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OPERATIONS RESEARCH PROGRAM

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Prepared by:
Research Division
Office of Population
Bureau for Science and Technology
Agency for International Development

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OVERVIEW OF THE FAMILY PLANNING OPERATIONS RESEARCH PROGRAM

The Office of Population's Operations Research (OR) Program began in 1973. Its primary purpose is to assist policymakers and program managers in designing, implementing and evaluating effective and efficient family planning and basic health delivery systems that make services more fully available, at a reasonable cost, to rural and urban poor in developing countries. As a corollary objective, the program supports diagnostic/evaluation research aimed at improving existing family planning and primary health care delivery systems.

Principal characteristics of the Operations Research Program are outlined below:

Project Sites

- . A total of 74 operations research country studies have been developed - 12 in Africa, 24 in Asia, 12 in the Caribbean, 18 in Latin America and 8 in the Near East. In addition, there have been eight umbrella OR projects: two regional projects in Asia and one in the English-speaking Caribbean; three technical umbrella OR projects, including one on natural family planning and two on management/supervision; and two interregional OR projects.
- . The project sites are located in 32 countries, covering a total population of over 35 million.
- . Fifty-two operations research projects are currently ongoing - 12 in Africa, 14 in Asia, 11 in the Caribbean, 5 in Latin America, 3 in the Near East, and 7 umbrella projects.

Project Implementation

- . Executing agencies include both public and private host-country institutions. Technical assistance is provided by ST/POP/R staff and by various intermediary organizations under contract with A.I.D. (Columbia University, Family Health International, Johns Hopkins University, the Population Council, Tulane University, the University of Michigan, the National Academy of Sciences, and the International Federation for Family Life Promotion).

Study Design

- . All but 11 of the country studies developed to date involve non-clinical, community-based distribution systems, relying on local, lay personnel; 37 are household contraceptive distribution projects, and 26 are village-based distribution experiments.
 - Household distribution projects entail an initial canvassing of all households in a catchment area during which family planning, and in many cases, health information and services are provided, along with referral for clinical methods. Resupply of contraceptives and health commodities is subsequently provided through community-based distribution points or clinics.
 - Village-based distribution projects establish a service point in communities and do not involve systematic household visits.
- . Thirty-two (43 percent) of the country studies have a health component (e.g., oral rehydration therapy, immunization and anti-parasite drugs for young children, iron supplementation and tetanus toxoid immunization for pregnant women, nutrition surveillance, simple household drugs) in their delivery systems.

- . The research design of these projects ranges from feasibility or simple demonstration studies to quasi-experimental studies. Of the 74 OR studies to date, 4 are feasibility-only studies, 31 are field experiments involving pre- and post-intervention surveys, 29 have both experimental and control groups, 9 are classified as diagnostic research and 1 involves multiple designs.
- . Specific program issues examined, reflecting host country priorities, include: appropriate contraceptive mix, combining contraceptives with health and other developmental actions, types of distributors, length and type of training and supervision, agent remuneration, pricing policies, contraceptive resupply and continuation rates, and cost-effectiveness.

Documentation and Dissemination of Findings

- . The Operations Research Program has sponsored:
 - regional conferences on community-based contraceptive distribution in Africa/Near East, Asia and Latin America;
 - international workshops on cost-benefit/cost-effectiveness analysis as well as family planning and health interventions in community-based distribution projects;
 - operations research workshops;
 - widespread dissemination of findings in numerous state-of-the-art documents, project reports and publications in professional journals.
 - publication of a Handbook for Family Planning Operations Research Design.

Program Budget

- . By the end of FY 83, Operations Research Program obligations totalled approximately \$31 million, including some health and nutrition funds and contributions from USAID Missions.

Lessons Learned

- . Preliminary or final results from ongoing and completed operations research projects indicate, in a wide range of socio-cultural settings, that:
 - Community-based distribution of family planning and basic health services by locally recruited and specially trained non-professionals is acceptable, safe, feasible and cost-effective;
 - Contraceptive prevalence rates have doubled, on average, within 1-2 years, particularly in areas where previous levels of use of modern methods of contraception were low;
 - The projects have affected how governments organize and manage family planning and primary health care programs. A total of 19 projects have been replicated or expanded. Many of the projects have resulted in major policy changes and improvements in service delivery. Countries where A.I.D. family planning operations research activities have had an important policy and/or programmatic impact include: Bangladesh, Brazil, Colombia, Egypt, Guatemala, Haiti, Mexico, Morocco, Nigeria, Sudan, Sri Lanka and Tunisia.

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. Insights into service delivery issues include:

- The addition of new contraceptive methods to a delivery system resulted in a net gain in the level of acceptance in the three projects where this was tested;
- In four projects where the effect of incorporating other health or community development services into the delivery system was examined, costs increased but FP acceptance was not affected;
- The three projects that assessed the importance of distributor characteristics such as age, sex and marital status found that these variables account for little or none of the observed differences in distributor performance;
- In four projects, the effect of charging a fee (approximately wholesale supply cost) for family planning methods ranged from weakly negative to zero;
- Several projects have produced qualitative and quantitative descriptions of the cost and effectiveness of different approaches to supervision.

. Insights into project design and evaluation include:

- It is important to solicit the participation of the community to be served by the delivery system in the planning phase, including local, religious and civic leaders;
- When distributors are to be trained to provide several services, it is useful to introduce these services in a phased pattern rather than at one time;
- Small scale, rapid turnover "mini-surveys" are useful in addressing a number of issues related to project implementation;
- Research designs should take into account the inability of the program to fully control field conditions;
- Information on the process of service delivery is essential to the interpretation of impact data.

SUMMARY OF CHANGES IN CONTRACEPTIVE PREVALENCE AMONG
SELECTED OPERATIONS RESEARCH PROJECTS

<u>Project Title</u>	<u>Country</u>	<u>Study Population Size</u>	<u>Before Intervention Prevalence</u>	<u>After Intervention Prevalence</u>	<u>Absolute Change (%)</u>	<u>Relative Change (%)</u>	<u>Before/After Time Period</u>
Matlab	Bangladesh	125,000 125,000 (control)	1.1 2.9	15.0 3.6	13.9 0.7	1,263.6 24.1	1 year 1 year
Modified Matlab	Bangladesh	160,000	10.0	31.0	21.0	210.0	1 year
CPAIRC	Brazil	21,000	70.1	74.7	4.6	6.6	7 months
Boyaca	Colombia	300,000	16.0	63.0	47.0	293.7	3 years
Shanawan	Egypt	14,000	18.4	31.0	12.6	68.5	1 year
38-Villages	Egypt	200,000	19.1	27.7	8.6	45.0	8 months
Menoufia	Egypt	1,400,000	19.0	23.0	4.0	21.1	2 years
INCAP	Guatemala	150,000	14.0	17.0	3.0	21.4	11 months
Household Distribution (HBD)	Haiti	26,000	1.4	25.5	24.1	1,721.4	8 months
Euiryong	Korea	21,000	34.0	41.0	7.0	20.5	4 months
Cheju	Korea, Cheju Prov. Hapchun Cty.	432,000 145,000 (control)	19.4 27.3	39.9 44.7	20.5 17.4	105.7 63.7	5 years 5 years
San Pablo Autopan	Mexico	8,000	6.6	34.0	27.4	415.2	21 months
VDMS	Morocco	Marrakech City Rural Area Total 1,200,000	49.0 11.0	65.0 45.0	16.0 34.0	32.7 309.1	4 months 4 months
MCH/Family Planning	Nicaragua	720,000	4.4	6.2	1.8	40.9	1 year
Feasibility and Effectiveness	Taiwan	160,000 170,000 (control)	47.0 47.0	62.7 66.2	15.7 19.2	33.4 40.9	4 years 4 years
PFAD	Tunisia	30,000	6.6	17.7	11.1	168.1	28 months
PFPC	Tunisia	144,000	26.0	33.1	7.1	27.3	16 months

OPERATIONS RESEARCH PROJECTS

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	<u>Project Description</u>	<u>Project Status</u>	<u>Results</u>
4. a) BANGLADESH b) Matlab c) Cholera Research Laboratory (CRL) "Original" Study Design d) Matlab thana e) AID/W	Population: 250,000 One-half of the population was control; other half was household distribution area. Lay, local women distributed free 6 cycles OCs or 72 condoms in distribution area. Resupply was thru village depots. Periodic prevalence surveys were conducted in both areas. A special study conducted during household distribution measured effect of injectables* distributed by specially trained male workers.	7/75 - 10/77 See modified study design.	One year after initial distribution, contraceptive use increased among MHRAs** in control area from 2.9% to 3.6%, an increase of 24.1%. In the distribution area, contraceptive use increased from 1.1% to 15.0%, an increase of 1,264%. In the injectables* study, contraceptive prevalence then increased from 14% to 20% in three months. Fertility reduction associated with the first year was about 12%, but no effect on fertility in the second year.

*A.I.D. does not provide injectables.

**Unless noted otherwise, MHRAs refers to all
married women 15-44 years of age.

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a) Country, b) Title
 c) Organization/s,
 d) Site, e) Monitoring Unit

Project Description

Project Status

Results

5. a) BANGLADESH b) Matlab - Modified c) International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) "Modified" Study Design d) Matlab thana e) AID/W	Population: 160,000 (80,000 each from original service and control areas) rebifurcated to modified service and control areas. Following changes in service were made: 1) Wider variety of contraceptive services offered including injectables,* sterilization, IUDs and foaming tablets. 2) Higher level, better trained field workers added. 3) Other MCH services were gradually added.	10/77 - 10/82 Field study is now being supported by UNFPA and other donors to ICDDR, B. Johns Hopkins University (with AID support) is assisting ICDDR, B with data processing and analysis.	One year after introduction of modified service, contraceptive prevalence increased from about 10% to 31%. One-half of the current users used injectables.* Associated fertility reduction was between about 21 and 25%.
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*A.I.D. does not provide injectables.

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a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	<u>Project Description</u>	<u>Project Status</u>	<u>Results</u>
6. a) BANGLADESH b) Matlab - Tech. Assistance c) International Centre for Diarrhoeal Disease, Bangladesh (ICDDR,B); The Population Council d) Matlab Thana e) AID/W	Population: 160,000 This project is designed to support the operations research activities being conducted by the ICDDR,B through (1) in-service training, (2) supervision and monitoring of the evaluation system, (3) coordination of research and data analysis, (4) dissemination of research findings, and (5) development of computational facilities and capacities.	5/82 - 2/84 Resident advisor and computer technician on site.	No results to date.
7. a) BANGLADESH b) MOH-OR c) Ministry of Health and Population, Labor and Social Welfare (MOH) d) Various sites e) USAID/Dacca and AID/W	Population: Multi-study populations. This is a small grants project which sponsored a number of subprojects in operations research. The research focused on ways to make family planning programs more cost-effective through action and evaluation research. Sub-projects were with private and government organizations.	10/77 - 6/79 Scores of projects were funded under this project. The original project was supported by AID/W; but beginning in 7/79, USAID/Dacca assumed full responsibility. Research activities focused on projects which were designed to increase effectiveness of family planning delivery systems.	The multi-faceted character of this project does not allow it to be summarized.
8. a) BARBADOS b) IEC Strategies for Teens c) Ministry of Health, Tulane University Caribbean OR Project d) Whole Island e) USAID/Barbados and AID/W	Population: 900 teenage mothers This project tests two strategies for delaying a second pregnancy among teenage mothers. One group of teenagers will receive prenatal family planning counselling plus home visits at ten days, five weeks and three months after delivery. The other group will receive prenatal counselling and a single MCH-type home visit ten days after delivery (family planning will not be emphasized). Teens who delivered before the counselling or home visiting was initiated constitute the control group. Home interviews will be conducted six months after delivery to assess contraceptive prevalence. Cost-effectiveness of the two strategies will be determined.	2/83 - 1/85 The counseling began in June 1983, the home visiting in July 1983. The six-month follow-up interviews for teens in the control group are underway. Completion rate for home visiting and interviewing has been over 90%.	No results to date.

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- a) Country, b) Title
 c) Organization/s,
 d) Site, e) Monitoring Unit

	<u>Project Description</u>	<u>Project Status</u>	<u>Results</u>
9. a) BOLIVIA b) FP in Factories c) Center for Social Research (CIS) Columbia University d) La Paz e) AID/W	<p>Population: 6,000</p> <p>The purpose of the project is to demonstrate the feasibility and acceptability of introducing family planning and family health care services among urban factory and office employees in La Paz. In addition, in order to encourage the private sector to assume the recurrent costs of family planning, CIS will calculate the employers' cost/benefit ratio of providing family planning and health care services.</p>	<p>10/82 - 6/84</p> <p>CIS devoted the initial months of the implementation phase of the project to development of seminar content, training materials, and research instruments. Seminars on family health and family planning have been held in evening adult school and in several textile and plastic factories. Plans are underway to conduct seminars with a union of truck drivers who have recently developed their own health cooperative, the municipal street cleaners and office workers unions, the largest brewery, and the national confederation of road workers unions. CIS has also conducted interviews with employers, thus providing the basis for collecting prospective data on pregnancy costs. Interviews with seminar participants have been conducted to obtain measures of their knowledge, attitudes, and practices relevant to health and family planning. To analyze the data, CIS has installed a Zenith-100 microcomputer.</p>	<p>CIS has conducted seminars for about 170 participants. Of these, 60 have requested counselling, about 20 have requested family planning services and four have asked for sterilization. Although the project is still in the initial stages, it appears that there is a strong demand for family planning services from labor union members in La Paz and that the major constraints on the number of family planning acceptors will be the number of seminars that CIS staff can conduct.</p>
10. a) BRAZIL b) Piaui OR c) Sociedade Civil Bem Estar Familiar No Brazil (BEMFAM), Columbia University and Pathfinder d) Piaui State e) AID/W	<p>Population: 2.1 million</p> <p>Since the beginning of service delivery in 1979, this program has served as the implementation site for a series of OR studies. They include: (1) evaluation of distribution posts located in isolated rural areas normally excluded by the BEMFAM program, (2) addition of barrier methods to BEMFAM's OC-only program, (3) comparison of the impact of two different frequencies of the supervisory visits to distributors, (4) observational study of supervisory activities during field visits, (5) development of reporting forms to facilitate supervisor attention to distributor performance, (6) survey of physician attitudes toward training in IUD management and surgical contraception, (7) analysis of distribution post characteristics associated with superior performance, (8) evaluation of non-conventional post locations for serving rural populations (such as bus stations), (9) baseline and follow-up surveys of contraceptive use prevalence, and several others.</p>	<p>4/79 - 6/83</p> <p>Reflecting OR study results, a modified supervision system was implemented statewide (as well as in three other state programs) and physician payments were eliminated. Partially as a result of these measures, the average cost per couple year of protection was reduced from \$42.49 to \$24.71. This increased cost-effectiveness also reflects 11,197 acceptors of barrier methods, only 377 of which switched from OCs. The Piaui program also developed a new service statistics and inventory system designed to reduce the amount of time spent by supervisors on unnecessary paperwork.</p> <p>The project has included the services of a Columbia University advisor resident in Rio de Janeiro since August 1980.</p>	<p>The direct cost per active client averaged \$3.23 for distributors working in clinical facilities and \$6.96 for those in other locations. Baseline observation of field supervision revealed that only about 7% of time with the distributor was spent in activities potentially related to improving the effectiveness of services. Matched pairs of supervisors, one continuing the traditional pattern of monthly visits, the other visiting quarterly, produced equal levels of acceptance. The program then elected to reduce the supervision program at an annual savings of approximately \$100,000. The overall increase in the prevalence of contraceptive use between 1979 and 1982, from 31 to 35%, was due to sterilization, not a program method, while OC</p>

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11. a) BRAZIL b) FP Strategies for Urban Slums c) Centro de Pesquisas de Assistência Integrada a Mulher e a Criança (CPAIME), Johns Hopkins University, Population Dynamics d) Three poor favelas in Rio de Janeiro e) AID/W	Population: 25,200 CPAIME established six mini-health posts which are staffed by an auxiliary nurse who provides primary health care. In 600 homes around each of two mini-posts, promoters-interviewers did a baseline survey, promoted family planning and distributed condoms. Around two other mini-posts, interviewers promoted family planning but did not distribute condoms. The areas around the other mini-posts were only interviewed. In an area where no mini-post was established, condoms were distributed. Two months after the initial visits, a second promotional visit was made to the homes. Post interviews were held as part of the final evaluation.	10/81 - 3/83 The project has been completed.	A final report is available. Contraceptive prevalence among non-pregnant women in union aged 15-44 was about 70% at the time of the pre-test. Seven months later prevalence had increased to about 75% in all three experimental areas and the control area. This suggests that the pre-interviews or the study "Hawthorn" effect was as powerful as the home promotions and distribution. CPAIME has adopted the use of mini-posts in other communities.
12. a) CARIBBEAN b) Regional OR c) Tulane University d) Barbados e) RDO/C Barbados and AID/W	Population: 4 million - Antigua - Barbuda, Bahamas, Barbados, Dominica, Grenada, Jamaica, St. Kitts-Nevis, St. Lucia, St. Vincent, Belize and Guyana Tulane will promote and support family planning operations research in the region. During the first two years, ten projects will be funded for about \$400,000 in direct project costs. Tulane University has a regional office in Barbados and provides technical assistance for project design and implementation.	6/82 - 5/85 Four projects are underway. One is to improve contraceptive continuation in St. Vincent; the second is to study the acceptability and cost-effectiveness of providing family planning services in factories in St. Lucia; the third is to implement and evaluate two strategies to delay a second pregnancy among teenage mothers; the fourth is to systematically test the effects of sex education in schools on contraceptive use and pregnancy rates in St. Kitts-Nevis. Four other projects have been approved: St. Lucia (peer counseling and teen clinics), Dominica (male motivation), Dominica (youth clinics), and Jamaica (alternative approaches to CBD). A ninth project to evaluate the Regional Social Marketing Program is under consideration.	No results to date.

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a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	Project Description	Project Status	Results
13. a) CARIBBEAN b) Commercial Social Marketing c) Ministry of Health Barbados, Barbados Family Planning Association, Ministry of Health St. Vincent, Family Planning Association of St. Lucia, Caribbean Contraceptive Social Marketing Project, Tulane University d) Barbados, St. Vincent, St. Lucia e) AID/W	Population: 1,300,000 The Caribbean Contraceptive Social Marketing Project will introduce in January 1984 a new brand name condom (Panther) and oral contraceptive (Pearl) in Barbados, St. Vincent and St. Lucia. The OR project will evaluate the program by interviewing 500 randomly selected women aged 15-45 in each of the three island major cities before and 12 months after the introduction. The campaign will be monitored through two quota samples of 150 men and 150 women in each island in April and June. The evaluation will examine the following issues: CSM substituting for existing sales, price elasticity, and socioeconomic characteristics of CSM users compared to other source users.	12/83 - 5/85 The project is underway.	No results to date.
14. a) COLOMBIA b) Boyaca c) Population Council, Fundacion de Educacion Superior, Ministry of Health, State Health Departments in Boyaca and Meta d) Boyaca and Meta e) AID/W	Population: 300,000 Four service delivery modes are being tested. All include information and delivery of primary health care including family planning in rural homes by field workers who have been given a special one-week training program and continuing education workshops once a month. In one area contraceptive supplies (OCs and condoms) are provided along with an anthelmintic drug. In two other areas only the contraceptive supplies or anthelmintic drug are provided. In the fourth area no drugs were delivered to homes.	10/77 - 12/82 Services were provided in Boyaca for three years and for a year in Meta. An initial census has been completed in both areas and a post census and survey analyzed in Boyaca. Service delivery has been extended to all of Boyaca and many other departments using the primary health care model with family planning and anthelmintic drugs being delivered in the homes every three months by the field workers. The national health policy as a result of this study has been modified to permit these activities in the whole nation.	After three years in Boyaca the prevalence rate went from eight to 63% in union aged 15-44 in the project's four areas. Over the life of the project, contraceptive acceptance and prevalence were not enhanced substantially by the addition of oral contraceptives and anthelmintic drug deliveries to the homes. In a non-project area in Boyaca, the contraceptive prevalence rate at the time of the post survey was 49%. Prevalence was increased through improved training and supervision of the field workers. A video cassette about the project will be available in early 1984.

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- a) Country, b) Title
 c) Organization/s,
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Project Description

Project Status

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<p>15. a) COLOMBIA b) PROFAMILIA c) Population Council, PROFAMILIA d) States of Cesar, Cauca, Narino and the North Coast e) AID/W</p>	<p>Population: 2,548,000 One purpose of the project is to test what happens to contraceptive prevalence rates and program utilization when field workers cease to promote family planning and the program enters a maintenance phase of resupply and collection of program statistics. Another purpose is to try new resupply and data collection schemes. A third purpose is to use a team of field workers to intensely cover an area and then leave it in a maintenance phase. A fourth objective is to test the effect of an incentive system which rewards higher sales by distribution post managers.</p>	<p>9/80 - 2/84 The field worker teams were trained and completed their work in Cauca and Cesar. Pre- and post-surveys have been conducted and analyzed. Several resupply and data collection alternatives have been tried. One field worker team is working on the North Coast. They will promote family planning and not establish new distribution posts. Promoters in this area will operate under an incentive system which rewards higher sales. Prevalence in the maintenance areas will be monitored and a study of unmet need is planned for 1983.</p>	<p>One of the field worker teams (a man and a woman who work together) has been quite successful in motivating people to use the program and to establish distribution posts in previously uncovered areas. The cost per couple year of protection provided by this team was \$1.44, whereas the overall average cost was \$3.15. The best resupply system may be to send supplies through the mail and/or on public transportation rather than have someone delivering or collecting the supplies.</p>
<p>5. a) COLOMBIA b) Integration of NFP into Health Programs c) Population Council and Fundacion Santa Fe de Bogota d) Bogota (Usaquen) e) AID/W</p>	<p>Population: 10,000 inhabitants/200 NFP users The main purpose of this project is to determine the feasibility of offering NFP methods in comprehensive family planning and health programs delivered through MOH outposts by comparing the cost-effectiveness of two different NFP service delivery models. The first model involves the delivery of NFP by auxiliary nurses working in MOH outposts whose routine activities include family planning and basic health care delivery, while the second model will offer NFP by a field worker dedicated full time to teaching NFP. A secondary objective will be to determine the impact that voluntarios have on contraceptive prevalence rates when they actively promote family planning in a community-wide campaign. As part of the cost-effectiveness analysis, data will be obtained on the acceptability and use-effectiveness of NFP and on the types of NFP methods preferred. The Population Council will provide technical assistance to develop and implement the project and to disseminate the results.</p>	<p>9/83 - 3/86 The project director, principal investigator and social worker are revising the protocol. The NFP-only provider and the MOH auxiliaries are being identified and training materials are being assembled for the providers and the voluntarios.</p>	<p>No results to date.</p>

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- a) Country, b) Title
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Project Description

Project Status

Results

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| <p>17. a) DOMINICA
 b) Youth Clinics
 c) Ministry of Health,
 Tulane University
 Caribbean OR Project
 d) Three urban and three
 rural communities
 e) USAID/Barbados and
 AID/W</p> | <p>Population: 5,000
 This project is designed to reduce teen pregnancy by making sex education and contraceptive services more readily available to teens. Two approaches will be tested in both an urban and a rural community: (1) a teen clinic which is established in a separate facility from existing MCH services, and (2) a teen clinic established within an existing MOH facility. Results from these areas will be compared to those from control areas. The project will determine the feasibility of establishing these two types of services, their effectiveness measured by increased knowledge and (among sexually active teens) use of contraceptives, and the relative cost-effectiveness of the two.</p> | <p>1/84 - 12/85
 Project activity will be initiated in January 1984.</p> | <p>No results to date.</p> |
| <p>18. a) DOMINICA
 b) Male Motivators
 c) Ministry of Health,
 Tulane University
 Caribbean OR Project
 d) Two urban and eight
 rural communities
 e) USAID/Barbados and
 AID/W</p> | <p>Population: 18,000
 This project deals with one of the key problems for family planning in the Caribbean region: male motivation. The objectives are to increase knowledge of family planning, dispel rumors about specific methods, and increase use of contraceptives among males or among their partners. The project will begin with qualitative research (focus group interviews) designed to identify obstacles to the acceptance of family planning and will serve as the basis for designing a male motivation campaign. The evaluation will consist of comparing the pre and post surveys of experimental and control areas.</p> | <p>1/84 - 12/85
 Project activity will be initiated in January 1984.</p> | <p>No results to date.</p> |

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OPERATIONS RESEARCH PROJECTS

a) Country, b) Title
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Project Description

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Results

19. a) EGYPT
 b) Shanawan
 c) American University
 in Cairo
 d) Shanawan, Menoufia
 e) AID/W

Population: 14,000
 This experiment is one of the earliest community-based distribution projects. It involved free distribution of OCs by local lay women as well as village resupply of free OCs.

10/74 - 12/76
 Project is completed, but contraceptive usage is still being monitored through service statistics. Baseline canvass provided estimates of prevalence of use. Prevalence surveys and service statistics provided impact assessment.

One year after the initial distribution, contraceptive prevalence among MHRA in study area before and one year after distribution increased from 18.4% to 31%, a 69% increase. Service statistics suggest that prevalence was 35% in January 1979.

20. a) EGYPT
 b) 38 villages
 c) American University in
 Cairo
 d) Part of Menoufia
 Governorate
 e) AID/W

Population: 200,000
 Four systems were tested:
 (a) Free household distribution of OCs, free resupply at clinic.
 (b) Free household distribution of OCs, free resupply at village.
 (c) Free household distribution of OCs, resupply sold at clinic.
 (d) Free household distribution of OCs, resupply sold at village depot.
 Distribution and village resupply agents are local women.

1/76 - 12/77
 Household distribution and baseline survey were completed in 1/77. A second survey was conducted nine months later. As a result of the project, a modified version of the tested delivery system was implemented in collaboration with the Governorate of Menoufia among the entire rural population of 1.4 million.

Before household distribution 19.1% MHRA were contracepting. Eight months after distribution contraceptive prevalence was 27.7%, a relative increase of 45%. The study results showed essentially no difference between those groups who were charged for a resupply of OCs and those who were not.

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OPERATIONS RESEARCH PROJECTS

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	Project Description	Project Status	Results
21. a) EGYPT b) Menoufia c) American University in Cairo (AUC), Ministry of Health, Ministry of Social Welfare, Johns Hopkins University d) Menoufia Governorate e) USAID/Cairo and AID/W	Population: 1.4 million Specially trained canvassers distributed OCs, vaginal foaming tablets, and oral rehydration salts (ORS) to all households. Referral was made for clinical methods. Pregnant women received tetanus toxoid series. There was a major community development component through county and village councils.	6/78 - 6/85 Original project scheduled to terminate June 1981. Tetanus toxoid immunization was dropped from service program because of indifference among potential participants and logistical problems in the delivery system. Entire population of Menoufia has been provided family planning services and ORS for dehydration from diarrhea. Initial confusion between household distribution of contraceptives and ORS was alleviated by separating the two components. Contraceptives were distributed on household basis and ORS through group meetings of mothers with children under five years of age. General evaluation plan included conducting three rounds of a socio-demographic survey and post mini-surveys in the sample villages. The first socio-demographic survey was conducted in 1979 and the second, a year later. The third round is planned for CY 1983. Between 1979 and 1981, four mini-surveys were also completed. Based on results of Menoufia action, project will be expanded to a new Governorate, Beni-Suef.	The program appears to have been successful in improving effective knowledge of contraception. In the experimental villages, knowledge of correct mode of use among MHRA, increased from 50.4% to 68.1% between baseline and post surveys. Contraceptive prevalence increased from 19.3% to 21.7% over a two-year period. During that same period, effective knowledge of ORS among currently married women with children under age five in experimental villages also increased from 18.4% to 42.8% while use rates increased from 17.3% to 21.7%. A more detailed analysis needs to be undertaken to determine the impact of the program on knowledge and use of social services. A third round of the socio-demographic survey is being carried out. Results of the survey should be available by early 1984.
22. a) EGYPT b) Beni-Suef c) American University in Cairo (AUC), Ministry of Health, Population and Family Planning Board, and Beni-Suef Governorate d) Beni-Suef Governorate e) Johns Hopkins University, USAID/Cairo and AID/W	Population: 1.2 million A comprehensive community-based program with three types of service: family planning, to include household contraceptive distribution and clinic resupply; health, to include oralyte distribution and clinic resupply; and social welfare, to include community development activities. The project will cover all rural areas of the governorate in three phases. AID/W is financing the evaluation component of the project under a Johns Hopkins grant.	3/82 - 2/85 A baseline survey was conducted in the rural areas in all seven counties between January and May 1983. Preliminary results from the first two counties, El Wasta and Hasey, are now available. In addition, in those two counties, several clinics have been upgraded and a service statistics system has been implemented. Household visits began in October 1983.	Preliminary results from the first two counties indicate that overall prevalence in Beni-Suef is approximately 9 percent among MHRA age 15-49 and approximately 11 percent among non-pregnant women in the same age groups.
		The project has included the services of a Johns Hopkins advisor resident at AUC, Cairo, since September 1982.	

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OPERATIONS RESEARCH PROJECTS

- a) Country, b) Title
 c) Organization/s,
 d) Site, e) Monitoring Unit

Project Description

Project Status

Results

23. a) GUATEMALA
 b) APROFAM/Distributor
 Characteristics
 c) Guatemalan Assn. for
 Family Welfare (APROFAM)
 and University of Chicago
 d) Guatemala City and
 selected rural areas
 e) USAID/Guatemala and AID/W

Population: Field Staff
 APROFAM has implemented various community-based distribution projects which vary to terms of the type of distributor and level of supervision. Presently, APROFAM has 510 distributors. In order to clarify distributor and supervision factors associated with differential performance levels, a survey of field staff was conducted. Interview results will be correlated with service statistics.

1/79 - 12/79
 The survey was completed and a final report submitted 1/80.

Multiple regression analysis revealed that the following factors were most strongly associated with successful performance. For urban distributors: (1) number of months in program, (2) post location other than home or store, and (3) display of a family planning poster. For rural distributors: (1) distributor receives spouse assistance, (2) presence of competing sources of contraceptives, and (3) distributor visits neighbors to promote family planning. Among the factors not significantly correlated with successful performance were: (1) sale of medicines or other items, (2) formal training for the distributor, (3) current and past use of contraceptives, (4) sex, and (5) age.

OPERATIONS RESEARCH PROJECTS

a) Country, b) Title
 c) Organization/s,
 d) Site, e) Monitoring Unit

Project Description

Project Status

Results

<p>24. a) GUATEMALA b) INCAP/SINAPS c) Institute of Nutrition of Central America and Panama, in collaboration with the Ministry of Health d) Departments of El Progreso, Zacapa, and Chiquimula e) AIO/H</p>	<p>Population: 65,000 plus control population of 55,000 SINAPS was a prospective evaluation of an experimental delivery system based on community volunteers. Services consisted of family planning methods, childhood immunizations, tetanus immunizations for pregnant women, nutritional assessment (and supplementation for malnourished children and pregnant women), oral rehydration salts (ORS), and referrals to the clinic system. Most services were provided by 377 local volunteers (Rural Health Promoters - RHPs), but 226 traditional birth attendants were also trained. RHP supervision was carried out by mid-level health workers (Rural Health Technicians) who supervised an average of 24 RHPs. In general, local MOH professionals implemented the program while the INCAP staff carried out evaluation studies, designed the delivery system, and advised MOH personnel. The project included several special studies and baseline and evaluation surveys in the experimental and comparison populations, both of which are predominantly ladino. Contraceptives and ORS were offered to each household via a systematic canvass; immunizations and nutrition assessment were conducted through community meetings.</p>	<p>6/79 - 6/82 Service delivery began in March 1980 and continues under MOH auspices (as of Sept. 1982), a transition that was facilitated by an eight-month cost extension after the evaluation survey. During that time, the project staff further analyzed the process of service delivery and attempted to identify approaches to improving performance.</p>	<p>Prevalence of contraceptive use in the comparison area rose from 15.1% to 18%, while in the study area prevalence rose from 13.6% to 23.1%. Use of OCs in the comparison area was stable, rising from 7.3% to 7.9%; in the study area, the change was from 3.6% to 6.6%. No significant change in infant mortality could be demonstrated. Reported use of oral rehydration salts remained less than one percent of cases of diarrhea in the comparison area but rose to 35% in the study area. A total of 81% of children under five were assessed by arm circumference measurement, 18% found to be malnourished, and virtually all of these families received food supplements. Only 60% of pregnant women received such an assessment, 30.5% of whom were classified as malnourished, with 99.5% receiving supplements. No significant change in nutrition status could be demonstrated. A cost-effectiveness analysis indicated a total per capita cost of \$1.19 for service delivery. Household distribution of contraceptives was associated with a cost per visit of \$0.52.</p>
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OPERATIONS RESEARCH PROJECTS

- a) Country, b) Title
 c) Organization/s,
 d) Site, e) Monitoring Unit

Project Description

Project Status

Results

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	<u>Project Description</u>	<u>Project Status</u>	<u>Results</u>
25. a) GUATEMALA b) APROFAM/FECOAR c) Columbia University, Guatemalan Association for Family Welfare (APROFAM), and Federation of Regional Agricultural Cooperatives (FECOAR) d) Six Departments e) AID/W	Population: 50,000 With the cooperation of FECOAR officials, 183 volunteer contraceptive distributors were recruited, largely by the APROFAM field staff. Eight full-time APROFAM promoters then trained the distributors and served as field supervisors. Distributor supplies included OCs, condoms, foaming tablets, foam, as well as analgesic tablets and cough medicines. The distributors sold all supplies and retained a commission as their only source of compensation. The promoters were in turn selected, trained and supervised by six regional directors, who shared responsibility for holding meetings with FECOAR members to discuss family planning. The project was essentially a demonstration project with no explicit research design.	7/77 - 6/79 The project was completed after 17 months of service delivery. Evaluation was based on service statistics and interviews with a 1/3 sample of distributors, in addition to five regional directors and five promoters.	The project recruited 1,950 OC new acceptors, 584 for condoms, 267 for foaming tablets, and 307 for foam. Expressed as couple-years of protection (CYP) by method, this corresponds to: OC - 670; condom - 138; foaming tablets - 89; foam - 66. The project did not include a cost-effectiveness analysis, but straight-forward division of total direct costs by total CYP yields \$55 per CYP. Distributor performance as measured by mean number of new acceptors was not appreciably affected by provision of non-contraceptive medicines (not all distributors received these drugs). Other factors were associated with superior performance: selection by FECOAR or community (vs. by APROFAM or health center staff); status as non-member of FECOAR; Ladino ethnic status (vs. indigenous); greater than three years formal education; female sex; reported assistance from spouse; personal use of contraception; and extent of training.

OPERATIONS RESEARCH PROJECTS

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	Project Description	Project Status	Results
26. a) GUATEMALA b) Cotton Growers c) APROFAM, Columbia University d) 11 cotton plantations in the Department of Esquintla e) AID/W	Population: 30,000 Eleven satisfied users who were permanent residents of the plantations were trained for three days to distribute OCs, condoms, and foaming tablets on a commission basis. Four more educated volunteers served as supervisors and organized promotional activities. One professional APROFAM employee managed the project and arranged for referrals for surgical contraception.	6/78 - 6/79 The project was terminated based on poor performance. Despite elimination of charging and introduction of additional, experienced Indian distributors, there were virtually no acceptors among the migrant labor population. Squalid living conditions, exhausting labor, and lack of privacy were among the factors cited as contributing to the failure to recruit migrants.	There were 402 acceptors among the permanent employees of the plantations, including 178 acceptors of sterilization. This corresponds to \$12.44 per acceptor for the project's direct costs, excluding consultants.
27. a) GUATEMALA b) PRINAPS c) Division of Formation of Human Resources, MOH d) Selected districts in Health Areas of San Marcos, Quezaltenango, Totonicapan, Solola, Baja Verapaz e) USAID/Guatemala and AID/W	Population: 83,000 The project established a delivery system for family planning and health services based on two variables: (1) training of volunteer Rural Health Promoters (RHPs) was either a traditional classroom approach or one that utilized a programmed learning manual and small group conferences with the instructor; (2) RHPs were either young males, as is traditional in Guatemala, or couples (counted as a single agent). There were between 57 and 111 agents per group, a total of 356. RHPs sell ORT salts, iron tablets, aspirin, mebendazole, OC, Neo-Sampoon, and condoms, and provide first aid and health education. Resupply is through a network of municipal pharmacies, 15 of which were established by the program. These self-financing pharmacies also provide these medicaments to the public. Supervision is provided through the local MOH infrastructure, with limited assistance from a project field staff of five mid-level Rural Health Technicians (RHIT). PRINAPS will also evaluate a new arrangement for supervisor transportation under which the RHIT becomes the owner of a project-supplied motorcycle through salary deductions.	9/79 - 3/83 Despite political unrest, project implemented baseline and evaluation surveys. Service delivery in every region except Baja Verapaz has been transferred to a larger USAID health project modeled on PRINAPS. Baja Verapaz will continue as a separate activity.	The baseline survey found that only 3.5% of fertile age couples reported use of any form of contraception. (Some question the validity of conventional surveys in Indian populations.) OC was the most popular method with 1.6%, followed by sterilization at 1.2%. Only two women out of 1,400 interviewed reported use of condoms, only one current use of an IUD, and none reported use of vaginal tablets. Forty percent of young children reportedly experienced a substantial case of diarrhea in the 15 days preceding the interview, but less than one percent were treated with ORT. Service statistics for 1981 suggest an approximate doubling of the prevalence of temporary methods, assuming no replacement of other sources. Sales through municipal pharmacies indicate the equivalent of an additional 981 users, but it is unclear what proportion of these reside in project communities since the pharmacies are located in towns that are not served by RHPs. Results of follow-up survey and anthropological evaluation not yet available.

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OPERATIONS RESEARCH PROJECTS

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- a) Country, b) Title
- c) Organization/s,
- d) Site, e) Monitoring Unit

Project Description

Project Status

Results

28. a) GUATEMALA
 b) PRINAPS Extension
 c) MOH Human Resources Division, INCAP, USAID
 d) Baja Vera Paz
 e) AID/W, USAID/Guatemala

Population: 25,000
 The project will maintain the PRINAPS delivery system in order to carry out in-depth studies of the process of service delivery, with emphasis on FP and oral rehydration therapy. Methodologies will include review of service statistics and interviews with supervisors, promoters, and members of the community. Based on findings from these studies, the project will prepare a plan of action for correcting identified service delivery problems and present the plan to MOH and AID officials at a workshop 6 months after the start of the project. The second half of the project will consist of the implementation, monitoring, and evaluation of the recommended changes.

9/83 - 9/84
 INCAP has agreed to assign Dr. John Townsend as project director. The project was officially approved in September 1983 and the study is under way.

No results to date.

29. a) HAITI
 b) Household Distribution of FP
 c) Columbia University and Division of Family Hygiene, Haitian Department of Public Health and Population
 d) Fond Parisien, St. Marc and Leogane
 e) AID/W

Population: 26,000
 Three rounds of household distribution of contraceptives by trained village residents and concurrent survey interviews were conducted at four month intervals in three rural areas. Women aged 15-49 were offered free of charge either OCs (4 cycles), foam (4 cans), condoms (100) or referral for an IUD or female sterilization. Different approaches to the distribution of contraceptives were used in each of the project areas. In Area I, contraceptives were offered only to women interested in using them immediately. In Area II and particularly Area III, there was widespread distribution of contraceptives to all eligible couples. Following household distribution, contraceptives were made available through village retail outlets and community volunteers. A resident advisor was provided by Columbia University.

10/77 - 12/81
 Final evaluation completed along with numerous reports on project findings.

Contraceptive acceptance and use among women aged 15-49 varied between the three project areas according to the quantities of contraceptives actually distributed. After eight months and three household visits, contraceptive prevalence (OCs and foam) increased in Area I (restricted distribution) from 3% to 10%; in Area II (more liberal distribution), from less than 2% to 16%; and in Area III (widespread distribution), from a low of 1% to a high of 53%. For the entire project area, the proportion of women aged 15-49 using OCs or foam increased from 1.4% to 25.5% (absolute change, 24.1%; relative increase, 1,721%). In Areas II and III, pregnancy prevalence decreased by over 35% in eight months.

OPERATIONS RESEARCH PROJECTS

- a) Country, b) Title
- c) Organization/s,
- d) Site, e) Monitoring Unit

Project Description

Project Status

Results

30. a) HAITI
 b) FP - OR - South Region
 c) Haitian Department of Public Health and Population (Division of Family Hygiene DHF), and Columbia University
 d) South region
 e) USAID/Port au Prince and AID/W

Population: 250,000
 Project builds on demonstration household distribution project and community development activities. Operations research will be conducted to improve the provision of low-cost family planning and MCH services by community volunteers and health agents in rural areas. Variations of service delivery will be tested in the South Health Region. Project evaluation will be based on results of baseline and end-point surveys, service statistics and mini-surveys. Another objective of the project is to strengthen the institutional capacity of the Haitian Division of Family Hygiene to carry out operations research. Technical assistance is provided by a full-time resident advisor assigned by Columbia University.

10/81 - 9/84
 A series of baseline studies have been completed which assess the availability and use of FP/MCH services in selected areas of the South Region as well as identify service delivery problems to be addressed. Operations research (OR) studies will test the feasibility and effectiveness of: (1) integrating contraceptive distribution into monthly nutrition surveillance rally posts run by health agents and community volunteers (Les Cayes District); and (2) using community volunteers working for SNEM (National Malaria Eradication Program) to distribute contraceptives (Miragoane District). Other small-scale OR studies may be conducted to address particular service delivery issues. CPFH has provided technical assistance in project design, survey research methodology, computer acquisition, and information systems development and management. CPFH has also been asked to provide technical assistance to a program of family planning activities in Cite Simone, an urban slum area.

The first round of door-to-door contraceptive distribution by SNEM community volunteers was completed in August 1983. Preliminary results suggest that over 50% of couples in some neighborhoods accepted condoms or pills.

31. a) HAITI
 b) FP - OR - Cite Simone
 c) Haitian Arab Center
 d) Port au Prince
 e) USAID/Port au Prince and AID/W

Population: 100,000
 The project consists of a 16-month operations research study which will test alternative delivery systems of health and family planning within the context of an urban slum, Cite Simone. Activities of the project are (a) to develop a more realistic and acceptable model for making family planning services widely available to the urban poor and (b) to evaluate the role that traditional birth attendants (TBAs) may play in increasing family planning acceptance and continuation. Technical assistance is being provided by the Columbia University resident advisor in Haiti.

7/83 - 12/84
 Project activities began in August 1983.

No results to date.

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OPERATIONS RESEARCH PROJECTS

- a) Country, b) Title
 c) Organization/s,
 d) Site, e) Monitoring Unit

Project Description

Project Status

Results

- | | | | |
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| <p>32. a) JAMAICA
 b) CBD Approaches
 c) Jamaica Family Planning Association, Tulane University Caribbean OR Project
 d) Parish of St. Ann
 e) USAID/Barbados and AID/W</p> | <p>Population: 80,000
 This project will test the cost-effectiveness of two systems for the community-based distribution of contraceptives. The first is a continuation of the existing system in which paid field workers regularly canvass the communities to motivate, initiate and/or resupply the population with contraceptives. In a second area, this system will be replaced with CBD posts staffed by volunteers who will be trained under this project. Data from a baseline and follow-up survey in both areas will indicate the effect of this change on contraceptive prevalence. Service statistics combined with cost data will yield the relative cost per couple-year of protection for the two systems.</p> | <p>1/84 - 12/85
 The project begins in January 1984.</p> | <p>No results to date.</p> |
| <p>33. a) KENYA
 b) CORAT - NFP
 c) Johns Hopkins, Christian Organizations Research Advisory Trust/Africa (CORAT), Mt. Kenya East Diocese
 d) Mt. Kenya East Diocese
 e) AID/W</p> | <p>Population: 25,000 (projected)
 CORAT is a non-profit management consulting organization that works exclusively with churches and Christian organizations. Based on its familiarity with church-sponsored groups in Kenya, CORAT identified four subprojects to incorporate family planning into church-sponsored service programs. JIU will provide technical assistance in the design of each subproject, including a research component that addresses one or more practical service delivery issues. JIU will also assist in the implementation and evaluation of each subproject. CORAT will administer subproject funds, provide management assistance, and arrange for dissemination of findings through seminars and the development of training materials. In Mt. Kenya East, the project will expand the existing community health worker program by training 240 CHW's, add family planning services, and compare the cost/effectiveness of alternative supervision systems. The impact of FP promotion through local educators will also be examined.</p> | <p>9/82 - 9/85
 The JIU resident adviser arrived 11/82. A baseline survey has been completed with preliminary analysis. CHW training began in May 1983, and the project is now fully staffed. Training of educators is scheduled to begin in early 1984.</p> | <p>The baseline survey showed 16% prevalence of current use of FP by women 15-45, varying among congregations from 1% to 30% with higher figures associated with proximity to a clinic. 65% of users and 32% of non-users stated that they wanted no more children.</p> |

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OPERATIONS RESEARCH PROJECTS

- a) Country, b) Title
 c) Organization/s.
 d) Site, e) Monitoring Unit

Project Description

Project Status

Results

34. a) KENYA
 b) CORAT - Mt. Kenya East
 c) JHU, CORAT, Nyeri Diocese
 d) Nyahururu Parish
 e) AID/W
- Population: 25,000 (projected)
 The project will establish a natural family planning program based on the ovulation method, with 1 teacher couple in each congregation training 200 user couples annually when fully staffed. The project will include baseline and evaluation surveys to assess the utilization and demand for NFP and other methods of FP. There will also be a descriptive study of 200 new NFP acceptors by demographic characteristics, previous use, motivational measures, indicators of intracouple discussion of FP, and outcome of practice. The project will also measure cost per NFP acceptor couple and compare the cost/effectiveness of two approaches to training.
- 4/83 - 4/86
 The baseline survey took place in 7/83. Eighty couples are currently undergoing training. From this group, teacher couples will be selected for further training starting 2/84.
- Prevalence of use of FP methods was 15% with minimal use or knowledge of NFP.
35. a) KOREA
 b) FP-OR-Euiryong
 c) East-West Center, Hawaii; and Korean Institute for Family Planning (KIFP)
 d) Euiryong Gun
 e) AID/W
- Population: 21,000
 Three types of household distribution was tested. All entailed free distribution of three cycles of OCs or 30 condoms. Referral coupons were issued for free IUDs and female sterilization. Resupply was through village depots.
 The three types of distribution were:
 (a) Salaried canvassers visited every household.
 (b) Local contracepting women were recruited to distribute contraceptives on a voluntary basis.
 (c) Group meetings were held during which contraceptives were distributed.
- 10/74 - 12/77
 This study was designed to test the feasibility of household distribution. Service statistics were used for monitoring progress. Project was completed and results were published.
- Four months after initial canvass, contraceptive prevalence among MRA 15-49 years of age increased from 34% to 41%, an increase of 21%. Little difference was found between the delivery systems in terms of contraceptive use, but "a" was easiest to implement.

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OPERATIONS RESEARCH PROJECTS

- a) Country, b) Title
 c) Organization/s,
 d) Site, e) Monitoring Unit

Project Description

Project Status

Results

36. a) KOREA
 b) FP - OR - Cheju
 c) East West Center, Hawaii; and Korean Institute for Family Planning (KIPF)
 d) Cheju Island
 e) AID/W
- Population: 43,000. Control: 146,000
 Within the existing framework of NFPP, a new delivery system was tested. The main feature was the addition of "canvassers." Previously, each Cheju field worker covered 1,500 to 3,700 potential acceptors. In contrast, 150 to 230 were convened by the canvassers. Canvassers made initial household visits and offered either a free three-month supply of OCs or condoms. Referral coupons were issued for a free IUD and sterilization. Canvassers operated resupply depots out of their homes.
- 10/76 - 6/83
 After two years of service delivery, 39% of eligible women in the sample survey reported that they had not been contacted by a canvasser. Canvassing was resumed to achieve greater coverage. Service delivery was terminated in January 1980. An endline survey to assess impact on fertility rates was conducted in 11/80 in conjunction with the national census. Survey data were coded and linked with census data by 9/81. Currently, in-depth analysis using the "long" questionnaire to assess the relationship between the accessibility of family planning services and contraceptive use is being carried out.
- After 40 months of project operation, the contraceptive prevalence rate among married women aged 15-49 in rural Cheju more than doubled from 18.3% to 38.0%. In the control area, Hapchun county, where the national program operated, the rate increased 68%, from 27.3% to 44.7%. Fertility decline was more pronounced in Cheju than in rural Korea. During the five-year period, the total fertility rate (TFR) in rural Cheju declined by 35.7%, from 4.927 to 3.170. The corresponding decrease in rural Korea was 28.7%, from 4.682 to 3.337. At the inception of the project, the TFR was higher in rural Cheju than in rural Korea; this situation was reversed at the end of the project.
- Cheju project's accomplishments in increased contraceptive use and lowered fertility were achieved without an increase in program cost. The program cost per capita per year for rural Cheju was \$0.47; for Hapchun it was \$0.49.
37. a) LIBERIA
 b) OR - NFP
 c) International Federation for Family Life Promotion (IFFLP) and Liberian Natural Family Planning Demonstration Program
 d) Monrovia, Yekepa, Bongtown
 e) AID/W
- Population: 7,000
 Purpose of the project is the expansion of NFP training and service capabilities, followed by an evaluation of training and service variables to answer questions about cost-effectiveness, use-effectiveness and acceptability of NFP. The project includes the establishment of a national NFP development plan, a National Advisory Committee, a Technical Task Force, and a Service Coordination Committee including both public and private sector involvement. IFFLP will provide technical assistance to develop and implement the project and to disseminate the results.
- 8/83 - 6/88
 The project began in August 1983 and Phase I is under way. Consultant site visits have been held; the members of the Advisory Committee, Task Force and Service Coordination Committees have been identified. The National NFP development plan has been prepared in draft, country specific training materials are under development and data collection forms are being prepared.
- No results to date.

OPERATIONS RESEARCH PROJECTS

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	<u>Project Description</u>	<u>Project Status</u>	<u>Results</u>
38. a) MAURITIUS b) OR-NFP c) International Federation for Family Life Promotion (IFFLP) and Action Familiale of Mauritius d) Port Louis, Plamplemouses, R. du Rempart, Flacq, Grand Port, Sayanne, Pl. Wilhems, Moka, Black River and Rodrigues Island e) AID/W	Population: 11 service delivery sites The goal of the project is to systematically evaluate a well-established NFP national program with the ultimate aim of further improving the efficiency of its service delivery program. Through the use of trained raters and the development of evaluation instruments and guides, all program functions will be evaluated and optimal NFP program standards established. The introduction and application of appropriate tools including microcomputer hardware and software to measure NFP use-effectiveness and cost-effectiveness will be explored. The project should result in a modification of existing reporting systems which will be transferable to other countries and which will permit rapid feedback to the field. The project includes the collaboration of both private and public sector personnel. The IFFLP will provide technical assistance to develop and implement the project and to disseminate results.	8/83 - 9/85, with possibility of extension The project began in August 1983. Consultant site visits have been held, raters are currently being hired and the instruments for program evaluation are being developed.	No results to date.
39. a) MEXICO b) San Pablo Autopan c) Columbia University, Autonomous University of the State of Mexico, and Mexican Ministry of Public Health d) San Pablo Autopan e) AID/W	Population: 8,000 MOH paramedics and traditional health practitioners visited each household, offering free 3 cycles of OCs, a dozen condoms, and injectables,* with referral for IUDs. Following health services were also offered: treatment for intestinal parasites, diarrhea, external lesions. Resupply through village depots.	5/76 - 10/77 Final evaluation completed.	Contraceptive prevalence among MWR 15-49 years of age increased over a 21-month period from 6.6% to 34%, an increase of 415%.

*A.I.D. does not supply injectables.

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OPERATIONS RESEARCH PROJECTS

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	Project Description	Project Status	Results
<p>40. a) MEXICO b) New Strategies c) Maternal-Child Health and Family Planning Directorate (DGS) of Mexican Ministry of Public Health, and Columbia University d) Three states (Chihuahua, Michoacan, Oaxaca) and Federal District e) AID/W</p>	<p>Population: 465,000 Different strategies for community distribution of MCH/family planning services were tested in rural areas of three states and three slum areas of Mexico City. "New Strategies" project builds on experience of San Pablo Autopan study. Several design modifications were introduced during the project to respond to changing CM research needs. The principal research variables tested were different types of compensation to community agents and special promotional activities directed at men (rural areas only). The delivery system included OCs, condoms, and injectables (GOM-supplied) as well as referral for IUDs and sterilization services. In rural areas, community agents distributed basic medicaments as well.</p>	<p>10/77 - 6/81 Final evaluation completed.</p>	<p>In urban areas, 217 community agents worked with a target population of 21,700 women of reproductive age at-risk pregnancy (WRAR); in rural areas, 351 agents covered a target of 39,566 WRAR. Over the life of the project, a total of 10,849 new family planning acceptors were recruited.</p> <p>After 12 months, 76% of rural acceptors and 88% of urban acceptors were continuing to use a contraceptive method. Prevalence of use of modern methods of contraception, in the rural target areas, increased from 12.6% to 20% over a two-year period. The cost per new family planning acceptor was US \$41 in the urban project areas and US \$54 in the rural areas. The New Strategies experiment provided important lessons for the national family planning program on different aspects of service delivery, including length of training, type and frequency of supervision, supplies and logistics.</p>
<p>41. a) MEXICO b) Chihuahua c) Mexican Ministry of Health, Coordinated Public Health Services of State of Chihuahua, and Columbia University d) State of Chihuahua e) AID/W</p>	<p>Population: 250,000 In response to problems identified by the "New Strategies" study, the project will implement and evaluate alternative approaches to training and supervision of community health workers for the improvement of family planning and basic health care in rural areas. One system will use existing personnel and another will introduce a mobile professional health team. Modifications will be introduced in the logistics and service statistics systems of the existing MCH/FP program. In addition, the project will assist the MOH in evaluating the introduction of new health services including oral rehydration therapy for diarrhea. Interventions will be monitored and evaluated through service statistics and survey data.</p>	<p>11/81 - 12/81 Financial and political problems within the Mexican Ministry of Health resulted in cancellation of project activities in 12/81. Baseline survey data currently being analyzed.</p>	<p>No results to date.</p>

OPERATIONS RESEARCH PROJECTS

- a) Country, b) Title
 c) Organization/s,
 d) Site, e) Monitoring Unit

Project Description

Project Status

Results

42. a) MEXICO
 b) Matamoros
 c) Patronato Pro-Orientacion Familiar de Matamoros and Family Health International (FHI)
 d) Matamoros
 e) AID/W

Population: 16,300
 The experimental design of the project will test two contrasting administrative strategies of a community-based family planning program. The object of the research design is to determine which system of contraceptive distribution (OCs, condoms, and foam) at the community level produces the highest levels of contraceptive use: one controlled primarily by leading women in the community; the other controlled directly by the subgrantee. In addition, a Reproductive Risk Factor Survey will be conducted. The object of the survey is to determine the prevalence levels of known risk factors for contraception and child-bearing in the populations being served by the project.

11/81 - 11/83
 The baseline needs survey was conducted in Nov./Dec. 1981. However, because of the delay in receiving contraceptive supplies, the project did not effectively start until April 1982. The Reproductive Risk Factor Survey was undertaken during July-October 1982.

Preliminary results indicate that the area directly controlled by the subgrantee performed distinctly better than the area controlled by the community, and that this was due to the inability to establish effective community organization in the latter.

The Reproductive Risk Factor Survey established that:
 (1) no new element of health risk was introduced;
 (2) current pill users, regardless of source, tended to be healthier than never-users in terms of some 40 indicators of reproductive health; (3) women examined by a physician tended to be less healthy, in terms of those indicators, than women not examined, probably indicating some degree of self selection; (4) in this poor, urban population, women tended to be fairly accurate reporters of their own health, in modern medical terms; and (5) while the methodology was not effective in obtaining valid prevalence rates for most conditions, it did prove to be an effective tool for assessing the safety of a CBD program.

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OPERATIONS RESEARCH PROJECTS

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	<u>Project Description</u>	<u>Project Status</u>	<u>Results</u>
43. a) MOROCCO b) VDHS - Marrakech c) Ministry of Public Health, FHI d) Marrakech e) USAID/Rabat and AID/H	Population : 1,200,000 In the VDHS project, trained MOH fieldworkers visited all eligible women aged 15-44, obtaining information on reproductive and contraceptive history and offering free contraceptives (4-6 cycles of OCs and condoms) or a referral slip for an IUD. Contraceptives were resupplied initially through a revisit and subsequently through local dispensaries. Distributors continued regular health activities, i.e., vital statistics, TB treatment, malaria control, etc. Major purpose of project was to determine acceptability of household distribution system and feasibility of expanding it nationwide during the 1980s.	7/77 - 12/80 Household visits and final evaluation completed.	VDHS project reached 150,000 households and 165,000 women in Marrakech province. Over 60% of women offered OCs at first visit accepted them, and 85% continued to use OCs at revisits (3-5 months later). Between first and second household visits, contraceptive prevalence increased from 49 to 65% in Marrakech City and from 11 to 45% in rural areas. Among urban OC acceptors, contraceptive continuation rate after 25 months was 44%. Incidence of side effects and husband opposition were low. Cost per acceptor: \$5.15 in urban Marrakech and \$6.20 in rural areas. Effectiveness of distribution was not related to sex of fieldworkers.
44. a) MOROCCO b) VDHS Expansion c) Ministry of Public Health d) 11 provinces, including Beni Mellal, El Jadida and Meknes e) USAID/Rabat	Population: Total population of 11 provinces being served is 15 million. Population being reached by project is estimated to be 8.4 million. MOPH field workers visit each house, offering OCs, condoms, referral for clinical methods, ORT, referral for immunization, weaning supplement for severely malnourished children and iron/folate for pregnant women. A contraceptive prevalence survey (CPS) conducted in three initial provinces, serves as a baseline. In 1984, a countrywide CPS is planned, with over-sampling in all VDHS provinces, to provide an indication of impact.	5/82 - 12/84 Activities are fully developed in Meknes, El Jadida and Beni Mellal provinces. Training of field level workers has been completed in all provinces, with field activities currently evolving in 8 provinces added in 1983. An evaluation is planned for December 1983.	CPS results indicated a baseline contraceptive prevalence rate of 25% in the three original VDHS provinces. Analysis of client records suggests that an estimated 35%-40% of MIRA are currently practicing contraception.

OPERATIONS RESEARCH PROJECTS

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	Project Description	Project Status	Results
45. a) NICARAGUA b) Indigenous Midwives c) Ministry of Health d) Countrywide (rural areas) e) USAID/Managua and AID/H	Population: 720,000 Indigenous midwives received 5-days training in the use of a basic health kit comprised of OCs, condoms, oral rehydration salts, antiparasitic tablets, prenatal vitamins with iron and folate, aspirin, and simple obstetrical equipment. The initial kit was free. Midwives sold medicaments in their communities at a subsidized price and retained a commission. They obtained resupply at a local MOH clinic.	11/76 - 6/79 The single training/supervision team trained 768 midwives, 497 of whom were considered active at the end of 1978. Average annual OC distribution per active midwife was approximately 20 cycles in late 1977, rising to 31 in early 1978. Sales of oral rehydration salts were minimal throughout the project. The sales of other medicaments were moderate and relatively stable. A baseline survey was carried out in one representative district in mid-1977. A mass media campaign in the same region was begun in August 1978. Evaluation of this effort, along with proposed improvements in midwife selection and supervision was impeded by political unrest which eventually resulted in the premature termination of the program.	The baseline survey indicated a prevalence of OC use among MHRA of 4.4%. Within one year, service statistics indicated a relative increase in use of approximately 41%, assuming no replacement of other sources of contraception.
46. a) NIGERIA b) Ibadan c) University of Ibadan, Columbia University d) One rural local government area e) AID/H	Population: 85,000 University staff have trained 168 predominantly illiterate village volunteers for three weeks, to provide family planning and selected health services. Two-thirds of the volunteers are female traditional birth attendants; the remainder are male volunteers. Serving a total of 826 hamlets, these agents are equipped with obstetrical and first-aid equipment, OCs, condoms, foaming tablets, chloroquine, ORS, aspirin, mebendazole, and vitamins. Surgical methods and IUDs are available by referral. OC distribution is limited to resupply. First level supervision is provided by professional government midwives based in seven maternity centers in the project area. The project staff also provided direct supervision. The project provides travel expenses for the professional staff; the agents charge per service and these funds are administered by a village committee for development projects.	3/80 - 9/84 A baseline survey was carried out prior to implementation and results are available. Logistics figures for the last half of 1981 show an average monthly distribution of 285 cycles of OCs, 307 packets of oral rehydration salts, 875 condoms, and 10,450 chloroquine tablets. In November 1981, Columbia University assigned a resident advisor to the project. Based on a request from the Oyo State Government, the delivery system was expanded in late 1982, with implementation carried out by employees of the Council.	A baseline survey revealed that 96% of male and female adults stated that they did not accept the idea of family limitation. It is difficult to discuss family planning without offending people; generally, males need to discuss family planning with males and females with females. Ten percent of adult women approved of family planning and 26% of fertile-age women reported ever-use of a method and 1.5% of current use. Reported post-partum abstinence averaged 23 months. Use of contraceptives in the rural areas has increased with two-thirds of the acceptors using oral contraceptives. The project has proven that illiterate TBAs can be taught to keep accurate records of their services through the use of pictographs on a "tally sheet."

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OPERATIONS RESEARCH PROJECTS

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- a) Country, b) Title
 c) Organization/s,
 d) Site, e) Monitoring Unit

Project Description

Project Status

Results

<p>47. a) NIGERIA b) Ibadan MOH Expansion c) Oyo State MOH, University of Ibadan, Columbia University, Pathfinder d) Four Health Zones of Oyo State e) AID/W</p>	<p>Population: 50,000 The delivery system is based on the original University of Ibadan project. In late 1981, the Oyo State Health Council proposed expanding the delivery system to four additional areas in the state. With additional support from Pathfinder, the expansion began in late 1982. The project is characterized by a reduced role for the University staff, generally limited to assistance with design, training and evaluation. Baseline and evaluation surveys will be carried out in the new project area. Service delivery will be directed by a MOH midwife Field Director in each area and there is an overall coordinator who is also an MOH employee.</p>	<p>11/82 - 12/84 Baseline surveys are under way. Expansion area MOH personnel have been selected and are receiving training. Services continue in the original area.</p>	<p>Baseline surveys have shown only 2% ever-use of modern FP methods.</p>
<p>48. a) PERU b) OR Community Volunteers c) Sur Medio Health Region (MOH), Columbia University d) Sur Medio Health Region e) USAID/Lima and AID/W</p>	<p>Population: 640,000 The project design specified modifying the existing MOH program by training more than 1,500 community volunteers to provide health education, make referrals, assist in vaccination campaigns, provide oral rehydration therapy, treat intestinal parasites, give first aid, distribute iron tablets to pregnant women, and in one-third of the region, distribute OCs and barrier methods. The project would also introduce family planning services in MOH clinic facilities, including sterilization in the regional hospital and other methods, including IUDs, in 13 health centers. Virtually all of the professional staff involved with the project continued to carry out their previous responsibilities related to the clinic-program. Technical assistance included a full-time resident advisor assigned by Columbia University.</p>	<p>1/79 - 5/80 Responsibility for the project was assumed by USAID/Lima and involvement by Columbia University and AID/W terminated before the training program for volunteers had begun. A baseline survey was conducted in February 1980, but no results are available. The national MOH instituted a major reorganization during the planning phase of the project, disrupting established lines of authority. Planning efforts emphasized an exhaustive set of several hundred norms and the development of treatment manuals. Efforts to improve management, simplify technical content, reduce the scale of the project and improve the working relationship between the involved institutions were underway for only a short time before the project was absorbed into a newly developed national program.</p>	<p>Despite administrative delays, 928 volunteers were trained and in 1982 were serving 4,139 active users, a program prevalence of about 6.5%. The project remains the only large-scale community-based FP program in Peru. USAID support continues.</p>

OPERATIONS RESEARCH PROJECTS

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	Project Description	Project Status	Results
49. a) PHILIPPINES b) POPCOM c) Commission on Population (POPCOM) d) Undetermined e) USAID/Manila and AID/W	Population: 500,000 One-half of the population was used as control. Delivery system consisted of free household distribution of three cycles of OCs and 12 colored condoms.	12/76 - 12/79 Pilot tests were conducted to determine what materials, in addition to contraceptives, might be effectively distributed.	One pilot test of distribution materials found that 90% of 865 households offered free condoms and OCs accepted them. Of the 883 households offered free condoms, OCs, and bars of soap, only one household refused the items. However, no usage data was collected and the system was not expanded due to joint POPCOM, USAID and AID/W decision to terminate the project because of the evolution of the national outreach program.
50. a) PHILIPPINES b) IEC Maguindanao c) Socio-Economic Research Center of Notre Dame University, Cotabato City, Philippines; The Population Council Asian OR Project d) Four municipalities in Maguindanao e) AID/W	Population: 193,000 This project is to design, develop and test an IEC campaign which will be directed at Muslims in Maguindanao. The design includes unstructured interviews with family planning users and non-users to develop appropriate IEC messages. Materials (perhaps a comic book or a flip chart) will be produced and pretested before they are distributed. Field workers will be trained to use them. The IEC effort will continue for 12 months in Datu Plang and Maganoy. A random sample of 800 women will be completed prior to the IEC campaign and after it. The pre- and post-interviews will be evenly divided between the non-contiguous control and experimental areas. Tests for significant change between two time periods will be made for knowledge of and attitudes towards family planning methods in general and female sterilization in particular. Acceptance of modern methods will be measured through the service statistics system and compared over time and across treatment areas.	2/83 - 8/83 The project is underway.	No results to date.

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- a) Country, b) Title
- c) Organization/s.
- d) Site, e) Monitoring Unit

Project Description

Project Status

Results

<p>51. a) PHILIPPINES b) Cebu c) Population Center Foundation, Center for Regional Development Operations of the University of the Philippines. College, Cebu, The Population Council d) Cebu Metropolitan Area, Toledo City, Davao City, all in Cebu Province - Southern Philippines e) USAID/Manila and AID/W</p>	<p>This project is to support the follow-up survey of a separately funded action research effort. IEC materials for men were developed and are being used in a campaign, by FTOs* and BSPoS* whose efforts are being reinforced with movies and radio ads in three areas. A baseline survey of 800 men was conducted. The follow-up survey results from 800 men will be compared for family planning awareness, knowledge, attitudes and practices and their relationship to campaign exposure. Service statistics will be used to examine acceptance of clinical methods before and during the campaign.</p>	<p>4/84 - 12/84 The baseline survey development of the IEC materials and the initiation of the campaign have occurred.</p>	<p>No results to date.</p>
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* Full-Time Outreach Workers

** Barangay Supply Point Officers (voluntary field workers)

OPERATIONS RESEARCH PROJECTS

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	Project Description	Project Status	Results
52. a) PHILIPPINES b) NFP Use c) Demographic Research and Development Foundation, Research Institute for Mindanao Culture at Xavier University, Office of Population Studies at San Carlos University, The Population Council d) Eight of country's 13 regions with highest proportion of NFP use e) USAID/Manila and AID/W	Follow-up interviews will be conducted with all women who reported in the April-October 1983 National Demographic Survey (NDS) that they were using a natural family planning (NFP) method, either alone or with another method. A semi-structured interview schedule will be employed to provide both quantitative and qualitative data. The computer data files, the NDS and NFP Survey, will be merged to permit extended analysis of the correlates of NFP knowledge and practice. The expected sample size is about 700 cases. The objective of the study is to produce detailed data on the variations in NFP practice, perceived advantages, disadvantages, use-effectiveness, knowledge and perceptions, and attitudes about NFP in relation to other methods.	7/83 - 12/84 The project is ongoing.	No results to date.
53. a) PHILIPPINES b) Combination of Methods c) Socio-Economic Research Center at Notre Dame University in Cotabato City The Population Council d) North Cotabato and Sultan Kudarat Provinces in Central Mindanao e) USAID/Manila and AID/W	The project will develop and test an IEC and training package to promote improved practice of less effective methods (LEMs) through combined method use. Ten territories of paid family planning fieldworkers with the high prevalence of less effective methods will be identified and purposively selected. From each of these territories five villages will be randomly selected and completely enumerated. A random sample of 500 couples presently using LEMs will be selected from the study areas and interviewed. The IEC campaign will be implemented for 12 months. The 50 study villages will be re-enumerated and a new sample of LEM users will be drawn for follow-up interview. Analysis will consist of comparing pre- and post-intervention data from both enumerations and surveys; studying the relationship between degree of exposure to the IEC campaign and measures of LEM knowledge, attitudes, and practice; and use-effectiveness analysis of pooled 12-month retrospective data on LEM use and combined LEM use obtained in the two surveys.	10/83 - 9/85 The project is under way.	No results to date

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OPERATIONS RESEARCH PROJECTS

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	Project Description	Project Status	Results
54. a) PHILIPPINES b) Social Networks c) Central Philippine University, Iloilo City, The Population Council d) Western Visayas (Region VI) e) USAID/Manila and AID/W	Population: 70,000 in experimental group A refined training curricula for social network analysis (SNA) will be designed and implemented in ten experimental districts with 70 full-time Outreach Workers. SNA is a strategy for goal setting and motivation which also serves as a supervision technique. The effect on contraceptive prevalence of using SNA will be assessed through pre- and post-enumeration in the ten experimental and ten control areas. Qualitative data concerning the service delivery process will be gathered..	1/84 - 8/85 The project is underway.	No results to date.
55. a) PHILIPPINES b) Mobilizing Satisfied Users c) Graduate Studies and Research Programs, U. P. College Tacloban, The Population Council d) Sub-province of Biliran and Province of Samar - Eastern Visayas e) USAID/Manila and AID/W	Population: 40 Barangay Service Points in experimental area This project will attempt to increase overall contraceptive prevalence and prevalence of more effective FP methods (MEM) by harnessing satisfied NEM users for motivational activities in large, geographically dispersed barangay supply point (BSP) areas. Sixty volunteer motivators will be selected and trained for two days, using a modified version of the BSP officers' training curriculum with emphasis on the motivational aspects. An experimental design with two experimental groups and a control group (randomly allocated) will be employed.	12/83 - 5/84 The project is underway.	No results to date.

OPERATIONS RESEARCH PROJECTS

- a) Country, b) Title
 c) Organization/s,
 d) Site, e) Monitoring Unit

	<u>Project Description</u>	<u>Project Status</u>	<u>Results</u>
56. a) SRI LANKA b) FP plus Vitamin Supplement c) Family Health International (FHI) and Family Planning Association of Sri Lanka d) Colombo FPA Clinic, Parts of Matara and Puttalam Districts e) AID/W	<p>Population: Matara 83,000; Puttalam 67,000; Colombo no specific catchment area.</p> <p>Clinical trial aspect in all three areas involves randomized double-blind study of high-dose (Norinyl) and low-dose (Brevicon Fe+) OCs cross-classified with and without vitamin supplements. Community-based distribution systems operating in Matara and Puttalam involved eight field motivators supported by three nurses and one physician in each area. Emphasis was on home delivery at low cost of study regimen, regular OCs and condoms, and referral for IUDs, injectables* (Matara only), male and female sterilization.</p>	<p>10/77 - 2/82</p> <p>Clinical trial completed August 1980 in rural areas with 2,821 participants. Urban recruitment halted at 500 as of January 1980, and trial ended in January 1981. Clinic-based distribution system terminated in its original form in December 1980. Baseline population surveys conducted in Matara and Puttalam 1977-78, final population surveys conducted in January 1981. Final report submitted June 1982.</p>	<p>The provision of a daily multi-vitamin supplement taken in conjunction with either of two types of OCs made no difference in either continuation or side effects associated with OC use. Overall method-related continuation rates were the same for Norinyl and Brevicon. Brevicon users experienced higher levels of break-through bleeding; Norinyl users had higher levels of other common side effects except nausea and vomiting. For both contraceptives, incidence of nausea, vomiting, dizziness and headache in the first cycle were highly intercorrelated and highly predictive of later discontinuation; menstrual problems were less correlated with other symptoms, and not predictive of discontinuation. The community-based distribution system was effective in recruitment, but had no demographic effect due to limited coverage and high discontinuation rates.</p>

* A.I.D. does not provide injectables.

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OPERATIONS RESEARCH PROJECTS

- a) Country, b) Title
 c) Organization/s,
 d) Site, e) Monitoring Unit

Project Description

Project Status

Results

57. a) SRI LANKA
 b) Commercial Marketing Schemes
 c) Columbia University and Family Planning Association of Sri Lanka (FPASL)
 d) Countrywide
 e) AID/W

Population: 5 million
 This project is a new scheme to market condoms and OCs at subsidized low prices through the use of marketing officers directly hired by the FPASL. The marketing officers solicit new retail outlets and take orders of purchase. Also, FPASL recruits commissioned agents who pick up contraceptives from the FPASL and distribute them to the retailers. The new scheme will be compared to the old scheme in which the FPASL sells contraceptives through "principal agents" who handle marketing of contraceptives among a large number of other products. The new scheme replaced the old scheme in half of the country, while the old scheme continues to cover the other half of the country.

1/80 - 6/83
 Marketing officers recruited 2/80; sales started 4/80. The FPASL now has 12 commissioned agents serving 3,000 outlets. During 1980, the principal agents responsible for OC distribution withdrew from the project. The FPASL has now taken over nationwide distribution for OCs through its marketing officers and through a part-time Medical Representative added to the FPASL staff.

Despite the withdrawal of principal agents from the project, OC sales in 1981 increased 65% over 1980. FPASL condom sales under the new commission agent scheme increased nearly 65%, between 1980 and 1981, increasing its share of the condom market from 29% to 45%. Monthly operation cost deficits have decreased by over 50% since the project began. During the last year, new sales outlets were opened and sales of contraceptives, while slightly lower in 1982 than 1981, were recovering from the low point in 1981 following price increases. The FPASL solved some of the problems encountered in recruiting and keeping good marketing officers by establishing a new system of commissions and allowances and by adding one extra marketing officer. A variety of village level development programs have provided opportunity for small scale distribution in rural communities. The FPA is participating in a national review of contraceptive distribution in Sri Lanka, to set up a more comprehensive monitoring system to help analyze needs and problems in distribution.

OPERATIONS RESEARCH PROJECTS

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	Project Description	Project Status	Results
<p>58. a) SRI LANKA b) Strategies to Increase IUD Use c) Family Planning Association of Sri Lanka (FPASL), Family Health Bureau, The Population Council - Asian OR Project d) 8 of 102 health districts e) AID/W</p>	<p>Population: unavailable The project objective is to increase the number of IUD users. In the eight experimental health areas, half of the 200 midwives will select four satisfied IUD users who will participate in two one-day training courses. The 100 trained midwives will visit homes with the satisfied users to recruit new users who will be referred to the clinics where the newly trained nurses and retrained medical officers will insert IUDs. The home visitors will also encourage women to continue with the IUDs they are wearing. The other 100 midwives will not work with satisfied users.</p>	<p>2/83 - 8/84 The training of nurses and midwives, the retraining of the physicians, and the selection and training of the satisfied IUD users is being conducted, and baseline data collected. Recent civil disorders have restricted project activities to eight instead of the planned 10 districts.</p>	<p>No results to date.</p>
<p>59. a) ST. KITTS b) Family Life Education c) Ministry of Education, Health and Social Affairs, Tulane University - Caribbean OR Project d) Six junior and senior high schools e) USAID/Barbados and AID/W</p>	<p>Population: 3,250 teens. The project will assess the effect that family life education (FLE) has on knowledge of contraceptives, onset of sexual activity, use of contraceptives and pregnancy rates among teens. In one group of schools, students will receive FLE and in another the present curricula which does not contain FLE will be continued. The FLE teachers will be trained at four-week workshop sponsored by the Caribbean Family Planning Affiliation. The teachers will develop the FLE curricula in a one to two week training session after the CPFA course. Self-administered questionnaires will be used and filled out at the same time by students in the control schools. All of these students will complete similar questionnaires one year later.</p>	<p>4/83 - 3/85 The schools have been selected, teachers trained, curriculum developed, and baseline questionnaire administered. The FLE classes will run throughout the FY 1983-84 academic year, with the follow-up questionnaire to be administered in September 1984.</p>	<p>No results to date.</p>

OPERATIONS RESEARCH PROJECTS

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- a) Country, b) Title
- c) Organization/s,
- d) Site, e) Monitoring Unit

Project Description

Project Status

Results

<p>60. a) ST. LUCIA (Caribbean) b) FP in Factories c) Family Planning Association - Tulane University - Caribbean OR project d) 20-25 factories throughout the island e) USAID/Bridgetown and AID/W</p>	<p>Population: 3,500 In one group of factories, a nurse will make regular bimonthly visits during working hours to perform routine gynecological examinations, counsel employees about family planning, including how to manage side effects and to distribute contraceptive supplies. In another group of factories a nurse will select and train an employee of the factory as the contraceptive distributor. The employee will sell contraceptives at the regular FPA prices, provide basic information about contraceptives and refer clients to a clinic when necessary. The nurse will resupply the distributor and screen all new acceptors of FP. The project will measure contraceptive knowledge and use and assess the cost-effectiveness of the two delivery systems which are scheduled to last for 21 months.</p>	<p>11/82 - 6/85 A total of 22 factories are participating in the project. Economic difficulties in St. Lucia have resulted in the closing of some factories, thus decreasing the population base for the project. Cooperation from factory managers has been good.</p>	<p>No results to date.</p>
<p>61. a) ST. LUCIA b) Peer Counseling c) Ministry of Health, Tulane University Caribbean OR Project d) Four largest population centers e) USAID/Barbados and AID/W</p>	<p>Population: 5,000 teens This project is designed to increase awareness of the risks of pregnancy, knowledge of contraceptive methods, and (among sexually active teens) the use of contraceptives in an effort to decrease teen pregnancy. Three treatments (peer counseling, teen clinic, and peer counseling and teen clinic) will be compared to a control area. Each of the four largest population centers on the island (about 10,000 each) will be designated to receive one of these treatments. The impact will be assessed by comparing the pre- and post-surveys of teens.</p>	<p>1/84 - 12/85 Project activity will begin in January 1984.</p>	<p>No results to date.</p>

OPERATIONS RESEARCH PROJECTS

- a) Country, b) Title
c) Organization/s,
d) Site, e) Monitoring Unit

	<u>Project Description</u>	<u>Project Status</u>	<u>Results</u>
62. a) ST. VINCENT (Caribbean) b) Strategies to Deal with Side Effects c) Ministry of Health, Tulane University - Caribbean OR project d) Whole country e) USAID/Bridgetown and AID/W	Population: 112,000 The project includes a major retraining of 2/3 of the health workers to provide them with the skills and information women need to deal with side effects and consequently to improve continuation and prevalence. One-third of the community health aides (CHA) will be trained to use a checklist and will provide women who have no contraindications with oral contraceptives. They will also resupply users. Another group of CHAs will resupply but not initiate OC users. The control group is to refer women to the health clinics as is the current practice.	11/82 - 8/84 The focus group interviews have been conducted to help generate the campaign and retraining messages. Training of the CHAs and clinic personnel was carried out in 2/83, with refresher training in 8/83. The follow-up survey is scheduled for 3/84.	No results to date.
63. a) SUDAN b) FP/MCH, Khartoum Province c) University of Khartoum, Columbia University, USAID d) Khartoum Province (90 villages) e) AID/W	Population: 90,000 The project seeks to test the feasibility of a delivery system based on rural government midwives of whom there are several thousand in the Sudan. The project trained 103 midwives to provide (1) family planning information and oral contraceptives, (2) oral rehydration supplies and advice, (3) selected nutrition advice, and (4) facilitation of MOH vaccination campaigns. The provision of these services was supported by a series of three rounds of household canvassing. Following the canvass phase, midwives respond to community demand for services. For the first two years, the involved personnel received cash incentive payments for carrying out these additional tasks. In addition to service statistics, the project will be evaluated through large baseline and evaluation surveys which measure contraceptive use, diarrhea management, child morbidity and mortality, and feeding practices. There have been small, ad hoc surveys for rapid assessment of selected services. The project staff includes a resident advisor provided by Columbia University.	10/79 - 6/83 Canvassing was completed by August 1980. The baseline survey was completed in November 1980 and the evaluation survey in January 1982. Responsibility for maintaining service delivery was transferred to the MOH in mid-1982, at which time incentive payments were phased out. The project is being extended to 50 villages in Nile Province.	In periurban communities, among reproductive-age women the prevalence of OC use increased from 11.4% to 12.6%; for rural communities, use rose from 4.0% to 7.4%. Numbers of new acceptors were highest during the household visitation period, March through May, 1981. The percent of women who reported the use of oral rehydration solutions for child diarrhea increased from 0% to 75%. Small evaluation surveys indicated that 76% and 63% of women were visited by midwives on the family planning canvass in the West and East regions of the project area, respectively. Reported visits to explain oral rehydration were 95% and 89%.

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OPERATIONS RESEARCH PROJECTS

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	<u>Project Description</u>	<u>Project Status</u>	<u>Results</u>
64. a) SUDAN b) FP/HCH, Nile Province c) University of Khartoum, Nile Province Ministry of Health, Columbia University, USAID d) Nile Province e) AID/W	<p>Population: 50,000</p> <p>The project delivery system is based on the original project in Khartoum Province. The same services will be extended to 50 villages north of the original area, but with the University of Khartoum staff playing a role limited to design evaluation, research and training of higher level MOH personnel. Training, supervision, resupply, and recordkeeping will all be the responsibility of regular MOH personnel presently working in Nile Province. The use of incentive payments will be minimized and further examined through a formal research design. Systematic written description of the process of service delivery will also be carried out by the University staff, who will also conduct additional small-scale studies in the original project area. IUDs and foaming tablets will be provided in addition to OCs. Immunizations will be provided through the establishment of rural immunization centers. Growth monitoring will be incorporated into the nutrition component.</p>	<p>8/83 - 10/85</p> <p>The collaboration of provincial health officials has been secured and a principal coordinator has been designated. A survey of health resources in the area has been completed. A baseline evaluation survey form has been developed, and a full enumeration of the target area population has been completed.</p>	<p>No results to date.</p>
65. a) TAIWAN b) Alternative Household Distribution Strategies c) Johns Hopkins University, National Health Admin- istration, and Joint Commission on Rural Reconstruction d) 12 townships e) AID/W	<p>Population: 330,000</p> <p>Two household distribution systems were tested: (a) all women who had given birth in the previous year were visited at home and were offered free of charge six cycles of OCs and a dozen condoms; and (b) all households were visited and MWRA 15-49 years of age were offered free of charge six cycles of OCs and a dozen condoms. In both systems, regular family planning workers did the distribution. Women asking for IUDs or sterilization were given coupons. There was also a control population with the regular family planning program.</p>	<p>1/74 - 9/79</p> <p>Project is completed. Data analysis focused on socio-economic differentials of fertility and contraceptive use.</p>	<p>Both treatment and control areas show high levels of contraceptive use (70% of non-pregnant women) after four years of service delivery. Baseline prevalence among MWRA 15-49 years of age was 47% in both treatment and control areas, now 62.7% for the treatment and 66.2% for the control. Condom and pill use is greater in the study area than in the control area; IUD use is much greater in the control area. Proportionately more of the couples in the control area are sterilized.</p>

OPERATIONS RESEARCH PROJECTS

- a) Country, b) Title
c) Organization/s,
d) Site, e) Monitoring Unit

	<u>Project Description</u>	<u>Project Status</u>	<u>Results</u>
66. a) TANZANIA b) FP/MCH in Masai Areas c) Columbia University and the Evangelical Lutheran Church in Tanzania (ELCT) d) Masai Areas of Arusha Region e) AID/W	Population: 50,000 The Masai Health Services project serves seven areas with six dispensaries and a 20-bed health center in Sellian. Based on observations during the developmental phase of the project, the target population has been divided into the settled and pastoral Masai areas. Service interventions include home visiting, MCH care, primary health care services, and community development. Child-spacing education and services will be provided in the settled areas. In pastoral areas, training of home health workers will be decentralized.	4/82 - 6/84 Phase 1 of the project was completed in November 1982. During this period, detailed implementation plans have been completed, project staff recruited, training procedures and materials developed, and evaluation and operations research activities and priorities outlined. In addition, project training and services have been initiated in the pilot area of Engasumet, and the service and training designs have been modified in accordance with this pilot area experience.	Baseline survey completed during last quarter of 1982. The survey found that less than 20% of the women use ORT to treat diarrhea and only 3% know how to prepare it correctly. Sugar is available in only 26% of the houses. This has led staff to look for alternative ORT solutions. The baseline survey found very high levels of mortality and fertility. The survey covers a population of only 1,200 people and therefore estimates are subject to all the problems of recall error, small area fluctuation and birth interval phasing. However, high levels reported do indicate that local residents are willing to discuss mortality and fertility with project personnel.
67. a) THAILAND b) Comparative FP Delivery Systems c) Ministry of Public Health and CBFPs d) Countrywide e) USAID/Bangkok and AID/W	Population: 6.5 million Four delivery systems were tested: (a) selling of OCs and condoms by lay village agents; (b) same as "a" but initial household distribution of free two cycles of OCs or a dozen condoms; (c) same as "a" but agents also sold household drugs; and (d) same as "b" but agents also sold household drugs. In all systems, referrals were made for IUDs and female sterilization.	6/77 - 9/81 Baseline survey in N.E. districts and delivery systems were implemented in 80 rural districts with a total of 5,800 village distributors. Evaluation on the four delivery systems was completed on 2/79. Based on the findings, the delivery system was modified and unified into a new model which continues to sell OCs and condoms. Interested village distributors also sell and promote 15 household drugs. Second evaluation was completed 4/81.	According to the 2/79 and 2/80 assessment, the initial free distribution of contraceptives did not produce a long-term increase in contraceptive sales. The inclusion of household drugs increased both the distributors' training costs and the cost of program maintenance without generating additional income. The program sells contraceptives to about 8% MMRA in project districts which constitute 14% of all contraceptors in the same area.

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OPERATIONS RESEARCH PROJECTS

a) Country, b) Title
 c) Organization/s,
 d) Site, e) Monitoring Unit

Project Description

Project Status

Results

68. a) THAILAND
 b) Mechai/Incentives
 c) Population and
 Community Association
 of Thailand, the
 Population Council -
 Asian OR Contract
 d) Northeast Thailand
 e) USAID/Bangkok and AID/W

Population: 35,000
 This project uses a quasi-experimental design to test the impact of different levels of community investment incentives on contraceptive prevalence. Project funds cover only the research effort. The 40 villages are divided into four groups of ten each. In one group of ten villages, intensive program inputs will be made. These include marketing services for agricultural goods (some farmers will be guaranteed a buyer for their produce at a higher price than that offered by the traditional middlemen), credit for seed, fertilizer and equipment and technical assistance and training. The cost per household in these ten villages will be about \$200 per year. In other villages the cost per household will be \$100, \$50, or in the case of the control villages, nothing. Participation will be voluntary and all experimental villages will have access to the investments. However, those who use family planning will have first choice of the development inputs.

4/82 - 5/84
 The baseline survey of 4,468 families was completed in mid-1982. These data have been matched with a follow-up survey to form a panel for each experimental and control area.

Preliminary results indicate that prevalence rates rose in all areas; however, the rates were higher in the experimental areas during the last quarter than the control areas, suggesting an acceleration as the interventions progressed.

69. a) THAILAND
 b) Village Level Study
 c) Institute of Population
 Studies, Chulalongkorn
 University, The
 Population Council -
 Asian OR Project
 d) 76 villages which
 represent rural
 Thailand
 e) AID/W

Population: 35 million
 The project will describe the importance of contraceptive availability to contraceptive prevalence. Availability is defined as the length of time contraceptives have been available, the methods that are available, the number of sources, and the distance to the source(s). Data will be gathered on the availability variables in 43 Thai villages where prevalence has been measured two or three times and in 33 other villages where only one survey was completed. These village variables will be collected through group interviews with village informants and through interviews with contraceptive providers. The analysis will be at the village and individual levels and Multiple Classification Analysis will be the predominant technique.

2/83 - 8/83
 The collection of the village level data has been completed, data from the various surveys merged, and a preliminary analysis completed.

The data are currently being analyzed. The final report is due in February 1984.

OPERATIONS RESEARCH PROJECTS

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	Project Description	Project Status	Results
70. a) THAILAND b) Evaluation, Government and Private FPS c) Prince of Songkla University, The Population Council - Asian OR Contract d) Southern Thailand e) USAID/Bangkok and AID/W	Population: 45 villages; 1,800 households This project seeks to compare the Government's family planning service delivery capabilities against that of a private organization, the Population and Community Development Association. Comparisons will be made of organizational and managerial structures, cost-effectiveness of service delivery, and the reasons why eligible couples select one source of supply over another.	10/83 - 3/85 The project is just beginning.	No results to date.
71. a) THAILAND b) Method Switching c) Khon Kaen University The Population Council - Asian OR Contract d) Northeast Thailand e) USAID/Bangkok and AID/W	Population: 12 villages, 1,200 couples This study will use an experimental design to examine method switching and the frequency of less effective method use. In six villages, small group meetings will be held with frequent method switchers and less effective method users. Six months after the small group meetings end, a second survey will be conducted to examine changes in method mix, increases in continuation rates, and frequency of method switching.	11/83 - 5/85 The project is just beginning.	No results to date.
72. a) THAILAND b) Counseling More Effective Methods c) Khon Kaen University, The Population Council - Asian OR Contract d) Northeast Thailand e) USAID/Bangkok and AID/W	Population: 960 couples in 12 villages This project will use an experimental design to test whether a training program given to village health workers coupled with counseling services for villagers can decrease fears and concerns about contraception, increase prevalence rates and continuation rates, and shift the method mix towards the use of more effective, clinical methods.	11/83 - 5/85 The project is just beginning.	No results to date.

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a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	<u>Project Description</u>	<u>Project Status</u>	<u>Results</u>
73. a) THAILAND b) Village Health Volunteers and Communicators c) Prince of Songkla University d) Southern Thailand e) USAID/Bangkok and AID/W	Population: Two districts This study employs an experimental design with pre- and post-intervention surveys. The study seeks to improve contraceptive availability and accessibility by retraining Village Health Communicators and providing door-to-door delivery of pills and condoms. Small group meetings in villages will be held. Contraceptive prevalence and utilization of services are outcome measures.	11/83 - 5/85 The project is just beginning.	No results to date.
74. a) TOGO b) FP/MCH with Women's Self- Help Groups c) Ministry of Health and Columbia University d) Plateau Region e) USAID/Lome and AID/W	Population: 25,000 The purpose of the project is to test the feasibility and effectiveness of adding basic health and family planning activities to an existing self-help program for village women. The project will focus on child growth supervision as a major activity to respond to a felt need to improve the health of young children. Other activities will include: training in oral rehydration therapy; child-spacing information, contraceptive referral and resupply; and immunization referral. Through a series of surveys and process documentation, the project will demonstrate the impact of using women's income-generating groups to improve FP/MCH information and services in the community at large.	2/84 - 1/86 Plans for the preparatory phase of the project are being finalized.	No results to date.
75. a) TUNISIA b) PFAD c) National Office of Family Planning and Population (ONPFP) d) Bir Ali, Sfax Governorate e) USAID/Tunis and AID/W	Population: 30,000 The delivery system consisted of free household distribution of DCs (6 cycles) to all eligible women aged 15-44 in the target area by 8 specially trained local women. Referrals and transportation were arranged (after 4/77) for IUD insertions and female sterilization. Contraceptive resupply was provided initially through a series of follow- up visits and ultimately through dispensaries and mobile teams. PFAD was a demonstration project designed to test the acceptability and feasibility of the delivery system in rural Tunisia.	1/76 - 3/79 Between 4/76 and 8/78, a house- hold canvass and total of two to four follow-up visits were conducted in nine sectors of Bir Ali delegation (pop. 30,000) as well as an initial visit and one revisit in two sectors of Regueb delegation (pop. 10,000). A final survey was completed in Bir Ali delegation (3/79) and a permanent resupply system established. Project evaluation has been completed.	After two years of household distribution, contraceptive prevalence increased from 6.6% to 17.7%, a relative increase of 168%. In some sectors, the proportion of women contracepting at the final survey was over 30%. Sterilization was used by more than one-half of all the women practicing contraception. A decline of nearly one-third (from 25.4% to 17.6%) was reported in the proportion of women at risk of pregnancy, while the pregnancy rate declined, over the two-year period, by one-sixth (from 20.3% to 17.0%). Based on this successful pilot experience, several larger household and community-based contraceptive delivery systems have been launched.

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OPERATIONS RESEARCH PROJECTS

a) Country, b) Title c) Organization/s, d) Site, e) Monitoring Unit	<u>Project Description</u>	<u>Project Status</u>	<u>Results</u>
76. a) TUNISIA b) PFPC c) National Office of Family Planning and Population (OHFPF) d) Three counties (Fernana, Jendouba, Ain Draham), Jendouba Governorate e) USAID/Tunis and AID/W	Population: 144,000 The PFPC household contraceptive distribution project builds on PFAD feasibility study but was designed to be larger, more cost-effective and with potential for nationwide replication. Local trained female workers conducted an initial household canvass offering married women aged 15-44 (MWRA) contraceptives (OCs, condoms, foam) and IUD and tubal ligation referrals. Resupplies were provided during second household visits (two counties only). Different permanent resupply mechanisms were tested in all three project areas, with emphasis on free distribution by itinerant health workers. Project director provided medical follow-up visits. Study compared cost-effectiveness and impact of family planning delivery system (two counties) with integrated FP/MCH system (one county).	1/77-7/80 Project evaluation completed. Detailed report has been published in French on results of household visits and end-point contraceptive prevalence survey as well as implications for the national family planning program.	family planning acceptance and use varied considerably among the three project areas. Performance was best in Fernana county where only family planning services were offered: 83% of at-risk population accepted a method, and contraceptive prevalence increased from 16 to 28% after 12 months and two household visits. In Ain Draham, where integrated FP/MCH services were introduced, the contraceptive prevalence rate rose from 24 to 29%. Overall in the three counties, contraceptive prevalence increased from 26 to 33%. There was a 27% decrease in MWRA at risk of pregnancy. Under PFPC, the cost per new family planning acceptor (US \$32) was less than half the corresponding cost under the PFAD demonstration household project. The field worker MWRA ratio for PFPC was 1:2,826 compared to 1:493 for PFAD.

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OPERATIONS RESEARCH PROJECTS

a) Country, b) Title
c) Organization/s,
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Project Description

Project Status

Results

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| <p>77. a) ZAIRE
b) PRODEF
c) Baptist Community of West Zaire and Tulane University
d) Bas Zaire - City of Matadi and surrounding rural area of Songololo
e) AID/W</p> | <p>Population: 236,000
The project PRODEF is designed to test the relative impact and cost-effectiveness of two alternative strategies for improving the health of women of reproductive age (WRA) and young children: (1) use of outreach workers to provide at each household an initial free supply of contraceptives to WRA and to sell basic medicaments for young children, with resupplies available at local dispensaries and village depots (matrones) and (2) stocking of local dispensaries and village depots with contraceptives and drugs, but with no outreach activities. Urban and rural target populations are randomly divided into experimental and control groups. The delivery system includes: household distribution of OCs, condoms and foam with referral for IUDs, injectables (government supplied) and tubal ligations, and (in rural areas only) selected drugs for young children (chloroquine, oralyte, mebendazole, aspirin).</p> | <p>10/80 - 1/85
Analysis of the baseline surveys in the rural and urban project areas has been completed. Home visiting was initiated in 10/81 in the rural areas and 6/82 in Matadi. Activities carried out in 1983 included: preparation of a 30-minute, 16 mm film on family planning; completion of home visiting; reinforcement and expansion of permanent supply mechanisms (dispensaries and matrones); and implementation of post-intervention surveys in the zone of Songololo (8/83 - 11/83) and Matadi (12/83 - 3/84). The final evaluation will comprise a qualitative and quantitative assessment as well as a detailed cost-effectiveness analysis.</p> | <p>Results of baseline surveys indicate: In Matadi, 53% of women 15-49 were using a traditional method of fertility control (withdrawal, abstinence, rhythm, etc.) and 4% a modern contraceptive method; in the rural target area, corresponding figures were 62% and 4%, respectively. Project experience to date has demonstrated the feasibility and acceptability of household contraceptive distribution. In Matadi, 37% of women 15-49 visited in Round #1 accepted a free sample of contraceptives (38% - Neo Sampoo; 35% - OCs; 17% - foam; and 10% - condoms). In the rural target area, where 25% of eligible women initially accepted a contraceptive method, over half (54%) received foam, followed by condoms (23%), and OCs (17%). Data available on contraceptive continuation indicate that 83% of urban acceptors in Round #1 who were visited had ever tried the method and 52% were still using it at the time of Round #2.</p> |
| <p>78. a) ZAMBIA
b) OR - NFP
c) International Federation for Family Life Promotion (IFFLP) and Family Life Movement of Zambia (FLMZ)
d) Lusaka, Southern Province, Copper Belt Region
e) AID/W</p> | <p>Population: 14,000
Purpose of the project is the expansion of NFP training and service capabilities, followed by an evaluation of training and service variables to answer questions about cost-effectiveness, use-effectiveness and acceptability of NFP. The project includes the establishment of a national NFP development plan, a National Advisory Committee, a Technical Task Force, and a Service Coordination Committee including both public and private sector involvement. IFFLP will provide technical assistance to develop and implement the project and to disseminate the results.</p> | <p>8/83 - 6/88
The project began in August 1983 and Phase I is under way. Consultant site visits have been held; the members of the Advisory Committee, Task Force and Service Coordination Committees have been identified. The National NFP development plan has been prepared in draft, country specific training materials are under development and data collection forms are being prepared.</p> | <p>No results to date.</p> |

OPERATIONS RESEARCH PROJECTS

- a) Country, b) Title
c) Organization/s,
d) Site, e) Monitoring Unit

	<u>Project Description</u>	<u>Project Status</u>	<u>Results</u>
79. a) INTERREGIONAL b) Operations Research for Family Planning Programs c) Center for Population and Family Health (CPFH), Columbia University d) Multiple e) AID/W	Population: 8,800,000 Under its operations research program, the Center for Population and Family Health (CPFH) focuses on the following areas: 1) design, implementation and evaluation of FP/MCH operations research projects, with special emphasis on Latin America and Africa; 2) provision of long and short-term technical assistance in operations research and family planning program evaluation; and (3) documentation and dissemination of results of FP/MCH operations research.	7/79 - 6/84 A total of 13 operations research projects have been developed - 3 in Haiti, Brazil, Guatemala, Mexico, Peru, Sudan, Nigeria (2), Sri Lanka, and Tanzania. In six countries, results have been replicated in larger-scale projects or incorporated in the expansion of an existing delivery system. New projects are expected to begin soon in Togo and Burundi. Resident advisors are stationed in Haiti, Nigeria, Sudan, Tanzania and Thailand. CPFH has provided through its NY-based staff and resident advisors extensive technical assistance. It has also been involved in a variety of training and information dissemination activities. An in-depth evaluation of CPFH's OR program was conducted by a team of expert consultants in April 1983. The evaluation report cites CPFH as a unique resource in operations research and recommends continued A.I.D. support.	Numerous progress reports on project activities are available as well as a Working Paper Series on different issues in operations research.
80. a) INTERREGIONAL b) FP Service Improvement Through OR c) Johns Hopkins University d) Interregional e) AID/W	The initial activity was to review the activities of the Research Division of the Office of Population and to recommend new approaches or areas of concentration in operations research. The project provides technical assistance to country programs, provides support to operations research projects in developing countries and disseminates research results.	9/79 - 9/86 The assessment of the operations research program have been completed. Two international workshops have been held. Resident advisors are in Kenya and Egypt. One subproject in Brazil has been completed and two are underway in Kenya.	The following books have been published or are in press: <u>Community-Based Distribution of Contraception: A Review of Field Experience. Evaluating Population Programs: International Experience with CEA/CBA and Health Interventions in Community-Based Distribution Programs.</u> Technical assistance has been provided to a wide range of African and Asian family planning programs.

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OPERATIONS RESEARCH PROJECTS

- a) Country, b) Title
 c) Organization/s,
 d) Site, e) Monitoring Unit

Project Description

Project Status

Results

81. a) INTERREGIONAL
 b) Management and Super-
 vision
 c) University of Michigan
 d) Interregional
 e) AID/W

The project consists of (1) a review of the literature about organizational structure, management and supervision of family planning programs, (2) conducting in-depth interviews with family planning policy-makers, administrators and supervisors in the U.S., largely among the donor community, and in six to nine countries in the developing world, (3) conducting a more formal survey of a much larger group of family planning administrators in the developing world, and (4) preparing a detailed plan to test the changes which could be affected in the organization, management and supervision of family planning programs. The final report will contain the investigator's conclusions which will specify, in priority terms, which management and supervision techniques they believe will improve family planning service delivery.

8/83 - 8/85
 The review of the literature has begun. Planning for the interviews is underway.

No results to date.

82. a) INTERREGIONAL
 b) NAS FP Effectiveness
 c) National Academy of Sciences
 d) U.S.
 e) AID/W

This project along with private donors supports the Family Planning Effectiveness portion of the activities of the Committee on Population. With guidance from the Committee, the Family Planning Effectiveness Working Group will conduct a scholarly study of factors affecting the relative effectiveness of family planning programs under varying conditions, with particular attention to the role of management and supervision. On this basis, the NAS will produce a set of guidelines for developing and carrying out effective family planning programs. The project will collaborate with the related University of Michigan Project (No. 81) in data collection but carry out a separate analytical portion.

9/83 - 8/85
 The Committee and Working Group have been selected and held their first meeting 11/10/83. An overall conceptual model was developed and a preliminary list of commissioned papers to be prepared by outside experts has been developed.

No results to date.