PN-ABI-923

# MORE

The MORE Project
Maximizing Results of Operations Research
TvT Associates
503 Capitol Court N.E.
Washington, DC 20002

Contract DPE 3030-C-00-8167
Agency for International Development

PN-ABI-703

# OPERATIONS RESEARCH
## Helping Family Planning Programs Work Better

# REPORT OF THE
# MORE CONFERENCE AND WORKSHOP

The MORE Project
Maximizing Results of Operations Research
TvT Associates
503 Capitol Court, N.E.
Washington, D.C. 20002

Contract DPE 3030-C-00-8167
Agency for International Development

## TABLE OF CONTENTS

EXECUTIVE SUMMARY . . . . . i

INTRODUCTION . . . . . 1
- Purpose and Scope . . . . . 1
- Background on the Meetings . . . . . 1
- Organization of this Report . . . . . 1

INCORPORATING DIFFERENT APPROACHES . . . . . 2
- Balance Between Short and Longer-Term Studies . . . . . 2
- Approaches to OR . . . . . 3
- Criteria for Selecting Designs . . . . . 3
- Measuring Successful OR . . . . . 3
- Conclusions and Recommendations . . . . . 5

ADAPTING OR TO THE SETTING . . . . . 6
- AID Typology of Countries . . . . . 6
- Conclusions and Recommendations . . . . . 8

SELECTING STUDY TOPICS . . . . . 9
- Criteria for Selecting Study Topics . . . . . 9
- Priority Areas for OR in the 1990s . . . . . 9
- Conclusions and Recommendations . . . . . 10

STRENGTHENING FAMILY PLANNING PROGRAMS THROUGH TECHNICAL ASSISTANCE . . . . . 11
- Purposes and Clients of TA . . . . . 11
- Providing TA . . . . . 12
- Conclusions and Recommendations . . . . . 12

IMPROVING THE DISSEMINATION AND APPLICATION OF OR RESULTS . . . . . 13
- Scope and Audiences for Dissemination . . . . . 13
- Ways to Enhance Dissemination . . . . . 13
- Factors Affecting Application . . . . . 14
- Conclusions and Recommendations . . . . . 15

TARGETING NEW AREAS OF OR EMPHASIS . . . . . 16
- Fostering Partnerships . . . . . 16
- Improving Quality of Care . . . . . 17
- Emphasizing Cost Analysis . . . . . 17
- Placing More Emphasis on Process Evaluation . . . . . 18
- Strengthening Management Information Systems . . . . . 19
- Conclusions and Recommendations . . . . . 20

INSTITUTIONALIZING OR . . . . . 21
Institutionalization as a Goal of OR . . . . . 21
Factors that Foster Institutionalization . . . . . 21
Measuring Progress Towards Institutionalization . . . . . 22
Conclusions and Recommendations . . . . . 23

STRENGTHENING THE IMPLEMENTATION OF THE OR PROGRAM . . . . . 24
OR Program Coordination and Collaboration . . . . . 24
Program Management . . . . . 25
Conclusions and Recommendations . . . . . 26

**APPENDIX A** - List of Conference and Workshop Participants

**APPENDIX B** - Conference and Workshop Agendas

# EXECUTIVE SUMMARY

An International Conference and Workshop, organized by the MORE (Maximizing the Results of Operations Research) Project, were held in Columbia, Maryland, on June 11 - 12 and 13 - 14, 1990, respectively. The meetings provided a forum for family planning service providers, policymakers, and donors to exchange views with OR practitioners on how the design, conduct and application of OR can help family planning programs work better. The meetings also were an opportunity for reflecting on more than 15 years of experience in conducting OR, and providing guidance to the Agency for International Development (A.I.D.) on new directions for the OR Program in the 1990s.

Over 180 individuals from 26 countries attended the conference, the first and larger meeting. Participants included donor agency representatives, managers of family planning service delivery agencies, staff of population and family planning Cooperating Agency, A.I.D. Office of Population staff, USAID Mission Health and Population Officers, and OR researchers. Workshop participants comprised a subgroup of conference attendees and included nearly 100 individuals representing OR contractors, in-country researchers, and A.I.D.

This report synthesizes the discussions and paper presentations at the meetings, and provides A.I.D.'s Office of Population with recommendations for future directions and emphases for the OR Program. Most of the recommendations flow from the experiences and "cutting edge" perspectives of OR practitioners.

Major themes that emerged from the meetings include the following:

- The OR program should support greater flexibility in research designs and methods, a better balance between short- and longer-term studies, more emphasis on diagnostic studies, and increased attention to studying the process of service delivery. Better use should also be made of service statistics and existing data from management information systems.

- OR is needed both to help improve the delivery and management of family planning services, and to contribute to the scientific body of knowledge about what works in family planning and why.

- OR studies should give greater emphasis to adapting tested service delivery approaches to new settings.

- The process of selecting study topics for OR should reflect overall program themes and priorities, as perceived by A.I.D./W, USAID missions, and locally based program managers. More attention should be given to studies on topics such as quality of care, cost analyses, reaching new and hard to reach clients and establishing partnerships with the private and non-governmental sectors.

- The scope of the program's technical assistance should be expanded to encompass an emphasis on managers as clients and consumers of information. Technical assistance should be applied to help managers build problem solving skills, address operational problems, strengthen management systems and make effective use of information to manage and improve their programs.

- The program should give greater emphasis to institutionalizing OR as a problem solving process to improve family planning operation and management.

- The program should give more attention to the effective dissemination of results. The presentation of results should be tailored to the audiences, and a variety of dissemination methods should be used. Managers should be provided with timely feedback and specific recommendations.

- More attention should also be given to promoting the application of study results including providing follow-up assistance to help plan and carry out efforts building on the results of OR studies.

The prepared papers from the meetings are available in a separate volume: OPERATIONS RESEARCH: Helping Family Planning Programs Work Better. M. Seidman and M.C. Horn, eds. 1991. New York: Wiley-Liss.

# INTRODUCTION

## *PURPOSE AND SCOPE*

This report presents a summary of two meetings organized by the MORE (Maximizing Results of Operations Research) Project: The International Conference on Using OR to Help Family Planning Programs Work Better and the Workshop on Shaping the OR Program for the 1990s, held in Columbia, Maryland, on June 11 - 12 and 13 - 14, 1990, respectively. These meetings provided a forum for family planning service providers, policymakers, and donors to exchange views with OR practitioners, to reflect on more than 15 years of experience in conducting OR, and to provide guidance to the Agency for International Development (A.I.D.) on new directions for the OR Program in the 1990s.

This report provides A.I.D.'s Office of Population with recommendations for future directions and emphases for the OR Program. The report seeks to be forward looking, to emphasize opportunities consistent with changing family planning program needs and an evolving view of the OR Program's mission. Most of the recommendations flow from the experiences and "cutting edge" perspectives of OR practitioners. This report is a synthesis of the meeting discussions and paper presentations. The prepared papers have been published separately.

## *BACKGROUND ON THE MEETING*

Over 180 individuals from 26 countries attended the conference, the first and larger meeting. Participants included donor agency representatives, managers of in-country family planning service delivery agencies, staff of population and family planning Cooperating Agencies, A.I.D.'s Office of Population staff, USAID Mission Health and Population Officers, and researchers who have conducted studies under the OR Program. This broad participation contributed to a dialogue between those who conduct OR and those use it and facilitated a cross-fertilization of ideas about how OR could be strengthened. Workshop participants comprised a subgroup of conference attendees and included nearly 100 individuals representing OR contractors, in-country researchers, and A.I.D. In the workshop, OR experts and practitioners examined the more technical issues of OR design, conduct and dissemination. (Appendix A provides a complete list of participants, and Appendix B includes the agenda for the meetings.)

## *ORGANIZATION OF THIS REPORT*

This report is organized around key program challenges discussed during the meetings and includes recommendations on areas of emphasis for A.I.D.'s OR Program in the 1990s.

This synthesis would not have been possible without the work of discussion leaders, rapporteurs, panelists, and paper authors, whose contributions are greatly appreciated. They are listed in Appendix B. However, we bear sole responsibility for the contents of this report, and any errors it may contain.

# 1. INCORPORATING DIFFERENT APPROACHES

*Historically, studies supported under A.I.D.'s OR Program have been large-scale, quasi-experimental projects which demonstrated the feasibility of providing family planning services or tested specific delivery systems that might be generalizable to other settings. More recently, projects have begun to use shorter time frames focusing on diagnostic studies that address specific ways to improve service delivery, and many now employ nonexperimental designs. The OR program has thus become more diverse in its methodological approaches and range of topics studied. As a result, there is a need for criteria for selecting study designs and for defining and measuring successful OR.*

## *BALANCE BETWEEN SHORT AND LONGER-TERM STUDIES*

Simple, short-term, as well as complex, longer-term studies have a place within the OR program, along with study methodologies and tools from business, marketing and the management sciences.

Short-term studies are often appropriate for examining ways to improve specific components of a delivery system, or to solve the day-to-day problems of service delivery. Because they are completed relatively quickly, they are useful for managers, who often require rapid results. To be most effective, OR must be directed towards managers in a position to use its results, and must include them in all stages of the research to be sure their needs are met and results applied.

Longer-term, more complex studies allow for demonstrations using quasi-experimental designs as well as large-scale surveys. Such studies are particularly useful in countries where service systems are not well-developed, where there is a long-term planning horizon, frequent turnover in leadership, and resistance to change. In these settings, longer-term studies may increase the likelihood that study results will be applied. At the same time, program managers need findings from basic research to help them improve their program without "re-inventing the wheel" and they are interested in sound, reliable research results, even if the results are not immediately forthcoming. This may be particularly the case when the studies are testing new and controversial delivery approaches.

The "bundling" of studies was suggested as a possibility for achieving some of the benefits of both short- and longer-term studies. Bundling would involve conducting iterative sequential studies (each building on the results of previous ones), in one location with one institution or service provider. Because the studies would be discrete, short-term, focused, and simple, they could both be approved and yield results more quickly. At the same time, a series of iterative studies, because of its longer-term nature, could help

promote a continuing relationship with the family planning program and foster the OR capacities of local institutions. Such an approach is not without risk, however, because of the major investment of resources in a single institution.

## *APPROACHES TO OR*

The program currently encompasses two approaches which both focus on using OR to help improve family planning programs. One emphasizes improving service delivery by engaging program managers directly in the OR process, helping them strengthen family planning management systems and develop more effective problem solving approaches. This approach emphasizes the use of a variety of practical tools and approaches to help managers, who are viewed as the primary clients of the research, as well as providing information and solving problems quickly.

The second approach focuses on conducting applied research to strengthen the developing body of theory and provide a knowledge base for guiding the design of family planning programs. It envisions OR as an applied research discipline, with, "a history to learn from, and an emerging body of theory to guide the application of OR in the future." The emphasis is on synthesizing, comparing, and analyzing what we have learned about the service delivery approaches that work best in various settings and cultivating a critical perspective to guide the program.

## *CRITERIA FOR SELECTING DESIGNS*

OR encompasses a wide variety of designs and methodologies, including both qualitative and quantitative methods drawn from the social sciences, business and marketing. In selecting a design, there are trade-offs between the practicality of a design and the certainty or validity of the results. In designing a study, both the level of validity desired, and the risks of being wrong need to be determined. When the risks of being wrong are high, a more rigorous study design is essential. A menu of designs that takes the problem, the needs, the setting, and the requirements for validity into account could facilitate selecting the appropriate design for an OR study.

In addition to technical criteria regarding the potential for yielding valid results, criteria for selecting OR study designs include practical considerations such as: time; cost; uses and audience for the results; complexity of the issue, the level of detail required, and state of knowledge about the issue. Whenever possible, methodologies should be kept as simple and practical as possible so that managers can understand and use them.

## *MEASURING SUCCESSFUL OR*

Although the raison d'etre of OR is to improve service delivery, there are problems in using service improvement as the primary criterion for success. Such an outcome measure holds researchers accountable for decisions outside their control. Furthermore, undue emphasis on success measured in these terms might restrain researchers from the risk-taking, innovative efforts that have often had a substantial impact on service delivery. At the same time, measures of OR success are needed and measuring family planning

program improvements is a way of indicating whether OR activities are having an effect and whether OR is achieving its primary purpose.

Measuring success needs to take into account the maturity of the program, the conditions in the country and reflect progress towards the desired program impact. Flexibility and creativity in defining successful OR is needed, and the following criteria should be considered, perhaps as a series of indicators along a continuum measuring success.

- OR study results had a positive impact on government policy and/or on the attitudes of policymakers.
- The study contributed to managers' appreciation of the benefits of OR and increased their willingness to conduct other OR studies.
- Study recommendations were accepted by the program manager.
- The program either took action to implement tested interventions, or avoided programmatic changes that would have harmed or provided no benefit to service delivery.
- The study resulted in increased capability of in-country researchers to conduct OR on their own.
- The study resulted in observable improvements in the family planning program.
- The study findings led to either program expansion or replication.
- The study resulted in the institutionalization of OR, either through creation of a separate research/evaluation unit, or internalization of an OR problem-solving mentality among staff of the service provider.

## Conclusions and Recommendations

- The OR Program should continue to promote greater use of short-term, "quick and clean" study approaches, foster increased emphasis on diagnostic studies, and at the same time continue to support selected longer-term, large-scale studies. Where appropriate, it may be effective to pursue more "bundling" of projects.

- Contractor staff could be strengthened by adding people with skills and training in management, marketing and business and political science.

- The OR program should continue to maintain the complementarity between the utilitarian and applied research approaches. But in keeping this balance, the utilitarian vision should not generate a "fix-it" mentality, nor should applied research be divorced from the ultimate goal of improving service delivery.

- OR contractors should, as appropriate, increase their use of study methodologies and tools from business, marketing, and management sciences.

- The definition of successful OR should incorporate a continuum of outcomes so that progress towards the desired goal of improving the delivery of services can be measured.

# 2. ADAPTING OR TO THE SETTING

*The OR Program operates in three geographic regions and over fifty countries at different stages of development. The settings in which OR studies are conducted also differ by political commitment to family planning, the maturity of the program and the availability of trained program managers and researchers. These differences have implications for the topics OR might examine and the way it might be conducted.*

## *A.I.D. TYPOLOGY OF COUNTRIES*

The Family Planning Services Division of A.I.D.'s Office of Population has developed a typology of countries based on level of modern contraceptive prevalence. The program needs associated with each prevalence level are as follows:

- Emergent (0-7% prevalence)

  Build support and credibility for family planning; develop policies and strategies; develop clinical services; train key personnel; target urban elite groups

- Launch (8-15% prevalence)

  Increase knowledge and availability of services and generate demand through information, education, and communication (IEC) in urban and periurban areas; develop management systems and conduct training

- Growth (16-34% prevalence)

  Stimulate private sector support and increase supply to meet demand and add a rural focus

- Consolidation (35-49% prevalence)

  Increase program quality to retain acceptors and target rural, poor segments of the population

- Mature (≥ 50% prevalence)

  Ensure availability of contraceptives; improve quality of information and service to increase continuation rates; determine where to put resources for maximum return and decide which sectors should receive continued government/donor support

Although there are exceptions to classifying entire countries by this typology, (e.g., regional variations of prevalence within countries, differences between urban and rural areas), it is a useful framework at the macro level to guide thinking about program needs, the questions to ask, the hypotheses to test, and the kind of OR to conduct.

The stage of program development may affect the OR agenda in the following ways:

- Early on (in emergent or launch countries), OR is needed to help the program get started and show it can work with due attention to quality of care and emphasis on offering a choice of safe, acceptable family planning services; help change restrictive policies; and help apply to the local setting what has worked elsewhere. In these countries, OR will tend to conduct demonstration projects and be policy-driven.

- Once programs are more mature, OR is needed to improve the program; test new service delivery and contraceptive modalities; and focus on cutting edge issues such as sustainability, efficiency, and improvements in quality of care. In these countries, OR projects will tend to be problem-driven and focus on service delivery strategies.

The generalizability of OR findings within a country or across countries is also affected by the setting. Study findings may be more readily transferred and applied when the settings are similar. Although studies may need to be repeated and validated in new contexts, this may not be necessary when an adequate research and knowledge base exists. Indicators of program effectiveness also may need to be adapted to the local setting.

## Conclusions and Recommendations

- The stage of program development should be taken into account in identifying OR priorities. Its use, however, should not foreclose options or overlook regional variations within countries.

- Topic selection and study design should also take into account the political, social, and cultural environment, along with local resources.

- More emphasis should be placed on OR studies adapting tested service delivery approaches to new settings rather than retesting and validating those approaches. OR should place greater emphasis on how an approach can work in the particular context.

# 3. SELECTING STUDY TOPICS

*Factors involved in the selection of OR topics include the interests of A.I.D. and other funding agencies, the concerns of policy makers and program managers, the local circumstances, and as noted earlier, the maturity of the family planning program. Often, the selection of a study topic reflects both "top-down" and "bottom-up" influences; that is, selection responds to broad program themes and priorities identified by A.I.D., and addresses more specific program strategies of concern to the A.I.D. mission or local service provider.*

## *CRITERIA FOR SELECTING STUDY TOPICS*

The selection of study topics starts with an analysis of the information needed in the particular setting, and considers priority areas A.I.D. has identified for its worldwide family planning program.

In selecting study topics, four criteria can be applied:

- The topic should be amenable to research.
- It should be capable of being solved by administrative action.
- It should be relevant (the independent variables are under the manager's control, and the dependent variables are considered important by policy makers).
- It should be salient (perceived as important to immediate institutional goals; solution can be replicated to a larger area).

Nontechnical issues, such as social, political, and cultural constraints, may also affect topic selection, and may necessitate compromise in the selection process.

## *PRIORITY AREAS FOR OR IN THE 1990s*

Priority areas for OR include the following:

- Improved methodological and measurement approaches; examples include developing better ways of measuring contraceptive continuation, developing quality of care measures, employing process analysis more frequently.

- More attention to particular aspects of service delivery; examples are reaching hard-to-reach and underserved populations; introducing new methods and adapting service delivery systems to accommodate these methods; improving client-provider interactions and other facets of service provision related to higher-quality services.

- A greater emphasis on the sustainability of family planning services and the incorporation of cost-effectiveness analyses in OR studies.

## Conclusions and Recommendations

- Priority-setting discussions involving OR contractors, USAID Missions, service providers, and local research organizations (as appropriate) should be considered before developing specific study topics.

- The process of selecting topics that address both broad program themes and priorities, and local program needs could be strengthened by "constructive collaboration" among A.I.D./Washington, the missions, OR contractor staff, and staff of provider agencies. The participation of program managers can also help ensure their interest in and commitment to the project.

# 4. STRENGTHENING FAMILY PLANNING PROGRAMS THROUGH TECHNICAL ASSISTANCE

*During most of the OR Program's history, Technical Assistance (TA) has focused largely on the design and conduct of studies. More recently, the program has emphasized using TA to help managers develop problem-solving skills and strengthen their management systems. Technical Assistance can facilitate research and problem solving, and is an important vehicle for applying OR to improve family planning service delivery, and develop supportive family planning policies.*

## *PURPOSES AND CLIENTS OF TA*

TA focused on the design and conduct of OR has sought to: improve the skills of researchers in basic OR study techniques and their capabilities in data analysis and use, including using data from other projects. It has also sought to help them improve the design and use of management information systems (MIS), to ensure the timely collection of accurate data, and to transfer OR technologies and tools to in-country researchers.

TA directed to managers stresses the importance of a problem solving approach and involves convincing them that OR is worth the time and cost invested. Such TA need not involve the conduct of a formal OR study. Rather, it can be used to diagnose problems and suggest solutions, help apply relevant study findings from elsewhere, and, in general, help managers "tinker" with their programs by making small, incremental changes and observing their effects. Specifically, this TA may be directed toward assisting managers to:

- Identify the strengths and weaknesses of their programs, define problems, articulate research questions, and formulate hypotheses.
- Distinguish between researchable and non-researchable problems.
- Assess the research capabilities within their own institutions and identify other organizations to assist with OR.
- Identify ways to improve the dialogue with their research staff, and with other collaborating research and service provider institutions.
- Interpret and synthesize OR results and develop programmatic interventions and improvements.

### *PROVIDING TA*

TA for researchers should be focused, appropriate to their skill level, and tailored to the needs and stage of development of the institution. For managers, TA should emphasize engaging them in planning and designing OR, in defining study hypotheses, and in implementing program changes based on study results. As the TA provided by the OR program adopts a more management-oriented emphasis, contractors will need to consider changing the mix of staff expertise to include more people with management development and management science backgrounds so they can better relate to managers.

TA under the OR Program should place greater emphasis on a "south-south" model of assistance, making greater use of the skills and experience of LDC researchers and managers. TA activities should emphasize collaboration over advice and give more attention to the primacy of knowledge among host country nationals.

There is a need for regular, close contact between contractor personnel and program people. The current practice of placing advisors in country is the preferred modality for it provides the opportunity for sustained and regular contact between TA researchers and collaborating agency staff.

Finally, the qualities of a good technical advisor/consultant go beyond research expertise and technical competence, and include interpersonal skills, sensitivity to the local context, the ability to accommodate and adapt to organizational and programmatic realities, flexibility in dealing with changing schedules and procedures, and a genuine commitment to the agency and its mission. These qualities could be nurtured through personnel and staff development efforts.

## Conclusions and Recommendations

- The OR Program's current trend towards expanding the use of TA to develop and strengthen problem-solving skills of program managers should be continued.
- OR contractors might give more emphasis to a "south-south" model of TA, and continue their use of in-country experts as consultants.
- A.I.D. might profitably consider providing more support for the development of expertise in providing TA through workshops, courses, and internships.

# 5. IMPROVING THE DISSEMINATION AND APPLICATION OF OR RESULTS

*There is general agreement on the importance of dissemination for the application of OR results, although project budget and time constraints have meant that it has frequently received inadequate attention. While the application of OR results has been emphasized, a gap still exists between the synthesis and dissemination of study findings and their utilization in effecting changes in family planning policy, program and the allocation of resources.*

## *AUDIENCES FOR DISSEMINATION*

The audiences for OR results include: staff involved in the study; those engaged directly in service delivery; other in-country institutions; and international groups, including the research community, donors, and international agencies. In general, dissemination should address all these levels.

## *WAYS TO ENHANCE DISSEMINATION*

Both the content and format of dissemination should be tailored to the interests of different audiences. For example, donors are interested in the benefits of alternatives, managers in programmatic information in a "how to" form, and policy makers in the demand for and acceptability of family planning. Researchers respond best to papers, managers to oral presentations, and policy makers to seeing tangible evidence of results.

Dissemination can also be improved by keeping potential users, such as managers and service delivery staff, fully informed on study progress and problems, and providing them with preliminary findings and reports; identifying policy and programmatic implications in all reports; and providing timely recommendations after each OR study. Dissemination should be an on-going process; it should include continuing dialogue among researchers, managers, service providers, and policy makers, and rapid feedback whenever possible. Ways to make OR findings more accessible include consulting private-sector communication experts; publishing reports in multiple languages; disseminating materials to documentation centers and libraries in the ministries; and reporting results through many channels, such as local national journals, international journals, one-page summaries of findings, and newsletters.

Developing a specific plan which is incorporated into the project design, and includes sufficient time and money for dissemination to occur is another strategy for enhancing dissemination. Such a plan could identify objectives, target audiences, media,

dissemination channels, and required assistance, especially from local communication experts. It could be evaluated by examining its effect on the application of results and its impact on program management.

### *FACTORS AFFECTING APPLICATION*

Apart from adequate dissemination of findings, a number of factors constrain whether and how widely OR results are applied, including rapid turnover of managers; lack of technical expertise to interpret OR findings and design program changes; bureaucratic resistance to change and to risk taking, particularly in large public sector agencies; and questions about the applicability/replicability of findings to other settings. The cost of implementing tested interventions also frequently constrains application of results. For results to be applied, OR study designs should take into account local conditions and constraints so that if an intervention is successful, it can be continued and replicated without outside support if necessary.

The application of results require planning at the design phase of OR studies, and continual attention throughout the research. Application is also more likely when the OR is conducted in collaboration with other CAs as appropriate (e.g., to support expanded training), and in partnership with local institutions committed to change and to supporting continuation and replication of project results. Further, application can be promoted by OR staff who seek the support of key decision makers during all phases of the OR study. Finally, follow-up assistance after the end of the formal study to stimulate and assist with the application of study results is important as well.

Other ways to promote application of OR results include: presenting managers with study findings from similar settings, including operational guidance in briefing papers and reports on studies, demonstrating positive program impact as convincingly as possible, and conducting OR studies on issues directly manipulable by managers.

## Conclusions and Recommendations

- Dissemination and application should be viewed as a continual process of feedback to program managers and in-country counterparts. This process should include identifying policy and programmatic implications of study findings, and recommending strategies for the application of findings in final reports.

- The contractors might be requested to include a detailed plan and budget for dissemination in OR study proposals.

- A.I.D. might also encourage contractors to develop plans and allocate funds for the application of study findings, including follow-up assistance after studies have been completed. Revisits might profitably be conducted 3 - 6 months after the project has ended to monitor progress and identify needs for follow-up implementation assistance.

- Dissemination should target information to different user groups, and use media consultants to help select the most effective dissemination approaches and package the presentations.

- The program should develop strategies for evaluating the effectiveness of different approaches to dissemination, considering different audiences, country settings, program maturity, and purposes and desired outcomes of the dissemination.

- OR contractor staff should work with host country staff to advocate for changes in policies, procedures, and programs suggested by OR study results.

# 6. TARGETING NEW AREAS OF OR EMPHASIS

*Since its beginnings, the OR Program has tested new approaches to family planning service delivery and helped identify strategies for program improvement. Five such priority issues for the 1990s have been identified: fostering partnerships for family planning, improving quality of care, emphasizing cost analysis, placing more emphasis on process evaluation, and strengthening management information systems (MIS).*

## *FOSTERING PARTNERSHIPS*

An important goal of the OR program is the sustainability of family planning programs. Fostering partnerships between the public and private sectors is one mechanism for improving program sustainability. Such partnerships offer a number of potential benefits for the family planning program. They provide a way to increase financial support for family planning services as well as a way to coordinate services so that the private sector serves those who can afford to pay, while government programs serve clients with limited means. Public-private collaboration also makes it possible to tackle problems too costly to undertake otherwise, and improves efficiency through better use of resources.

Although partnerships offer substantial potential benefits, they face a number of constraints: differences in skills, resources, goals and perceptions of the benefits of partnership among the groups; and operating differences in such areas as organizational flexibility, service delivery norms, supervision practices, and management procedures. Several approaches can be taken to overcome these constraints:

- Develop common goals for joint activities and clearly delineate the role of each partner.
- Strengthen the capabilities of collaborating organizations.
- Establish a centralized committee at the national level to coordinate partners and their activities.

Very few OR studies have focused on partnerships *per se*, and more are needed. OR could, for example, examine various partnership arrangements and their efficacy in expanding services and access, as well as how to facilitate partnerships and overcome some of the political and operational constraints discussed above. Also, OR contractors are encouraged to work collaboratively with the service delivery CAs to foster partnerships.

Additional roles for OR include documenting the contribution of partnerships to cost sharing and program sustainability, promoting and testing joint delivery strategies, and documenting and disseminating lessons learned from partnerships.

### *IMPROVING QUALITY OF CARE*

Quality of care is one of the most important issues for the 1990s and it requires a continuing commitment rather than a one-time study. The quality of services provided can affect program sustainability, cost-effectiveness, client satisfaction and retention, as well as program growth and expansion.

Quality of care is most appropriately assessed from the client's perspective on such program activities as: choice of contraceptive methods, information provided, technical competence of personnel, interpersonal relations, mechanisms to encourage continuity, and appropriate constellation of services. Some small-scale diagnostic studies suggest that positive changes in these areas can improve clients' knowledge, behavior, and satisfaction.

Methodologies for assessing quality of care as well as client-centered measures are needed. OR can be used to identify indicators, proxy measures, approaches, tools, and methodologies for describing and examining quality of care from the client's perspective. OR can also be used to study the relationship between high quality and high program performance.

Studies of quality of care should focus primarily on individual service delivery points rather than on the national program. Such studies can produce information useful to managers in determining client satisfaction, identifying aspects of quality that count in local programs, and identifying procedures to improve quality.

Even when quality of care is not the primary focus, it can be incorporated in an OR study in several ways: describe quality before an intervention is implemented; observe quality during the intervention; assess the unintended/indirect impact of the intervention on quality; and assess the impact of the intervention on client-centered outcomes.

### *EMPHASIZING COST ANALYSIS*

Shrinking resources for family planning programs and the increasing focus on sustainability have made cost analysis an area of growing importance for OR. Nevertheless, it is an element in only about one-third of all studies. All programs need to be aware of their costs and to build in concern with efficiency from the beginning. Moreover, cost analysis should ideally be an ongoing activity rather than an occasional special study.

Current cost analysis measures are inadequate and need improvement, as noted below:

- Costs need to be defined more precisely and data collected more carefully.

- Cost analysis should consider client costs, (e.g., travel and waiting time), as well as nontraceable costs (i.e., costs shared by several services within a larger project).

- Costing and effectiveness measures should be determined and applied separately.

- The output measures used to determine cost-effectiveness can affect comparisons between projects or project interventions, and must be defined and analyzed with caution.

A.I.D. needs to move beyond consideration of what works, to whether something is worth the investment, and an essential role for OR is to provide data on the cost-effectiveness of various program options. Program comparisons on efficiency should try to hold quality constant. Moreover, the underlying demand for services must be explicitly analyzed when considering the costs of specific interventions. For example, an existing high demand can make an average program seem highly successful, while a low demand can make an effective program appear to fail.

Cost analysis can also have an important impact on policy. Most managers of OR projects have small budgets and are interested only in financial costs and how to get the most impact for the money. However, for policy studies, as well as for large scaling-up efforts, it may also be important to address economic (e.g., social and opportunity/non-money) costs. In general, researchers need to "sell" the idea of cost analysis to managers as something that can help make their programs more successful.

### *PLACING MORE EMPHASIS ON PROCESS EVALUATION*

OR studies have primarily focused on program outputs and accomplishments. In examining outputs, assumptions are made about how services are provided, but rarely are those assumptions tested. Process evaluation, on the other hand, examines what actually occurs in a program, which is especially important for improving services and replicating programs.

For the past five years, the Primary Health Care Operations Research project (PRICOR II) has used process evaluation to examine the delivery of child survival services. In the PRICOR approach a structured checklist is used in conjunction with direct observation, interviews, and records to determine the extent to which program staff are carrying out activities believed necessary for effective service.

The PRICOR approach, which has proven useful for monitoring services and quality, can be tailored to family planning programs. Moreover, it is possible to link the checklists to MIS, providing the potential to conduct process evaluation routinely.

Although the PRICOR techniques need refining, and more experience using process data is required, the approach can profitably be incorporated in family planning OR.

## *STRENGTHENING MANAGEMENT INFORMATION SYSTEMS*

One of the best hopes for creating sustainable OR activities rests with the strengthening and expanded use of MIS.

A pilot MIS project (in several sites) could test different information systems, as well as strategies for institutionalizing of MIS in provider agencies at different stages of program maturity. Emphasis on MIS improvement might also be stimulated and facilitated by a commissioned paper that would review and synthesize experiences and successes to date, and disseminate the findings, observations and recommendations.

Collaborative OR studies involving the OR contractors and other cooperating agencies (CAs) and donors engaged in developing MIS could be productive, and workshops for program managers on how to use information from service statistics and MIS also might be conducted. These workshops could be jointly sponsored by other donors who are similarly committed to the strengthening of information systems for program management.

# Conclusions and Recommendations

**Partnerships**

- The OR Program might place more emphasis on the conduct of studies examining the effectiveness of different partnership arrangements.
- OR findings on partnerships should be distilled and more widely disseminated to encourage greater attention to partnership arrangements.

**Quality of Care**

- The OR Program should include quality of care concerns in OR studies, and give greater attention to the development and testing of indicators.
- The program should urge contractors to conduct studies of the link between quality of care, and effectiveness and efficiency as there is a need to better document the assumption that quality of care results in more efficient and effective programs.

**Cost Analysis**

- Greater emphasis might be given to incorporating cost-effectiveness analyses into OR studies. These studies should consider social and non-monetary costs, quality of care (client costs), and demand for services when comparing the cost-effectiveness of alternative interventions or projects.
- The OR Program could support the systematic compilation and development of an annotated bibliography of studies and findings from family planning cost analyses.

**Process Evaluation**

- OR contractors might give greater emphasis to conducting process evaluation and, where appropriate, to linking process evaluations with MIS for routine feedback.
- The OR Program could foster OR studies to test and refine techniques for conducting process evaluation.

**MIS**

- The OR Program could give greater emphasis to assisting in the strengthening of MIS and to the utilization of information from MIS in OR studies.

# 7. INSTITUTIONALIZING OR

*Institutionalization has been defined as transfer of the principles and methodologies of OR to in-country counterparts to help managers internalize a problem-solving mentality. Institutionalization implies the capacity to both conduct OR and use its results and the program gives highest priority to developing that capacity in family planning service providers rather than in research organizations. Until recently, institutionalization has not received major attention within the OR Program, although it will probably receive more attention in the future in light of regional contractor flexibility to provide more management assistance.*

## *INSTITUTIONALIZATION AS A GOAL OF OR*

The goals of institutionalization include: helping managers internalize a problem-solving mentality which includes recognizing the types of management questions OR can help answer; fostering understanding and use of the scientific method of problem solving; and, where appropriate, supporting the creation and maintenance of identifiable research and/or evaluation units.

The institutionalization of OR will lead to increased capacity among local managers to define problems, devise solutions, and apply the findings of OR studies to improving family planning programs. Institutionalization, however, is a process that occurs over time, and family planning programs differ in their capacities to institutionalize OR. Thus the OR Program needs to direct activities towards fostering institutionalization while recognizing that in some places it may currently be more efficient and effective for OR to be conducted by external organizations.

## *FACTORS THAT FOSTER INSTITUTIONALIZATION*

Based on the experience of the OR Program, the following activities can foster institutionalization:

- Conduct sound OR studies.
- Organize research as a continuous process, not as a set of unconnected activities.
- Provide a regular flow of information on progress and interim results to managers and policy makers, and encourage the development of plans for applying the study findings.

- Design OR that will produce organizational change by undertaking systemic studies and by including specific strategies for instituting change on the basis of study results.

- Ensure that counterparts are "empowered" through training and involvement in the entire OR process.

- Develop in-country social science research capabilities and establish collaborative links among research institutions.

- Foster a demand for the results of research in the policy-making community. Where the political commitment to family planning is weak, interest in research may be enhanced if OR gives attention to consequences research, cost-effectiveness issues, and demonstration projects.

- Interest in OR and its results also can be increased by encouraging collaborative relationships among researchers, program managers, and policy makers that facilitate an attitude of joint ownership.

- Consider the local setting in developing an OR strategy, which includes the stage of maturity of the family planning program, the political context, organizational and structural issues.

- Disseminate research results in a format that is accessible to and thus usable by managers (see also Chapter 6).

### *MEASURING PROGRESS TOWARDS INSTITUTIONALIZATION*

Progress towards increasing institutionalization could be tracked by the achievement of some of the indicators suggested below:

- Creation of a new MIS.

- Establishment of a research/ evaluation unit within the service delivery organization.

- OR training of non-research staff.

- Utilization of findings to improve the program.

- Efforts by managers to use study results to influence policy makers.

- Implementation of OR studies independently of contractors.

## Conclusions and Recommendations

- Institutionalization should be identified as one of the expected outcomes of OR projects.
- Indicators and milestones for measuring progress towards institutionalization should be defined and contractors encouraged to use them.
- OR contractors might consider establishing long-term, continuing relationships with a limited number of key organizations, as a way of fostering institutionalization.

# 8. STRENGTHENING THE IMPLEMENTATION OF THE OR PROGRAM

*During its 15-year history, the OR Program has flexibly adapted to changes in family planning program priorities and needs. These adaptations have addressed approaches to conducting OR as well as strategies for managing the implementation of worldwide programs operating in three regions and over 40 countries. Three years ago, an evaluation of the program was conducted, and many of the resulting recommendations have been acted upon. The conference and workshop provided another vehicle for reflecting on ways of strengthening the program's operation.*

## *OR PROGRAM COORDINATION AND COLLABORATION*

The environment for family planning during the 1990s will be marked by increased resource constraints and continued shifts in family planning program funding from Washington to the missions. Effective coordination and collaboration can magnify the impact of available resources, help avoid duplication, and also contribute to expanding the reach and influence of the OR program. The potential for collaboration on the conduct of OR exists between the following:

- Service delivery OR contractors and Cooperating Agencies (CAs),
- A.I.D./W and the Missions,
- A.I.D. and other donor agencies,
- The Office of Population and the Office of Health, and
- OR contractors, CAs and other groups conducting family planning research and evaluation.

Approaches to collaboration include dividing responsibility according to each group's strengths, brokering and facilitating the participation of other organizations and donors, and cofunding project activities. OR contractors for example might facilitate the participation of other providers and donors to support the implementation of OR study results in-country. Shared funding would make it possible to undertake larger studies than would be the case if only OR Program resources were used, and might also facilitate the involvement of other groups. Cofunding arrangements include funding local costs from bilateral programs or other local CAs, and using OR contractor funds to pay for technical assistance, materials, and computers. Cofunding might also include obtaining technical support

and assistance from other centrally funded projects, as well as in-kind contributions from local agencies.

*PROGRAM MANAGEMENT*

In the early history of the OR program, A.I.D./W staff were closely involved in many projects, both monitoring them from Washington and providing project assistance. With the establishment of regional OR contracts and the location of field staffs in-country, the roles of Washington staff have changed, and more responsibility has shifted to the field. The two most recent regional contracts, for example, have made it possible for contractors to proceed on small studies without a formal proposal or prior approval. Nevertheless, the proposal review process is still felt to be cumbersome and time consuming; OR contractor staff sometimes feel caught between conflicting priorities from A.I.D./W and the Missions, and "second guessed" on issues of study design and conduct. The following suggestions offer some potential strategies for addressing these concerns:

- Consider ways to streamline the project approval process in Washington.

- Articulate explicit project expectations to contractors at the beginning and then provide greater latitude for getting the job done, using periodic evaluations to track performance.

- Engage in a process of "constructive collaboration." Provide open channels of communication for addressing bottlenecks and redressing grievances. Provide more support to the field through stronger A.I.D. collaboration with the Missions, and through advocacy for the program within the agency and with policy makers.

The implementation of new program emphases could also be supported by modifying management procedures relating to requirements for OR proposals, and providing for follow-up assistance:

**Modifying Requirements for OR Study Proposals.** OR study proposals document the study plan but typically have not included plans for dissemination and application. Including the following elements in proposals could help strengthen dissemination and application activities: identification of the "key clients and users" of the study results, criteria for success of the project, a plan for the dissemination of the study results, a plan for follow-up assistance in the application of OR study results, and attention to the objective of institutionalizing OR.

**Assistance in Applying Study Results.** Although OR Program resources have not directly supported activities related to the implementation of study results, OR contractors can facilitate implementation in the following ways: plan from the beginning of the study for the possibility of expansion and replication of strategies studied by the OR project; follow up with provider agencies some time after the completion of the study to determine actions taken and assistance needed; and broker with other agencies to arrange support for implementation.

## Conclusions and Recommendations

- A.I.D. and OR contractors should continue to consider ways of strengthening coordination and collaboration with CAs, other donors, the Missions, and the Office of Health in the conduct of OR studies, as well as cofunding of OR studies.

- The OR Program might consider how the project approval process might be streamlined, and how proposal requirements could be modified to better support the program's emphasis on dissemination and application.

# APPENDIX A

INTERNATIONAL CONFERENCE AND WORKSHOP ON OR IN FAMILY PLANNING
PARTICIPANT LIST
Dated: June 14, 1990

Maritza Molina Achecar
Instituto de Estudios de Poblacion y Desarrollo
Calle Dr. Pineyro 160, Apto. 302
Zona Universitaria
Santo Domingo
Dominican Republic

Tangita Adams
Agency for International Development
LAC/HPN
2247 New State Building
Washington, D.C. 20523-0017

Sam Adjei
Adabraka Polyclinic
Regional Epidemiologist
Greater Accra Region
Accra, Ghana

Adrienne Allison
CEDPA
Program Director
1717 Massachusetts Avenue, N.W.
Suite 202
Washington, D.C. 20036

Safia Ameen
Population Welfare Division
Director General
Civic Centre
Islamabad, Pakistan

Ian Askew
The Population Council
One Dag Hammarskjold Plaza
New York, NY 10017

Luis Aller Athuca
BEMFAM
Associate Executive Secretary
Av. Republica do Chile, 230-17o. Andar
Rio de Janeiro-RJ
BRAZIL

Anwar Bach-Baouab
Tunisian Population and FP Project
Project Co-Director
APHA Tunisian Fertility Society
c/o RONCO Tunisia
23 Rue de Jerusalem
Tunis 1002, Tunisia

P.E. Bala Krisham
Agency for International Development
c/o Michael Jordan
AID/ANE/TR/HPN
Room 4720
New State Building
Washington, D.C. 20523-0053

Wendy Baldwin
National Institute of Child Health
6130 Executive Boulevard
EPN Building, Room 611
Bethesda, MD 20892

Gisele Balmir
USAID
Boulevard Harry Truman
Fort-au-Prince, Haiti

Jose Barzelatto
The Ford Foundation, New York
320 East 43rd Street
New York, NY 10017

Beverly Ben Salem
Africa OR/TA Project
The Population Council
One Dag Hammarskjold Plaza
New York, NY 10017

Tony Bennett
Health and Population Research and Consulting Corporation
300/4 Mongkut Arcade
Krung Kasem Road
Bangkok 10200, Thailand

Michael Bernhart
University of Puget Sound
School of Business and Public Administration
1500 N. Warner Street
Tacoma, WA 98416

Jane T. Bertrand
Tulane University
Associate Professor
1501 Canal Street
New Orleans, LA 70112

Bob Blomberg
Planned Parenthood Federation
Western Regional Director
333 Broadway, 3rd Floor
San Francisco, CA 94133

Med Bouzidi
International Planned Parenthood Federation
Director - Programs
Regent's College, Inner Circle
Regent's Park, London NW1 4NS
ENGLAND

Betsy Brown
Agency for International Development
S&T/POP/FPSD
SA-18, Room 809
Washington, D.C. 20523-1819

George F. Brown
The Population Council
Vice President, Director Programs Division
One Dag Hammarskjold Plaza
New York, NY 10017

Judith Bruce
The Population Council
One Dag Hammarskjold Plaza
New York, NY 10017

R. A. Bulatao
World Bank
Population and Human Resources Department
Population, Health and Nutrition Division
1818 H Street, N.W.
Washington, D.C. 20433

Robert D. Bush
Bureau of the Census
International Statistical Programs Center
Washington, D.C. 20233

Cynthia Calla
Agency for International Development
S&T/POP/FPSD
SA-18 Room 809
Washington, D.C. 20523-1819

Catherine Cameron
Population Crisis Committee
International and Special Projects
1120 19th Street, NW, Suite 550
Washington, D.C. 20036

Sharon Camp
Population Crisis Committee
Vice President
1120 19th Street, N.W.
Washington, D.C. 20036

Craig Carlson
Pragma Corporation
Project Manager, Project ASSIST
1601 N. Kent Street, Suite 902
Arlington, Virginia 22209

Carol E. Carpenter-Yaman
USAID/Jakarta
AID Population Officer
USAID Box 4
U.S. Embassy
APO San Francisco, CA 96356

Nancy O'Neal Carter
Department of State
Coordinator for Population Affairs
OES/CP, Room 7825
Washington, D.C. 20520

Michel Cayemittes
USAID
Boulevard Harry Truman
Port-au-Prince, Haiti

John Chao
Agency for International Development
Bureau for Africa
Health/Population
Department of State
Washington, D.C. 20523-1515

Lee E. Claypool
Agency for International Development
AAAS Science & Diplomacy Fellow
S&T/POP/R
SA-18, Room 820
Washington, D.C. 20523-1819

Richard Cornelius
Agency for International Development
S&T/POP/PDD
SA-18, Room 711
Washington, D.C. 20523-1819

John Coury
Agency for International Development
AFR/TR, Room 301
Department of State
Washington, D.C. 20523-1515

Anne Cross
Westinghouse Institute for Resource Development
Regional Coordinator for Anglophone Africa/Asia
8850 Stanford Boulevard, Suite 4000
Columbia, Maryland 21045

Nancy Murray Cunningham
The Population Council
Apartado Postal 105-152
11560 Mexico, DF Mexico

Leslie Curtin
Agency for International Development
S&T/POP
Room 806, SA-18
Washington, D.C. 20523-1819

Grace Delano
University College Hospital
Project Coordinator
College of Medicine
Fertility Research Unit
Ibadan, Nigeria

Mamadou Pethe Diallo
The Population Council
One Dag Hammarskjold Plaza
New York, NY 10017

Laneta Dorflinger
Agency for International Development
S&T/POP/R
SA-18, Room 820
Washington, D.C. 20523-1819

Joseph Dwyer
Association for Voluntary Surgical Contraception
Director, Africa Regional Office
P.O. Box 57964
Haile Selassie Avenue
Nairobi, Kenya

Vicki Ellis
Agency for International Development
S&T/POP/R
SA-18, Room 820
Washington, D.C. 20523-1819

Victor Hugo Fernandez
APROFAM
P.O. Box 1004
Guatemala City, Guatemala

Andrew Fisher
The Population Council
Director Africa OR/TA Project
One Dag Hammarskjold Plaza
New York, NY 10017

Claudia J. Ford
The Asia Foundation
Population Program Officer
House #40C Road #11
Dhanmondi Residential Area
Dhaka, Bangladesh

James R. Foreit
The Population Council
Av. Juande Arona 645
Lima 27, Peru

Jose Garcia-Nunez
The Pathfinder Fund
9 Galen Street, Suite 217
Watertown, MA 02172

Duff G. Gillespie
Agency for International Development
S&T/POP/DIR
SA-18, Room 811
Washington, D.C. 20523-1819

Bob Gillette
POPTECH
Director
Dual & Associates, Inc.
1601 N. Kent Street, Suite 1014
Arlington, VA 22209

Joanne Gleason
The Population Council
Program Administrator
One Dag Hammarskjold Plaza
New York, NY 10017

Fernando Gomez
Assoc. for Voluntary Surgical Contraception
Latin America & Caribbean Office
Regional Director
Carrera 11A #90-16 Oficina 601
Bogota, Colombia

Hans C. Groot
Family Planning International Assistance
Director of Special Projects
810 7th Avenue, 6th Floor
New York, NY 10019

Joanne Grossi
Agency for International Development
S&T/POP/IT
SA 18, Room 806
1601 N. Kent Street
Rosslyn, VA 22209

Y.P. Gupta
National Institute of Health and Family Welfare
Associate Professor, Operations Research
New Delhi 110067, India

Ellen Hardy
CEMICAMP
Director, SocioMedical Research
Rua Luverci Perceira de Souza
1661 Ciudade Universitaria - Barao Geraldo
13083 Campinas
Sao Paulo, BRAZIL

Karen Hardee-Cleaveland
Family Health International
P.O. Box 13950
Research Triangle Park, NC 27709

Rohadi Haryanto
BKKBN
Lampung Province Chairman
Jl. Abdi Negara 3
Sumur Batu Tecuk Betung
Bandar Lampung, INDONESIA

James R. Heiby
Agency for International Development
S&T Health
SA-18 Room 720
Washington, DC 20523-1817

Michael Hendricks
MH Associates
3419 30th Street, N.W.
Washington, DC 20008

Hugo Hoogenboom
Association for Voluntary Surgical Contraception
Executive Director
122 East 42nd Street, 18th floor
New York, NY 10168

Dale Huntington
The Population Council
One Dag Hammarskjold Plaza
New York, NY 10017

Suzanne Hurley
John Short and Associates
P.O. Box 1305
Columbia, MD 21044

Chaudhry Talib Hussain
Population Welfare Department
Secretary/Director General
Govt. of Punjab
11 Fazlia Colony
Ferozepur Road
Lahore, Pakistan

Roy Jacobstein
Agency for International Development
S&T/POP/IT
SA-18, Room 806
Washington, D.C. 20523-1819

Anrudh K. Jain
The Population Council
Senior Associate and Deputy Director, Programs Division
One Dag Hammarskjold Plaza
New York, NY 10017

Barbara Janowitz
Family Health International
Evaluation Specialist
P.O. Box 13950
Research Triangle Park, NC 27709

Victoria Jennings
IISNFP
Georgetown University
NFP Director
3800 Reservoir Road, NW
Washington, D.C. 20008

Eric Jensen
Agency for International Development
S&T/POP/R
SA-18, Room 820
Washington, D.C. 20523-1819

William H. Johnson
Agency for International Development
S&T/POP/FPSD
SA-18, Room 811
Washington, D.C. 20523

Neeraj Kak
University Research Corporation
c/o OPH/USAID, Jakarta (ID)
Department of State
Washington, D.C. 20520-8200

G M Kamal
Associates for Community and Population Research
Executive Director
House #60, Road #2A
Dhanmondi Residential Area
Dhaka 1209, Bangladesh

Peerasit Kamnuansilpa
Health and Population Research/Consulting
300/4 Mongkur Arcade
Krun Kasem Road
Bangkok 10200, THAILAND

Cynthia Kaufman
American College of Nurse Midwives
1522 K Street, N.W. Suite 1000
Washington, D.C. 20005

Sheryl Keller
USAID/Dhaka, Head of OPH Research Unit
Agency for International Development
Washington, DC 20520-5120

Genevieve Kenney
The Urban Institute
Research Associate
2100 M Street, N.W.
Washington, DC 20037

Mr. Khan
NWFP
Population Welfare
Deputry Director
Islamabad, Pakistan

Atiqur R. Khan
United Nations Population Fund
Senior Technical Officer
220 East 42nd Street
DN 17, Room: DN 1716
New York, NY 10017

Barkat-E-Khuda
University Research Corporation/Bangladesh
Regional Director (A.)
House #67, Road #8A
Dhanmondi Residential Area
Dhaka 1209, Bangladesh

Young Mi Kim
Johns Hopkins University
Senior Research Officer
527 St. Paul Place
Baltimore, MD 21202

Michael Klitsch
Alan Guttmacher Institute
Editor - International Family Planning Perspectives
111 Fifth Avenue
New York, NY 10003

Lynn Knauff
INTRAH
Deputy Director
UNC/CH
208 North Columbia Street
Chapel Hill, NC 27514

Marjorie Koblinsky
Mothercare Project
John Snow Inc.
1100 Wilson Boulevard
9th Floor
Arlington, VA 22209

Michael A. Koenig
ICDDR
Population Council Associate
GPO Box 128
Dhaka 2, Bangladesh

Kathleen Kosar
Agency for International Development
S&T/POP/R
SA-18, Room 811
Washington, D.C. 20523-1819

Miriam H. Labbok
IIASNFP
Georgetown University Medical Center
Breastfeeding and MCH Programs
Department of OB/GYN
3800 Reservoir Road, NW, 3PHC
Washington, D.C. 20008

John Laing
East-West Population Institute
Research Associate
1777 East-West Road
Honolulu, HI 96848

Evelyn Landry
AVSC
Assistant Director
Research and Evaluation
122 East 42nd Street, 18th floor
New York, NY 10168

Don Lauro
SEATS Project
John Snow Inc.
1100 Wilson Boulevard
9th Floor
Arlington, VA 22044

Earle Lawrence
Agency for International Development
S&T/POP/IT
SA-18, Room 806
Washington, D.C. 20523-1819

Federico R. Leon
INOPAL/Peru
The Population Council
One Dag Hammarskjold Plaza
New York, NY 10017

Gary Lewis
Centre for African Family Studies
P.O. Box 60054
Nairobi, Kenya

Maureen A. Lewis
The Urban Institute/World Bank
2100 M Street, N.W.
Washington, DC 20037

Dawn Liberi
Agency for International Development
S&T/POP/FPSD
SA-18, Room 809
Washington, D.C. 20523-1819

Alfonso Lopez-Juarez
MEXFAM
Juarez No. 208
Tlalpan 14000
Mexico, D.F.

Laurie Lucinski
University Research Corporation
Family Planning Operations Research - Asia
7200 Wisconsin Avenue, Suite 600
Bethesda, MD 20814

Herve Ludovic de Lys
The Population Council
One Dag Hammarskjold Plaza
New York, NY 10017

Gilbert Magiri
Family Planning Association of Kenya
c/o David Oot
USAID/Nairobi
Department of State
Washington, D.C. 20523-8900

Peg Marshall
American College of Nurse-Midwives
1522 K Street, NW, Suite 1000
Washington, DC 20005

Linda Martin
National Academy of Sciences
Committee on Population
2101 Constitution Avenue, JH-720
Washington, D.C. 20418

Toni Martin
The Population Council
Communications Officer
Alejandro Dumas 50
11560 DF Mexico, Mexico

Jorge Martinez-Manautou
I.M.S.S.
Family Planning & Reproductive Health Services Bureau
Mier y Pesado No. 120
Col. del Valle
Del. Cuauhtemoc
03100 Mexico, D.F.

James McCarthy
Center for Population and Family Health
Columbia University
60 Haven Avenue
New York, NY 10522

Peggy McEvoy
The Population Council
Senior Associate
One Dag Hammarskjold Plaza
New York, NY 10017

Noel McIntosh
JHPIEGO
550 North Broadway
Baltimore, MD 21205

Regina McNamara
Center for Population and Family Health
Columbia University
60 Haven Avenue
New York, NY 10032

John McWilliam
International Science and Technology Institute
Senior Associate, Population
1601 N. Kent Street, Suite 1014
Arlington, Virginia 22209

Gary Merritt
Agency for International Development
AFR/TR/HPN
Department of State
Washington, D.C. 20523-1515

Gadner Michaud
USAID/Haiti
Ministry of Health
National Coordinator of FP/MCH
Boulevard Harry Truman
Port-au-Prince, Haiti

Robert A. Miller
The Population Council
Associate Director Africa OR/TA Project
One Dag Hammarskjold Plaza
New York, NY 10017

Faith Mitchell
The William and Flora Hewlett Foundation
Program Officer
525 Middlefield Road
Suite 200
Menlo Park, CA 94025

Marc D. Mitchell
Management Sciences for Health
165 Allandale Road
Boston, MA 02130

Eugenia Monterroso
A.G.E.S
Directora
3A Calle 3-59, Zona
01001, Guatemala

Thomas Morris
Agency for International Development
PPC/PDPR/SP
Economist
Room 3894 NS
Washington, D.C. 20523-0046

Citoyen Mbadu Muanda
USAID/Kinshasa
Operation Research Officer
B.P. 100
Kinshasa 16, ZAIRE

Elaine M. Murphy
Population Reference Bureau
IMPACT Project
777 14th Street, NW Suite 800
Washington, D.C. 20005

Cecilia S. Ndeti
The Population Council
Africa OR/TA Project
PO Box 17643
Nairobi, KENYA

Lewis Ndhlovu
The Population Council
Africa OR/TA Project
PO Box 17643
Nairobi, KENYA

Margaret Neuse
USAID
Health/Population Officer
Niamey (ID)
Department of State
Washington, D.C. 20521-2420

Constance Newman
INTRAH
University of North Carolina
Evaluation Officer
208 North Columbia Street
Chapel Hill, NC 27514

Vira Niyomwan
Ministry of Public Health
Family Health Division
Samsen Road
Bangkok 10200, Thailand

Shelagh O'Rourke
USAID/Haiti
Boulevard Harry Truman
Port-au-Prince, Haiti

Gabriel Ojeda
PROFAMILIA
Director Evaluation and Research
Calle 34 No. 14-52
Bogota, Colombia

Sevinc N. Oral
Hacettepe University Medical School
Department of Public Health
Ankara, TURKEY

Susan Palmore
Family Health International
Director, Field Development and Training Division
P.O. Box 13950
Research Triangle Park, NC 27709

Srihartati P. Pandi
BKKBN
Jl. M.T. Haryono 9-11
P.O. Box 1186
Jarkarta, INDONESIA

Bonnie Pedersen
Agency for International Development
S&T/POP/IT
SA-18, Room 806
Washington, D.C. 20523-1819

Steven Perry
Enterprise, J.S.I.
Evaluation/MIS
1100 Wilson Boulevard
9th Floor
Arlington, VA 22209

James F. Phillips
The Population Council
Senior Associate
One Dag Hammarkjold Plaza
New York, NY 10017

Phyllis Piotrow
Population Communication Services
Johns Hopkins University
527 St. Paul Place
Baltimore, MD 21202

Virginia Poole
Agency for International Development
S&T/POP/R
SA-18, Room 711
Washington, D.C. 20523-1819

Marcia Presky
Family Planning International Assistance
Program Management Specialist
810 7th Avenue, 6th Floor
New York, NY 10019

Neil Price
University of Wales
College of Cardiff
Senior Research Associate
Colum Drive
Cardiff CF13EU
United Kingdom

Joedo Prihartono
Yayasan Kusuma Buana (YKB)
P.O. Box 25/KBYTT
Jl. Asem Baris Raya, A-3
Jakarta 12830, INDONESIA

David Pyle
John Snow Inc.
Senior Associate
International Division
210 Lincoln Street
Boston, MA 0211

Estelle E. Quain
CEDPA
Project Director
1717 Massachusetts Avenue, N.W.
Suite 202
Washington, D.C. 20036

Jovencia B. Quintong
Family Planning Service
Department of Health
San Lazaro CPD
Avenida Rizal, Sta. Cruz
Manila, Philippines

Abdul Razzaque Rakanddin
National Institute for Population Studies - Islambad
Director General
c/o Ghulam Bhatti
8611 Pine Oak Drive
Sprinfield, VA 22153

Monique Rakotomalala
c/o Medical Director
Jirama (Water & Electric Company)
Madagascar

Corazon M. Raymundo
Population Institute
University of the Philippines
Palma Hall, Diliman
1101 Quezon City, Philippines

Jack Reynolds
University Research Corporation
c/o East-West Population Institute
1777 East-West Road
Honolulu, HI 96848

Paul Richardson
University Research Corporation
Regional Director SE - Asia
c/o OPH/USAID
U.S. Embassy
Jakarta, INDONESIA

James E. Rosen
Development Associates
2924 Columbia Pike
Arlington, VA 22204

Alian Rosenfield
Columbia University
60 Haven Avenue
New York, NY 10032

Pauline Russell-Brown
The Population Council
Apt. 3A
Hastings Towers
Hastings Christ Church
Barbados, WEST INDIES

Gary Saffitz
Saffitz Alpert and Associates, Inc.
8357 B Greensboro Drive
McLean, VA 22102

Sajida Samad
Population Welfare Division
Director
Civic Centre, Ramna 6
Islamabad, Pakistan

Diouratie Sanogo
The Population Council
One Dag Hammarskjold Plaza
New York, NY 10017

Elizabeth K. Schoenecker
Agency for International Development
S&T/POP/CPSD
SA-18, Room 803
Washington, D.C. 20523-1819

Sid Schuler
Agency for International Development
S&T/POP/R
SA-18, Room 820
Washington, D.C. 20523-1819

Michael Scriven
P.O. Box 69
Point Reyes, CA 94956

Sara Seims
Management Sciences for Health
Family Planning Management Training
165 Allandale Road
Boston, MA 02130

Judith Seltzer
Agency for International Development
S&T/POP/PDD
SA-18, Room 711
Washington, D.C. 20523-1819

Iqbal H. Shah
World Health Organization
Special Programme in Human Reproduction
1211 Geneva 27
SWITZERLAND

Barbara Shane
IMPACT
Population Reference Bureau
777 14th Street, NW Suite 800
Washington, D.C. 20005

James Shelton
Agency for International Development
S&T/POP/R
SA-18, Room 820
Washington, D.C. 20523-1819

Brij B. Shrivastav
Agency for International Development
S&T/POP/R
SA-18, Room 820
Washington, D.C. 20523-1819

John Skibiak
Enterprise/JSI
1100 Wilson Boulevard
9th Floor
Arlington, VA 22209

David F. Skipp
The Development Group, Inc.
700 North Fairfax, Suite 500
Alexandria, VA 22314

Janet M. Smith
Agency for International Development
S&T/POP/FPSD
SA-18, Room 809
Washington, D.C. 20523-1819

J. Joseph Speidel
Population Crisis Committee
President
1120 19th Street, NW, Suite 550
Washington, D.C. 20036
Jeffrey Spieler
Agency for International Development
S&T/POP/R
SA-18, Room 820
Washington, D.C. 20523-1819

Betsy Stevens
International Science and Technology Institute
Assistant Technical Associate
1601 N. Kent Street, Suite 1014
Arlington, Virginia 22209

Janice Stevens
Health Resources International
1884 Columbia Road, Apt. 214
Washington, D.C. 20009

Krista Stewart
Agency for International Development
S&T/POP/R
SA-18, Room 711
Washington, D.C. 20523-1819

Scott Swirling
NFPRHA
Executive Director
122 C Street, NW
Suite 380
Washington, D.C. 20001

Placide Tapsoba
The Population Council
One Dag Hammarskjold Plaza
New York, NY 10017

Marcio Thome
The Population Council
Associate
One Dag Hammarskjold Plaza
New York, NY 10017

Anne Tinker
World Bank
Health Specialist
PHRHN, S-6109
1818 H Street, N.W.
Washington, D.C. 20433

-2/0

Sharon Tipping
The Futures Group
1101 14th Street, NW
3rd Floor
Washington, D.C. 96848

Susan Toole
CARE
660 First Avenue, 7th Floor
New York, NY 10016

Marcia Townsend
International Planned Parenthood Federation
Western Hemisphere Region
902 Broadway
New York, NY 10010

John W. Townsend
INOPAL Program
The Population Council
APDO 105-152
11560 Mexico, DF Mexico

M. Trias
PROFAMILIA
Executive Director
Calle 34 No. 14-52
Bogota D.E., Colombia

Zahid Ul Huque
Johns Hopkins University
527 St. Paul Place
Baltimore, MD 20853

Gail Ugarte
CORA
Department of Research and Evaluation
Tenayca 55 Despacho 701
Col. Vertiz Navarte
03600 Mexico, D.F.

Andrew Vernon
Centers for Disease Control
IHPO; MS-F03
Atlanta, GA 30333

Ann Way
Westinghouse Institute for Resource Development
8850 Stanford Boulevard
Suite 4000
Columbia, MD 21045

Eugene Weiss
Center for Population and Family Health
Columbia University
60 Haven Avenue
New York, NY 10032

Nancy E. Williamson
Family Health International
Director, Program Evaluation Division
P.O. Box 13950
Research Triangle Park, NC 27709

Dewa N. Wirawan
Udayana University
School of Medicine
Jalan Denpasar Bali #5A
Bali, INDONESIA

Pam Wolfe
NICHD
Executive Plaza North
Room 607
6130 Executive Blvd.
Bethesda, MD 20892

Sung Hee Yun
Population Communication Services
Johns Hopkins University
527 St. Paul Place
Baltimore, MD 20853

Francisco Zamora
USAID/Honduras
Population Officer
APO Miami 34022

Margot Lurie Zimmerman
PATH
Senior Program Advisor
1990 M Street, N.W.
Suite 700
Washington, DC 20036

Mary Tondreau
President
TvT Associates
503 Capitol Court, N.E., Suite 300
Washington, D.C. 20002

Myrna Seidman
Director, MORE Project
TvT Associates
503 Capitol Court, N.E., Suite 300
Washington, D.C. 20002

Marjorie Horn
MORE Project
TvT Associates
503 Capitol Court, N.E., Suite 300
Washington, D.C. 20002

Dale Berry
TvT Associates
503 Capitol Court, N.E., Suite 300
Washington, D.C. 20002

Dorothy Bell
MORE Project
TvT Associates
503 Capitol Court, N.E., Suite 300
Washington, D.C. 20002

Jamie Robinson
TvT Associates
503 Capitol Court, N.E., Suite 300
Washington, D.C. 20002

Kriss Barker
MORE Project
TvT Associates
503 Capitol Court, N.E., Suite 300
Washington, D.C. 20002

Jeannette Cachan
MORE Project
TvT Associates
503 Capitol Court, N.E., Suite 300
Washington, D.C. 20002

Alison Malone
MORE Project
TvT Associates
503 Capitol Court, N.E., Suite 300
Washington, D.C. 20002

Jennifer Southard
MORE Project
TvT Associates
503 Capitol Court, N.E., Suite 300
Washington, D.C. 20002

# APPENDIX B

# Using Operations Research to Help Family Planning Programs Work Better

An International Conference
Columbia Inn
Columbia, Maryland
June 11-12, 1990

AGENDA

## SUNDAY, JUNE 10

| | |
|---|---|
| **Registration** | 3:00 - 7:00 p.m.<br>Hotel Lobby |
| **Social Hour and Materials Display** | 5:00 - 7:00 p.m.<br>Lakeview A |
| **Working Dinner for Session 4 Panelists, Discussion Leaders, and Rapporteurs** | 7:00 p.m.<br>Ellicott Room |

## MONDAY, JUNE 11

| | |
|---|---|
| **Registration** | 7:30 - 8:30 a.m.<br>Hotel Lobby |
| **Session 1: Welcome and Overview** | 8:30 - 9:00 a.m.<br>Lakeview A,B,C,D |

Speakers: Myrna Seidman, TvT Associates
Duff Gillespie, A.I.D.

**Session 2: Reviewing OR's Contributions to Family Planning** — 9:00 a.m. - 12:30 p.m., Lakeview A,B,C,D

Moderator: Allan Rosenfield (Columbia University)
AV Presentation: OR Kaleidoscope

Presenters:
- Service Delivery Systems: Jane Bertrand (Tulane University)
- Program Components: John Townsend, (INOPAL)
- Management of Family Planning: Mike Bernhart (University of Puget Sound)
- Promotion of Family Planning: Phyllis Piotrow (Population Communications Services)

| | |
|---|---|
| **Coffee Break** | 10:40 - 10:55 a.m.<br>Lakeview B |
| **Networking Lunch** | 12:30 - 2:00 p.m.<br>Terrace A,B,C |

| | | |
|---|---|---|
| **Session 3: Maximizing the Effectiveness of OR** | | 2:00 - 5:30 p.m. |
| | Group 1: Demonstrating Demand<br>Presenters: Regina McNamara (Columbia University)<br>Don Lauro (JSI) | Lakeview A |
| | Group 2: Reaching More Clients<br>Presenter: Jim Foreit (INOPAL) | Lakeview B |
| | Group 3: Improving Quality<br>Presenters: Judith Bruce, Anrudh Jain<br>(The Population Council) | Lakeview C |
| | Group 4: Introducing New Methods, Improving Contraceptive Use<br>Presenters: Nancy Williamson, Sandor Balogh,<br>(Family Health International) | Ellicott Room |
| | Group 5: Developing Partnerships<br>Presenter: Marcia Townsend (IPPF) | Terrace D |
| | Group 6: Improving Cost-Effectiveness<br>Presenter: Eric Jensen (A.I.D.) | Room 266 |
| | **Coffee Break** | 3:30 - 3:50 p.m.<br>Lakeview B,<br>Ellicott Room |
| **Reception** | Sponsors:<br>- Columbia University<br>- Family Health International<br>- The Population Council<br>- Tulane University<br>- University Research Corporation | 6:00 - 7:30 p.m.<br>Terrace Gallery and Patio |
| Working Dinner for Session 3<br>Discussion Leaders and Rapporteurs | | 7:30 - 9:15 p.m.<br>Ellicott Room |

## TUESDAY, JUNE 12

| | |
|---|---|
| **Session 4: Strengthening Collaborating Institutions Through Technical Assistance** | 8:30 a.m. - 12:30 p.m. |
| Groups 1A & B: High Prevalence | Terrace A<br>Terrace B |
| Groups 2A & B: Medium Prevalence | Room 266<br>Ellicott Room |
| Groups 3A & B: Low Prevalence | Terrace D<br>Lakeview D |
| **Coffee Break** | 10:15 - 10:40 a.m.<br>Lakeview B |
| Plenary Session<br>Moderator: George Brown (The Population Council) | 10:45 a.m. - 12:30 p.m.<br>Lakeview A,B,C |

Panelists:
- Bob Blomberg (Planned Parenthood/Western Region)
- Paul Richardson (University Research Corporation)
- Margaret Neuse (USAID/Niger)
- Miguel Trias (Profamilia)

| | |
|---|---|
| **Conference Luncheon**<br>Speaker: Sharon Camp (Population Crisis Committee) | 12:30 - 2:00 p.m.<br>Terrace A,B,C |
| **Session 5: Challenges for the 1990s** | 2:15 - 5:00 p.m.<br>Lakeview A,B,C |

Moderator: Jim Shelton (A.I.D.)
Reports: Discussion Leaders
Speaker: Duff Gillespie (A.I.D.)

| | |
|---|---|
| **Coffee Break** | 3:30 - 3:45 p.m.<br>Lakeview B |

# SHAPING THE OR PROGRAM FOR THE 1990S

A Workshop
Columbia Inn
Columbia, Maryland
June 13-14, 1990

AGENDA

## WEDNESDAY, JUNE 13

| | |
|---|---|
| **Session 1: Workshop Overview**<br>Speaker: Marjorie Horn (TvT Associates) | 8:30 - 8:50 a.m.<br>Lakeview A,B,C |
| **Session 2: Reviewing the OR Program Experience**<br>Moderator: Jim McCarthy, Columbia University<br>Presenter: Michael Hendricks (MH Associates)<br><br>Panelists:<br>- Sid Schuler (A.I.D.)<br>- Nancy Williamson (Family Health International)<br>- Marge Koblinsky (John Snow, Inc.)<br>- Srihartati P. Pandi (BKKBN) | 8:50 - 10:20 a.m.<br>Lakeview A,B,C |
| **Session 3: Defining the OR Agenda** | 10:20 - 12:15 a.m.<br>Lakeview A,B,C |
| Plenary Session<br>Presenter: Dawn Liberi (A.I.D.) | 10:20 - 10:40 a.m.<br>Lakeview A,B,C |
| **Coffee Break** | 10:40 - 11:00 a.m.<br>Lakeview B |
| Group 1: High Prevalence<br>Presenter: Joedo Prihartono (YKB) | Lakeview D |
| Group 2: Medium Prevalence<br>Presenters: Maritza Molina Achecar (PROFAM)<br>Federico Leon (INOPAL) | Terrace C |
| Group 3: Low Prevalence<br>Presenter: Sam Adjei (Ministry of Health/Ghana) | Terrace D |
| **Workshop Luncheon** | 12:15 - 1:30 p.m.<br>Terrace A,B |

| | |
|---|---|
| **Session 4: Conducting OR and Increasing Its Effectiveness** | 1:30 - 3:30 p.m. |
| Groups 1 & 2: Approaches to Defining OR Problems, Selecting Countries, Delivery Systems, and Participating Institutions<br>Presenter: Andy Fisher (The Population Council) | Terrace C,D |
| Groups 3 & 4: Approaches to Strengthening the Application of OR Results<br>Presenters: Peggy McEvoy (The Population Council), Michael Koenig (ICDDR/Bangladesh) | Lakeview C,D |
| **Coffee Break** | 3:30 - 3:45 p.m.<br>Lakeview B |
| **Session 5: Summary from Session 3 and 4 Working Groups**<br>Moderator: John Laing (East-West Population Center) | 3:45 - 5:10 p.m.<br>Lakeview A,B |
| **Dinner Cruise, Baltimore Harbor** | Bus departs hotel at 6:30 p.m., and returns at 11:15 p.m. |

## THURSDAY, JUNE 14

| | |
|---|---|
| **Session 6: Strengthening OR Approaches: Study Designs and Methodologies** | 9:00 - 10:45 a.m. |
| Group 1: A Reconsideration of OR Study Designs<br>Presenter: Jack Reynolds (University Research Corporation) | Lakeview C |
| Group 2: Process and Outcome Evaluation<br>Presenter: Jim Heiby (A.I.D.) | Lakeview D |
| Group 3: Cost Analysis for OR Programs<br>Presenters: Genevieve Kenney, Maureen Lewis (The Urban Institute) | Room 266 |
| **Coffee Break** | 10:45 - 11:00 a.m.<br>Lakeview B |
| **Session 7: Institutionalizing OR**<br>Moderator: Gabriel Ojeda (Profamilia)<br>Presenters:<br>- IEC: Margot Zimmerman (PATH)<br>- Marketing Approaches: Gary Saffitz (Saffitz & Associates)<br>- Institutionalization: Jim Phillips (The Population Council)<br>Discussant: David Pyle (John Snow, Inc.) | 11:00 a.m. - 12:45 p.m<br>Lakeview A,B |

| | |
|---|---|
| **Workshop Luncheon**<br>Speaker: Michael Scriven<br>(Pacific Graduate School of Psychology) | 12:45 - 2:15 p.m.<br>Terrace A,B |
| **Session 8: Operations Research in the 1990s: Workshop Summary and Recommendations**<br>Moderator: Jeff Spieler (A.I.D.)<br>Reports: Discussion Leaders<br>Speaker: Jim Shelton (A.I.D.) | 2:30 - 5:00 p.m.<br>Lakeview A,B |
| **Coffee Break** | 3:45-4:00 p.m.<br>Lakeview B |