1993 due to end of USAID funds to Pakistan. Funding continued by UNFPA. Final report pending.

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Philippines/ Social Science Research Institute, Central Philippines University	"Factors Affecting the Performance of BSPOs and BHWs in the Delivery of Family Planning Services in Iloilo City" Subcontract # CI93.43A	Diagnostic Study No-cost extension through August 31, 1994. Final report submitted to USAID/W.	\$15,110 August 1993 - February 1994 No-cost extension through August 31, 1994	Final report submitted to USAID/W.

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B. ANE OR/TA SUBPROJECTS ONGOING

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Bangladesh/ University of Michigan	"Women's Status and Family Planning in Bangladesh" Subcontract # CI92.60A	Data Analysis	\$72,813 September 1, 1992 - September 30, 1994	Ongoing.
Bangladesh / The Population Council and the Ministry of Health and Family Welfare	"An Investigation of Alternative Approaches to Contraceptive Logistics Management at the Peripheral Level" Subcontract # CI93.75A	Diagnostic Study	\$74,242 November 15, 1993 - October 14, 1994 Requesting contract amendment	Ongoing.
Bangladesh/ The Population Council	"Support for Research Dissemination, Utilization, and Policy in Bangladesh" PC In-house # 03816	Dissemination	\$24,500 June 23, 1994 - July 1, 1995	Ongoing.
Egypt/ The Cairo Demographic Center (CDC)	"A Study on Continuation/Discontinuation of Contraceptive Use by Method and Reasons for Dropout in CSI Project" Subcontract # CI93.33A	Evaluation Study	\$91,255 July 1, 1993 - April 30, 1994 No cost extension through September 30, 1994	Ongoing.
Egypt/ Social Planning, Analysis & Administration Consultants (SPAAC)	"A Study Profile of Clients of Different Providers of Family Planning Services" Subcontract # CI92.83A	National Diagnostic Study	\$125,065 December 1, 1992 - June 30, 1994	Ongoing.
Egypt/ The Egyptian Fertility Care Society (EFCS)	"A Study of the Use of IUDs in Egypt" Subcontract # CI93.26A	National Evaluation Study	\$101,809 April 1, 1993 - August 31, 1994	Ongoing.
Egypt / Social Planning, Analysis and Administration Consultants (SPAAC)	"Provider Training and Long Term Client Outcome" Subcontract # CI93.22A	Evaluation Study	\$7,493 March 15, 1993 - April 30, 1994	Ongoing.

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
<u>Egypt</u> / The Faculty of Nursing	"Development of Approaches to Community Based Family Planning Outreach in Egypt: A Review of the Raidat Rifiat System" Subcontract # CI94.02A	Diagnostic Study	\$107,750 January 15, 1994 - December 15, 1994	Ongoing.
<u>Egypt</u> / Egyptian Fertility Care Society (EFCS)	"Improving the Counseling and Medical Care of Post Abortion Patients in Egypt" Subcontract # CI94.29A	Intervention Study	\$81,969 May 1, 1994 - April 30, 1995	Ongoing.
<u>India</u> / Population Research Center (PRC) Patna University	"Promotion of FP and MCH through Dairy Co-ops in Rural Bihar" Subcontract # CI91.88A & #CI93.16A	Program Intervention and Technical Assistance	\$103,078 October 15, 1991 - March 15, 1995	Ongoing.
<u>India</u> / Centre for Operations Research and Training (CORT)	"Evaluation of the Impact of Training of Private Doctors for Promoting Oral Contraceptive Pills, Second Phase of IMA Project" Subcontract # CI92.30A	Evaluation Study	\$46,935 May 18, 1992 - September 17, 1993 No cost extension through July 31, 1994	Final report pending.
<u>India</u> / Indian Institute of Health Management (IIHM)	"Evaluation of the Impact of Mobile Educational Services Units in Increasing Accessibility and Acceptability of Contraceptives in India" Subcontract # CI92.29A	Evaluation Study	\$32,675 June 1, 1992 - July 31, 1993 No cost extension through October 31, 1994	Final report pending.
<u>India</u> / The Population Council	"Situation Analysis of Family Welfare Program in Uttar Pradesh" PC In-house # 3814	Diagnostic Study	\$196,200 September 1, 1993 - March 31, 1995	Ongoing.
<u>India</u> / The Population Council	"Expanding Contraceptive Choices: Diaphragms" PC In-house # 3815	Technical Assistance to ICMR and other groups	April 24, 1994 - July 23, 1995	Ongoing.

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
<u>India</u> / The Population Council	"Immunization and Child Spacing: Integrated Service Delivery"	Integrated Service Delivery	\$24,800 August 1, 1994 - June 30, 1995	Proposal approved by USAID/Delhi and ANE OR/TA Project Director.
<u>Indonesia</u> / The National Family Planning Coordinating Board (BKKBN) and Ministry of Health (DEPKES)	"Situation Analysis of Service Delivery Points in the BKKBN's Long-Term Method Priority Program Provinces" Subcontract # CI93.51A and Supplementary Subcontract No. CI94.11A	Diagnostic Study	\$102,838 September 1, 1993 - May 30, 1994 No-cost extension through August 31, 1994	Ongoing.
<u>Indonesia</u> / The National Family Planning Coordinating Board (BKKBN) and Ministry of Health (DEPKES)	"A Study to Improve Knowledge of and Services to Implant Acceptors" Subcontract # CI93.69A	Intervention Study	\$83,556 November 1, 1993 - October 30, 1994 No-cost extension through April 30, 1995	Ongoing.
<u>Indonesia</u> / The National Family Planning Coordinating Board (BKKBN)	"Follow-up Study Among IUD Acceptors in Java Island" Subcontract # CI94.31A	Evaluation Study	\$48,420 June 1, 1994 - December 31, 1994	Ongoing.
<u>Philippines</u> / Research Institute for Mindanao Culture, Xavier University	"Factors Affecting the Family Planning Program Drop-out Rate in Region X" Subcontract # CI93.41A	Diagnostic Study	\$14,553 August 1993 - February 1994	Final report pending.
<u>Philippines</u> / Ateneo de Davao University of Region XI	"A Diagnostic Study on the Implementation of DOH Health Volunteer Workers Program" Subcontract # CI93.68A	Diagnostic Study	\$20,355 October 15, 1993 - May 15, 1994 No-cost extension through August 31, 1994	Final report pending.

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
<u>Philippines</u> / University of the Philippines Research Center, DRDF	"A Study on Factors Leading to the Continued Company Support for the Industry Based Family Planning Program" Subcontract # CI93.42A	Diagnostic Study	\$16,208 August 1, 1993 - February 28, 1994 No-cost extension through August 31, 1994	Final report pending.
<u>Philippines</u> / The Population Council	"Review and Synthesis of Family Planning Studies" PC In-house project #6609	Synthesis Study	\$10,000 October 25, 1993 - February 28, 1994	Final report pending.
<u>Philippines</u> / Cordillera Studies Center	"A Diagnostic Study of the Implementation of the DOH Training Course for Family Planning Providers in CAR and Region 2" Subcontract CI93.82A	Diagnostic Study	\$19,725 November 21, 1993 - May 20, 1994 No-cost extension through August 31, 1994	Final report pending.
<u>Turkey</u> / AVSC/Turkey	"Situation Analysis of Turkey's Family Planning and Pregnancy Termination Services" Subcontract # CI94.35A	Situation Analysis	\$113,525 May 15, 1994 - February 14, 1995	Ongoing.

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C. SUBPROJECT PROPOSALS BEING REVIEWED

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/DURATION	PROPOSAL OR CONTRACT STATUS
<u>Philippines</u> / The Population Council	"DMPA monitoring and follow-up Studies"	New methods	\$83,619 One year	Proposal being reviewed by USAID/Manila.

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APPENDIX F

The ANE OR/TA Project in Bangladesh

In Bangladesh, the OR/TA Project's main accomplishment has been technical assistance in connection with a new policy and planning initiative of the MOHFW, which gives NGOs a central role in the planning and implementation process. The policy dialogue has been structured to a large extent around syntheses of operations research findings culled from extensive reviews of studies done by the Council, ICDDR,B and others over the years. With one or two exceptions (individuals who were not involved), everyone who was interviewed (the Secretary of MOHFW, the USAID mission, a director of a major NGO who serves on the Ministry steering committee, and other members of the steering committee) praised the Council for its contribution to this initiative. The interviews, and the documents produced by the new steering committee, suggest that if momentum can be maintained, the result may be a clearer direction, renewed momentum, and better-focused strategies and energies brought to bear on implementation problems that have been recognized for a long time but never resolved.

The Council's recent accomplishments in technical assistance came after a protracted period of uncertainty about what the OR program's role and staffing should be. For over a decade, Bangladesh has been one of USAID's largest recipients of population funds. Its size, its poverty, its rapid population growth rate, and its extremely high population density (especially for a predominantly rural society) have attracted a multitude of donors and projects in population as well as other development sectors. Since its independence from Pakistan in 1971 it has also attracted numerous scholars and applied researchers. Particularly through the Matlab and Family Health Services Extension Projects, Bangladesh has provided a testing ground for theories related to health and fertility transition and strategies for family planning promotion and service delivery. Recently the country has been proclaimed as an incipient "family planning success story" because of documented increases in contraceptive use and modest declines in fertility in the absence of significant socioeconomic improvements.

Because of the high level of population and family planning research in Bangladesh the Population Council's ANE OR/TA Project (like its predecessor, the URC Asia OR project) had considerable difficulty defining a role for itself. When USAID/W was preparing the RFA for the present project and contacted the various USAID missions in the ANE region, mission staff said that they did not see a need for an OR advisor and strenuously opposed the placement of a regional office in Dhaka, contending that there had been little benefit from having URC's regional office in Dhaka. After staffing changes at USAID/Bangladesh, the mission was more receptive to the idea of having one or more resident advisors but has still unenthusiastic about having a regional OR office in Dhaka.

This created a problem because the Council wanted to place Dr. Peter Miller in Dhaka, and as the project's Deputy Director, it was necessary that he spend some of his time in other countries in the region. The agreement with USAID also provided for a second OR position, but after delays in filling it, USAID withdrew concurrence. For some time the mission was critical of the Council because it perceived that Miller was spending too much time on regional activities. Dr. Miller felt that USAID was ignoring the agreement that had been signed between them, the government of Bangladesh, and the Council, which described his scope of work, by asking him to work full-time with ICDDR,B. He also felt hampered by the Council's failure to fill the second international OR advisor position and by the lack of local staff that he could call upon to help develop subprojects and respond to requests for TA. The way the project was structured, Miller felt, would have provided additional OR staff through the subproject mechanism but, in the absence of subprojects, he had to function as a single advisor rather than director of a team. As a result, tradeoffs had to be made and some activities that were initiated could not be followed up.

For example, the research director of NIPORT, the government agency responsible for population-related training and research, said that NIPORT would have benefitted from more concerted efforts at "capacity building" through collaborative research efforts and there were a number of possibilities for policy-related research that NIPORT might have liked to pursue with Council assistance. (However, NIPORT is already receiving technical assistance in research from GTZ, and, given its present staffing configuration, there is some reason to question whether the potential results of additional TA in connection with OR studies would be justify the effort.) Funding was provided for a an analysis of qualitative data by Ruth Simmons and Rezina Mita in connection with their ongoing research in Matlab and the FPHS extension project field sites but, apart from that, only two OR studies have been developed, and neither is yet underway. However, from their present vantage points, in light of the Council's perceived accomplishments in advancing a process of collaborative policy analysis, the problems described above and the lack of formal OR studies were perceived as relatively unimportant by the mission and the Population Council.

The evaluator attempted to determine whether the apparent success of the Council's work in Bangladesh was attributable to the skills and personality of the advisor himself. Is there simply a need for qualified advisors at the policy level, which could be filled through a variety of possible mechanisms? Or has his affiliation with the Population Council and the OR program given Dr. Miller a comparative advantage? The responses suggest that these factors, as well Dr. Miller's skills and personality, have been important. Through its ongoing research, the Council has built up a reputation in Bangladesh. It is perceived as a source of high-quality technical expertise. Visits by the Council's president and vice president in charge of the Programs Division, in connection with the official opening of its Bangladesh office, contributed to its relatively high profile vis-à-vis the MOHFP. As a research organization, the Council is perceived as relatively neutral without a specific agenda to push.

The OR/TA Project has cooperated closely with the Council's mission-funded FPHS Extension project and Ford Foundation-funded staff based in the Council's Bangladesh office. In addition to informal assistance in reviewing research proposals, several joint training workshops have been held on topics such as focus group research and statistical analysis using SPSS. (Only a few participants were interviewed. One said that the training in statistical analysis had been extremely useful and that the skills acquired had already been applied. Another felt the training in integrating qualitative and quantitative methods was too narrowly focused on focus group research and to much time had been devoted to The Ethnograph, a text-based database program of which the practical utility was not clear. Two individuals said that a field-based practicum as part of the course or practical follow-up was needed.) Despite criticisms related to the training methods and balance of content, the participants seemed to appreciate the workshops, and they were eager to receive further training. The sharing of space, computers, staff, and costs has clearly been advantageous both for the training workshops and for other activities of OR/TA and the other Council projects and made it possible for the Council to maintain an identity as a reputable source of assistance and advice separate from any individual project.

Several of those interviewed had interacted with the previous OR contractor, URC, and in general their assessment of URC's contribution was negative. The general feeling was that URC had a narrowly-defined agenda, which might have been their own or might have been forced on them by USAID/W, there was too much turnover in staff, and the level of competence and working style of the staff left much to be desired. While, over the years, USAID/W and its contractors have attempted to define OR broadly as resource for problem analysis and development of improved models for FP service delivery, this image of OR has not been successfully conveyed. The evaluator got a strong sense from almost everyone interviewed, and particularly from the USAID mission, that they thought Dr. Miller was not in fact doing OR when he was doing policy work. Synthesizing research findings for policy-makers and participating in policy development are not perceived as central aspects of OR. OR continues to be associated in people's minds with lists of discrete OR studies, and USAID/W continues to be perceived as demanding first and foremost that OR contractors produce specified

quantities of OR studies to fulfill their contracts. In the eyes of the mission, Dr. Miller is not doing "OR as such." But they feel that what he is doing can continue to play an important role in the FP program in the future. (Perhaps it would be useful to change the name from Operations Research to something like: "Research for Policy" or "Research and Policy Development".)

USAID mission staff were asked what could be done to bridge what the evaluator perceived as a gap in perceptions and communication about the nature and objectives of the OR program. It was suggested that part of the problem had to do with the nature of USAID contracting. The Council's (and before that URC's) contract specified numbers of subprojects/studies, workshops, etc., as "deliverables." Regardless of what USAID/W technical staff might say about being more concerned with impact than numbers, the existence of legal contracts that emphasize numbers creates an underlying fear that accomplishments that cannot be quantified may not be recognized. While broadening of the Scope of Work in regional OR contracts to include TA is seen as an improvement and something that should be continued, it is not seen as a solution to the tendency to focus on numbers. Miller is perceived as doing valuable work despite his mandate rather than in fulfillment of it. It was suggested that a Cooperative Agreement or, if the USAID system could be changed to make it possible, a grant to the Population Council would be more appropriate than a contract. Grants to high-quality, established institutions with clear organizational mandates (as distinct from those who see themselves simply as providing services to respond to USAID's needs and funding abilities) might encourage other institutions to adopt longer-range development goals and make more sustained, concerted contributions to development than they do under the present contracting system.

USAID/Bangladesh also suggested that a more efficient mechanism for fielding OR advisors might minimize the problems associated with high turnover among staff and organizations working in Bangladesh. This is perceived to be a general problem, not merely a problem with the OR project. Organizations have to get approvals to set up offices. New staff have to find housing and get their families settled; they need to be oriented and establish working relationships with potential colleagues. Without strong organizational support this can be difficult and can impose unnecessary burdens on the USAID missions as well as local institutions.

APPENDIX G

The ANE OR/TA Project in India

Summary

At the time of the evaluation, the Population Council had a strong OR/TA team in India consisting of the Project Director, a senior-level Indian sociologist-demographer, two mid-level Indian social scientists, and a Country Fellow. A few months earlier the Council received permission from the GOI to open an office in India, which enables it to add additional staff and fund subprojects without applying for GOI clearance. By establishing an office and building up relationships with key officials and inculcating an interest in OR in central and state ministries responsible for family planning, the Council has positioned itself to have a major influence in the coming years. These developments came about after an initial period in which the project in India was understaffed, perceived by USAID/India as unresponsive, and lacked a clear direction.

Background

Fifteen percent of the world's people (911 million) live in India. The north Indian State of Uttar Pradesh alone, with a population of 139 million, is larger than all but six countries in the world. India's family planning program is more than four decades old and is financed primarily by the GOI, which has allocated Rs. 65,000 million (nearly US\$2.2 billion) under the Eighth Five-Year Plan (1992-97). Despite rhetorical changes in recent years, indicating a broader programmatic approach, the program continues to over-emphasize sterilization, particularly for women, and its impact, particularly in the larger, poorer northern states such as UP, has been modest. The contraceptive prevalence rate for India as a whole is estimated at 44-45 percent, but for UP State, where USAID assistance is being focused, the CPR is only 30 percent, according to a Population Council estimate (Khan and Patel, 1993, Population Council Operations Research Working Paper No. 3.)

In many countries where USAID works, international and bilateral donors finance a substantial proportion of family planning programs. Relative to the scale of the Indian family planning program, the planned level of USAID funding (over \$300 million) is modest, and USAID's potential to have a positive influence will depend on its ability to establish credibility and to provide high-quality, strategic assistance related to bringing about positive changes at the policy level.

USAID has chosen to provide most of its assistance in India under a bilateral project known as IFPS: Innovations in Family Planning Services. This project concentrates effort in the northern state of Uttar Pradesh in which family planning performance has lagged for some years. The USAID-GOI agreed strategy under IFPS is to develop and test innovative service delivery options which are suitable for wide replication in UP and elsewhere in the country. At the time of the ET visit to Lucknow, the capital city in UP, IFPS operations were getting underway but still in a formative stage where policy and strategy inputs were urgently needed.

Project Staff

Despite India being a priority country for the ANE OR/TA Project, the Population Council had only one key staff member there throughout the first three years of the contract, a senior Indian demographer and OR specialist, Dr. M.E. Khan. The former Project Director, based in Islamabad,

made 12 trips to India during this period to provide technical assistance to USAID, assist in establishing OR/TA activities, and discuss his own possible relocation to New Delhi, but this plan was later cancelled. Currently there are four full time staff members in India, including the Project Director and a Country Fellow. Their back-grounds include social psychology (the Project Director), demography, statistics, sociology, and economics.

Of the current configurations of project staff in OR/TA countries, India provides the best model for the future: a strong senior expatriate advisor with a good mix of research and interpersonal skills collaborating with a well-respected senior researcher from the host country, and two mid-level researchers, one with a background in qualitative research and another with strong quantitative skills. Even so, the team could probably be more effective if it were concentrated in one place and an additional senior international advisor were added. In general, project staff in India have been too few and too widely dispersed.

OR/TA Strategy

The OR/TA Project in India developed a written strategy only at the end of the third year of the project, after the arrival of the new Project Director. The strategy reflects work already completed at that time as well referring to the final two years of the project and beyond. The strategy (attachment to Appendix G) includes a number of approaches to improving access to family planning services and quality of services and mentions, but does not focus directly on, cost and sustainability issues. It also stresses collaboration with other donor agencies and USAID-funded Cooperating Agencies working in India. It outlines a variety of activities within a flexible framework, including technical assistance to the GOI and the USAID mission in response to emerging priority issues as well as problem identification, utilization of existing data for policy and program development, support for introduction of new technologies, testing (evaluation) of service delivery approaches developed by collaborating agencies to facilitate replication and scaling-up, and "establishment of experimental areas within UP State with the intention of mounting major experimental and demonstration projects seeking to make a difference in family planning use in large geographical areas."

Activities and Accomplishments

The Council's activities during the first three years of the project were somewhat fragmentary, although they do in fact fit into the strategic framework described above. One problem was that the project was understaffed. It appears also that the Project Director was not providing adequate direction, and this contributed to tension between the contractor and USAID. USAID/India perceived that, despite his frequent visits, the Director's attention was focused mainly on Pakistan. In addition, during much of this period the USAID project in India was still being designed and, as a result, the timing was not right for the Council to launch into a major initiative such as a high profile demonstration project. Considerable effort also was entailed in securing approval for the Population Council's regional office in India, which finally was granted in May 1994. Whereas in many cases other foreign organizations with offices in India must seek separate approvals to provide funding to local organizations for specific projects, the terms of the Population Council's agreement with the GOI enable the Council to fund subprojects without applying for GOI clearances. The Council's permission to work in India has no time limitation and the number of expatriate staff is not restricted.

For the first year and a half Dr. Khan's efforts were focused mainly on technical assistance to USAID—literature reviews and guidance to design teams for a major bilateral initiative UP State. In the second and third years of the project several evaluation studies and a series of large, district-level baseline surveys were initiated and two additional local staff, a demographer and a sociologist,

were hired. The Council also invested considerable effort in building up credibility and good working relationships with Central and UP State government officials, and in getting GOI permission to open a regional office in India. Currently there are eight OR subprojects underway and five completed, and two workshops have been held.

Six of the subprojects were diagnostic studies requested by USAID (five reviews of secondary data on various aspects of the Indian family planning program and baseline surveys in several districts of UP State). Seven evaluate specific service delivery interventions such as promotion of oral contraception through training of private doctors, promotion of family planning and MCH through dairy cooperatives, mobile educational services, integrated services, and introduction of diaphragms into service delivery programs.

A few of the subprojects have had a modest positive impact on programs (see Section 4). The background reviews and technical assistance provided by the OR/TA Project have contributed to the design and start-up of the USAID initiative with the GOI in Uttar Pradesh. For example, the OR/TA Project has worked with GOI agencies to facilitate the accomplishment of benchmarks, upon which the project's performance-based disbursement system depends. The Population Council has also provided technical assistance in other areas. For example, the Council has been successful in initiating a constructive dialogue with feminist groups¹ with the objective of finding ways to make family planning programs more responsive to feminist perspectives. After feminist groups attempted to block the introduction of NORPLANT[®] into the national family planning program, OR/TA staff helped USAID/India convince the GOI to undertake a clinical study in which other temporary methods would be offered along with NORPLANT[®]—essentially turning the study into an informed choice demonstration project.

Among the contractor's subproject activities in India, the Baseline Survey Project in 15 districts of UP accounted for the largest investment of time and probably will yield the least payoff unless action is taken immediately to capitalize on the use of survey data for program formulation in UP (this will not happen automatically, but the door is open for such initiative to be taken). This subproject was undertaken at the request of the GOI and USAID/India and involved intensive technical assistance to eight different consultant groups contracted to carry out the survey work in the field. Since many of these groups lacked the skills needed to carry out the baseline surveys, the Council was obliged to take primary responsibility for questionnaire development, training, oversight of data collection, and general quality control. In retrospect, it appears that the Population Council was understaffed and perhaps was not the best qualified among the various USAID CAs working in India to take on this task. The Population Council took it on believing that it was important to be responsive to USAID and the GOI but, clearly, there were considerable opportunity costs associated with this action.

Future Prospects and Recommendations

While the OR/TA Project has made a modest contribution in furthering USAID objectives during project years one through four, the Council's biggest accomplishment in India has been positioning itself to have a major impact in the coming years. It appears that this could best be done through a large demonstration project with the UP State government and the State Innovations in Family Planning Services Agency. The ICDDR,B Family Planning Health Services Project in Bangladesh would provide a good model.

¹ To a large extent this is being done with separate funding.

It is unlikely that a new OR contractor, beginning a year from now, could establish itself in India and build up the relationships necessary to play a significant role in transforming India's huge, dysfunctional public sector family planning program. The team therefore recommends that a mechanism be found to enable the Population Council to continue its work in operations research and technical assistance in India, either through a sole source agreement for the follow-on ANE OR/TA Project or through a separate agreement for work in India.

In light of the opportunities that now exist and the need for strong direction and focus in future OR/TA activities in India, the team also recommends that the current ANE OR/TA Project Director remain in Delhi and the Council place a Senior OR Advisor with strong programmatic as well as research experience in Lucknow to work with the existing host country staff. If possible from a contractual point of view, this should happen as soon as an appropriate candidate can be identified. If it is impossible to begin recruitment under the current contract, this should be given high priority in the follow-on project.

The current Host Country Advisor, Dr. Khan, is well-known and respected for his extensive experience in demographic research in India and his knowledge of the GOI family planning program and its history. He has necessary credibility to work closely with the GOI. While the staff as a whole has a relatively solid and appropriate mix of skills, the integration of qualitative and survey methodologies might be improved if Ms. Patel moved from Baroda either to Lucknow or to the Delhi office, as Dr. Khan recently did. To launch a major demonstration project, it would also be advantageous to add an additional senior advisor, based in Lucknow, with a strong service-delivery background as well as research skills.

OUTLINE OF POPULATION COUNCIL STRATEGY IN INDIA

The India strategy has been in the process of development over the past year. Its objectives remain focused on improving the use of family planning in Uttar Pradesh (UP) specifically, and India overall during the next 7 years. All project activities are designed to increase access to services, improve coverage, enhance the quality of care, and address issues of costs and sustainability of service programs over time.

The six elements of the strategy include:

- Utilization of existing data on UP and other northern low prevalence states of India for USAID and GOI policy development and supporting the country team on problem identification.
- Tests of interventions developed by collaborating agencies to facilitate rapid replication and scaling up in UP. These include studies with private physicians, cooperatives, and community based distribution programs supported through a local university.
- Establishment of experimental areas within UP with the intention of mounting major experimental and demonstration projects seeking to make a difference in family planning use in large geographic areas. Baseline contraceptive prevalence and a review of supply problems from a Situation Analysis provided the basis for documenting improvements in service delivery.
- Introduction of new technologies and service delivery mechanisms, e.g. injectables, NORPLANT, temporary methods through CBD and CSM mechanisms, post-abortion family planning, in collaboration with the government of India and international CAs.
- Utilization of OR data for national policy development, e.g. quality of care, ICPD preparation, innovation in plans for the national family welfare program.
- Technical assistance to the Government of India and USAID Country Team on emerging priority themes.

The ANE OR/TA project will continue to work with the USAID Mission on the development and implementation of this strategy during the next semester. In addition, the Council will seek to cooperate with other international organizations in the area of health and family planning, such as UNFPA, WHO, UNICEF, and the World Bank where appropriate.

ACTIVITIES PLANNED FOR NEXT 12 MONTHS

- Continue support to the Bihar Dairy Cooperatives Project.
- Complete Second Phase of IMA Promotion of OCs Project.
- Complete Mobile Educational Service Units Project.
- Hold workshop on OR for improving quality of care.
- Hold workshop on sensitization of managers regarding NGOs in Uttar Pradesh.
- Initiate situation analysis of family welfare program in Uttar Pradesh
- Design and establish field station for experimental projects in collaboration with the Evaluation Project.
- Initiate experimental CBD projects for OCs and condoms in Varanasi, in collaboration with CEDPA.
- Provide TA for Baseline Survey in Uttar Pradesh.

COOPERATION IN PLANNING FOR EXPERIMENTAL PROJECTS

The ANE OR/TA project proposes that several small meetings be held during the next year to develop and review plans for experimental projects and the field station in UP. These meetings will review drafts of objectives and plans for the establishment of experimental strategies, address critical issues in intervention and evaluation design, and provide a forum for the review of previous experiences from field stations in Asia, Africa and Latin America.

We propose that these meetings be held in cooperation with the Evaluation Project, and include selected participants from the Indian and international population communities. The meetings will last for no more than 2 days and include no more than 10 people. In addition to three Indian professionals, international participants may include: Ron Freedman, Amy Tsui, John Ross, Anrudh Jain, Jim Phillips, Peter Donaldson and Henry Mosley. Observers may include the Ford Foundation, UNFPA and/or the World Bank. A more formal proposal for such meetings will be prepared during the next few months, following consultation with USAID/India.

APPENDIX H

The ANE OR/TA Project in Pakistan

Context

Pakistan began its family planning effort in 1962. The past 32 years have seen a series of gains and losses, resulting in very little increase in modern contraceptive prevalence. The 1990 Pakistan Demographic and Health Survey (PDHS) estimated only 9 percent modern use and 12 percent overall use of contraception. However, several seemingly contradictory results of that study have been questioned, and the Population Council has been asked to assist in the conduct of a Contraceptive Prevalence Survey (CPS) that will get underway in September and will cover the more populous regions of the country in an attempt to obtain reliable estimates of CPR. Guesses are that the overall rate will be found to be well under 20 percent in late 1994.

The very low contraceptive prevalence in the country can be explained by two principal factors:

- (1) quixotic attempts by the government of Pakistan over three decades to mount a serious, nationwide family planning effort, punctuated by long periods of relative neglect; and
- (2) the very difficult socioeconomic, cultural, and political environment of Pakistan which ensures any social development effort will find rough sledding—especially one so closely tied to intimate personal behavior as family planning is.

The present government of Benazir Bhutto professes interest in and support for family planning, but much of the service infrastructure erected in earlier periods is aging and ineffective. At the request of the Ministry of Health in mid-1992, the Population Council carried out a Situational Analysis representative of the 1,288 Family Welfare Centers (FWC) throughout the country. The 100 FWCs visited yielded mostly bad news: low caseloads, inadequacy of facilities, some stock-outs, lack of educational materials, insufficient outreach, unnecessary medical and social barriers to service provision, and insufficient or erroneous information given to clients. The study concluded there was an urgent need to bolster in-service training and supervision. Another study of IUD use found only one in seven reported IUD insertions to be genuine; misreporting was epidemic, reflecting a general condition of the program for several decades.

In 1979-80 the Pakistan government abandoned the Continuous Motivation Scheme (CMS), which had been pioneered in 1970-71 in Sialkot Province (and in what is now Bangladesh), after almost a decade of use. For the next three years, workers in that scheme were on the rolls but without task assignments until they were terminated in 1983. For another six to seven years, family planning was essentially forgotten as a government priority.²

There is now renewed interest in providing FP services, though much of the service infrastructure requires a major overhaul. In addition, there is no current demonstration area in Pakistan where "good" FP service delivery can be USAID to be taking place on a significant scale, thus no model for wide replication. Finally, the considerable institutional capacity for family planning OR developed in the early 1970s (WEPREC/WEPTREC) with the support of Johns Hopkins University has been lost.

It is in this context that the Population Council OR/TA effort in Pakistan is working.

² By contrast, Bangladesh continued the scheme, modified it, and made significant progress in CPR levels while Pakistan floundered.

Project Performance

The Islamabad office of the ANE OR/TA Project was established in May 1990 as a regional office. Dr. George Cernada, a senior and very experienced Population Council Associate was named overall Project Director, responsible for project activities covering a geographic area from Morocco to the Philippines. Cernada had been visiting Pakistan in one capacity or another for nearly 30 years, and was thus well acquainted with the very difficult circumstances (for family planning) there. He determined early on to concentrate much of his effort on what he believed to be the most significant effort the Asia OR/TA Project could do in Pakistan, namely, to develop and help calibrate an outreach demonstration rooted in the community which could serve as a replicable model for the country. This determination—which subsequently occupied much of Cernada's time and attention, arguably to the detriment of other OR activities in the region—must be evaluated in the overall context of Pakistan (above).

Under the OR/TA Project, six subprojects were undertaken including a major Situational Analysis, an IUD follow-up study, an NGO study, a Mobile Services study, a study of Male Attitudes and Involvement, and an observation tour for high-level officials. Three of these activities were under a USAID buy-in; three were central funded. The total budget for these six activities was just over \$200,000 (the IUD follow-up study alone represented 46 percent of the total). These activities resulted in several highly desirable and important outcomes (detailed in the main report).

For political reasons, USAID withdrew new assistance to Pakistan in June 1993. By that time, the Council had been working for three years under the OR/TA contract and had established excellent rapport with the Ministry of Population Welfare (MOPW) and had performed very well in the eyes of USAID/Pakistan. After USAID's withdrawal, the Council was determined to continue the momentum it had built up and sought funding from other sources, including the Asian Development Bank, UNFPA, ODA, and others. At the time of the ET visit, OR/TA activities were continuing under this funding.

The Council has positioned itself in Pakistan as a collaborator and ally of the MOPW. In fact, it is sometimes considered as an extension of that Ministry and is used as such. This is both good news and bad news, depending on how skillfully the Council will be able to manage its resources in the future and to direct them toward strategically important actions rather than responding to the MOPW's immediate (often political) needs. Stay tuned.

APPENDIX I

The ANE OR/TA Program in the Philippines

Although the USAID PHN officer began seeking the establishment of an operations research program "the week after arriving" in 1990, the Population Council's OR/TA program did not begin in the Philippines until mid-1992 as a buy-in by USAID/Philippines. Perhaps more than in any other ANE country, the approach to OR/TA development in this country has been studied and methodical.

With a total fertility rate of 4.09 (1993 NDS/DHS), the Philippines has one of the highest TFRs of any country in South or Southeast Asia. The same survey found 91 percent of currently married women reported they did not want to have a child within the next two years, but current contraceptive method use was only at 40 percent (all methods; 25 percent for modern methods). Knowledge of modern methods is widespread, with more than 90 percent or more of married women reporting knowledge of pills, IUDs, condoms, and female sterilization, and 80 percent or more reporting they know a source for each of these methods. However, with the exception of female sterilization at 11.9 percent, fewer than 10 percent of women use any one of them.

The strategy for OR work has been largely driven by the 1988 decision of the Philippine government to move the delivery of family planning services from the Population Commission to the Department of Health (where the emphasis shifted from demographic concerns to health and welfare concerns) and the subsequent 1991 legislation (Local Government Code) which resulted in political decentralization and was accompanied by "devolution" of many decision-making powers, including those previously held by the Department of Health, to local government units (LGUs, i.e., provinces, cities, and municipalities).

Thus, responsibility for family planning service delivery is now in the hands of approximately 1650 local government units. The working relationships and the management structure for making this service delivery system effective are not yet in place, creating a situation rife with opportunity for operations research work.

Although the Population Council's office in Manila was not opened until April 1993, the Philippine OR program began in October 1992, with a workshop which introduced 35 Philippine family planning program managers and academic researchers from all over the island nation to operations research concepts and resulted in the identification of research topics. This was followed by a workshop on Operations Research Proposal Development, involving many of the same participants, in January 1993. The latter workshop generated seven proposals, five of which were subsequently funded. Given the context described above, it is important to note that four of the subprojects were regionally based, in support of the Council's long-term objective of establishing a network of research centers strategically located to be capable of undertaking operations research projects with widely dispersed local government units responsible for delivering family planning services.

The six subprojects that have been undertaken to date (including one not developed at the workshop) are all diagnostic in nature rather than for purposes of testing the benefits of selected interventions. The subprojects (with the implementing agencies in parentheses) are the following:

- Factors Affecting the Family Planning Drop Out Rates in Region X (Research Institute for Mindanao Culture, Xavier University)
- A Diagnostic Study of the Implementation of the Department of Health Training Course for

Family Planning Providers in CAR and Region II (Cordillera Studies Center)

- **A Study of Factors Leading to Continued Company Support to an Industry-Based Family Planning Service (University of the Philippines Research Center)**
- **Factors that Contribute to the Performance of Barangay Service Point Officers (BSPOs) and Barangay Health Workers (BHWs) in the Delivery of the Family Planning Services in Iloilo (Social Science Research Institute, Central Philippine University)**
- **A Diagnostic Study on the Implementation of the Department of Health (DOH) Health Volunteer Workers Program (Philippine Department of Health)**
- **Review and Synthesis of Family Planning Studies Undertaken in the Philippines (The Population Council)**

Each of these subprojects has had an accompanying dissemination seminar. One-page summaries of findings and program implications of each, in several formats for different audiences, (one has been completed) are being prepared for distribution. A workshop on utilization of findings for a broader audience, summarizing all six projects, is scheduled for September 1994.

In spite of the quickness with which they were developed and undertaken (average duration of 10 months, including no-cost extensions), and their low cost (average \$17,200 per subproject), the efforts have had some important impacts.

For example, the Diagnostic Study of the Implementation of the Department of Health Training Course for Family Planning Providers in Cordillera Administrative Region and Region II resulted in a restructuring by the DOH of the training program for preceptors (to be pilot tested in September) to shorten its duration from 12 to seven days and to reduce the number of IUD insertions precepted in the training of clinician/midwife providers from 15 to seven. In addition, it resulted in the issues of quality of care being made an explicit part of the Basic/Comprehensive Training module, where it had previously only been part of the Preceptors Training module.

In addition to these subprojects, the OR/TA program in the Philippines has been asked by the USAID mission to establish a management information system/monitoring program as part of the DMPA reintroduction program intended to estimate demand for method logistical requirements; the monitoring activity will last one year, concluding in May 1995. A complementary longitudinal follow-up study of DMPA acceptors is also being undertaken to examine quality of care issues during the reintroduction period. In some sense, the monitoring project is an "in-house" activity in which the Population Council is performing a service that does not have a counterpart in the host country. The evaluation team had some concerns about the appropriateness of this activity under the OR rubric since the project does not establish a prospect for long-term implementation (ongoing information management and monitoring), nor does it contribute to capacity building among host country agencies.

While the need to undertake diagnostic studies may be present during the initiation phase of an OR program, it is apparent that to be most useful, the Philippine OR program needs to move to testing intervention strategies based on the findings of the existing diagnostic efforts. Without such intervention studies, the true value of the diagnostic work will not be realized. There will be many OR opportunities during the follow-on contract period, and the task of the OR program management will be to determine which are the most strategic and which are interesting but diversionary.

Future OR work should focus on building and testing models for structuring local government implementation of family planning service delivery.