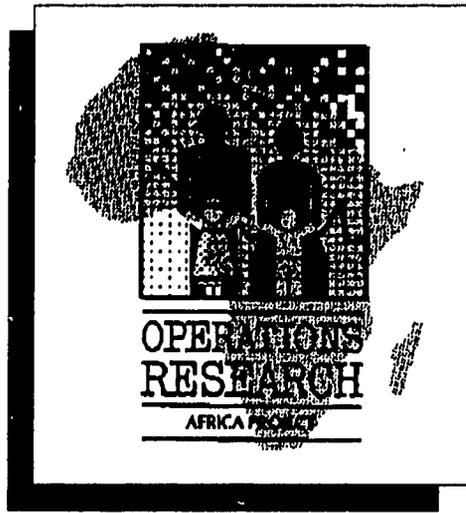


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FINAL REPORT

August 29, 1988 - December 31, 1993



The Africa Operations Research and Technical Assistance Project:

*Strategies for Improving Family
Planning Service Delivery*

Contract Number:
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The Population Council, New York, NY

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AFRICA OR/TA PROJECT PROFESSIONAL STAFF AND FELLOWS 1988 - 1993

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I. THE AFRICA OR/TA PROJECT 1988 - 1993

A. Project Objectives and Summary

Primary objectives of the Africa OR/TA Project were to:

- 1) Promote the development of family planning services;
- 2) Improve the quality of existing services;
- 3) Increase users' access to family planning services;
- 4) Increase the availability and use of underutilized contraceptive technologies,
- 5) Provide more acceptable services to special population groups; and
- 6) Improve the operations of services by making them more efficient and sustainable.

These objectives were to be achieved by providing technical assistance to African research and family planning agencies:

- To identify family planning OR activities which meet African regional and country specific needs;
- To prepare OR subproject protocols;
- To implement the research design and, as appropriate, provide family planning and maternal child health service delivery; and
- To disseminate OR subproject results in-country and in Africa.

Issued on August 29, 1988, the Africa OR/TA Contract called for 30 to 40 subprojects to be developed and implemented over a five-year period. The emphasis in these subprojects was to be placed on the private sector and on helping to meet the unmet demand for family planning in Francophone Africa. In addition, the Project was to devote efforts toward disseminating OR study results.

From September 1988 through December 1993, the OR/TA Project implemented 72 operations research activities in 18 countries (See Map, Figure 1). Of these, 40 subprojects, or 56 percent of the total, were with the private sector, often with International Planned Parenthood Federation Affiliates, and 34, or 47 percent, were in Francophone countries. All diagnostic and experimental studies included a dissemination seminar. In addition, numerous presentations were made at workshops and professional meetings, and a major international End-of-Project Conference, attended by over 120 participants, was held in Nairobi in October 1993. The

Project also published and widely distributed a newsletter, African Alternatives, one page subproject UPDATES, subproject Summaries, complete Final Reports, a revised edition of the OR Handbook, Guidelines for Situation Analysis Studies, which included sample questionnaires, and many articles in professional journals (see Bibliography for a list of staff publications and subproject final reports).

B. Project Organization and Staff, Themes and Countries

1. Organization and Staff

By the end of 1988, the Project had established two offices in Africa--one in Dakar, Senegal to cover Francophone countries, and the other in Nairobi, Kenya. Each office was staffed by four professionals. In addition, two professional staff in New York provided administrative and financial backstopping for the Project plus liaison with AID/W and U.S. based CAs. Together, these staff had professional training in demography, public health, medicine, communications, social science research, and administration. The Project also benefitted greatly from the placement of two Michigan Fellows in the Dakar office.

In 1989, a large buy-in was negotiated with the Zaire USAID Mission and two full-time professionals were placed in Kinshasa for a two-year period. In addition, as OR activities increased in Mali and Burkina Faso through buy-ins from the USAID Missions, a host country resident social scientist was employed by the Project to help administer activities in each of these countries. At various times throughout the five-year period of the Project, consultants were used to provide technical services requested by Missions, Governments, or needed by specific OR studies.

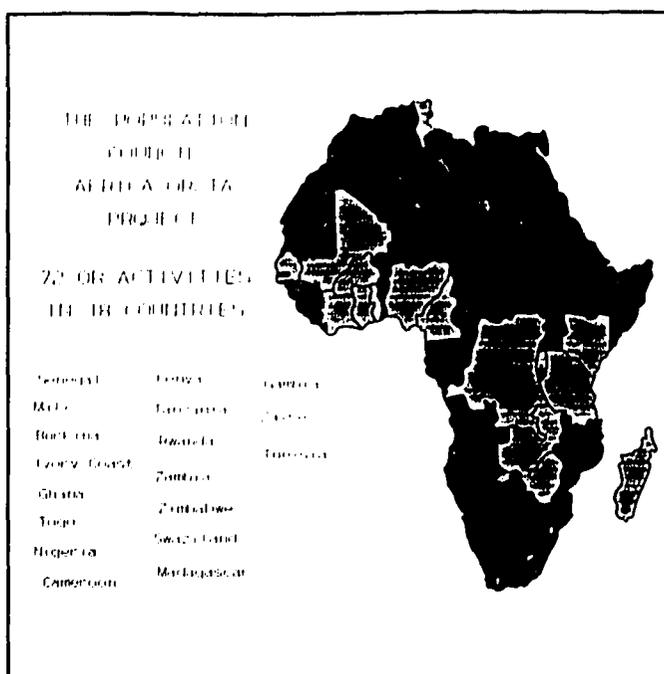


Figure 1: Africa OR/TA Project Countries 1988-1993

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2. Themes and Countries.

Figure 2 indicates that of the 72 subprojects implemented by the OR/TA Project, 33 percent were experimental studies which tested new approaches to service delivery. Another 25 percent were diagnostic activities, such as Situation Analysis studies, which provide program managers with basic information on the supply of family planning services. And 21 percent were evaluations of existing program activities. Of the balance, 11 percent were classified as technical assistance activities designed to improve services but which did not require a formal OR field test, and another 10 percent were workshops which focused on the development of proposals, computer applications, institution building, and skills development.

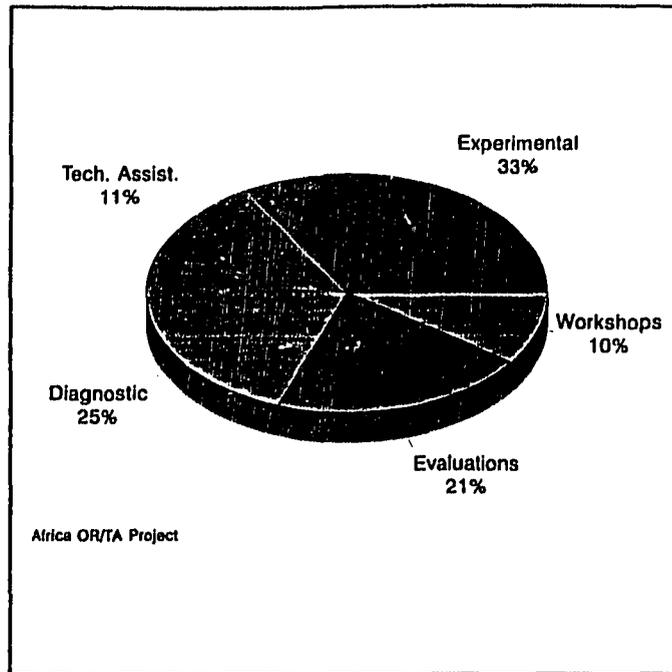


Figure 2: Type of 72 OR Activities Implemented in 5 Years

Figure 3 shows the total OR/TA Project support in dollars for each country. These figures only represent funds for subprojects; they do not include technical assistance time, travel, consultants, or key staff salaries. The largest amount of support went to Mali. All but a very small portion of these funds came through a Mission buy-in. Among countries where central funds were used almost exclusively, Kenya, Nigeria, and Cameroon were the highest.

II. THE PARAMETERS OF OPERATIONS RESEARCH

For at least the past ten years in Africa, possibly longer, many donors and program managers have come to view operations research (OR) as a useful means of identifying family planning service delivery problems, testing possible

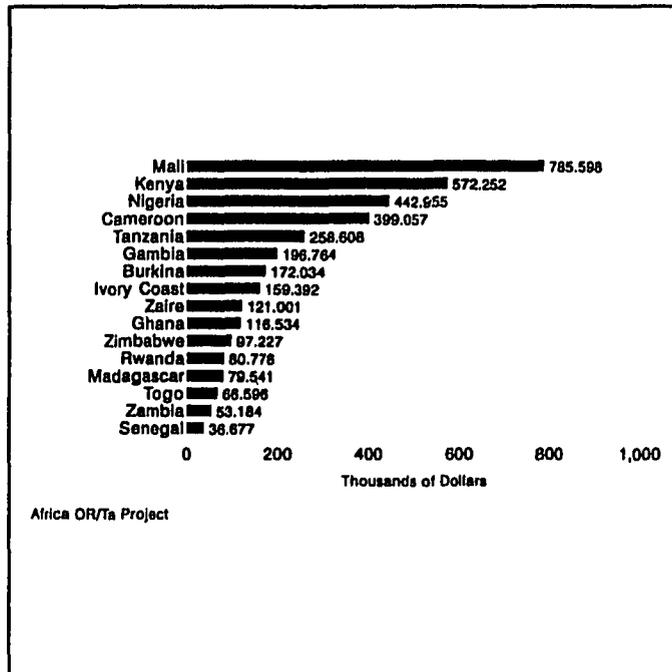


Figure 3: Africa OR/TA Project Support by Country

solutions, and implementing needed changes. In general, a consensus has developed that operations research is a continuous process with five basic steps: 1) problem identification and diagnosis, 2) strategy selection, 3) strategy experimentation and evaluation, 4) information dissemination, and 5) information utilization. In Sub-Saharan Africa, technical assistance has proved to be the essential ingredient that moves the OR process forward from one step to the next.

The five basic steps in the OR process, the use of technical assistance to move from one step to the next, the supply side orientation, the focus on practical solutions to managers' problems, and the overriding objective of improving the availability, quality, and use of services in large measure define the parameters of operations research. Whether an OR activity employs an experimental, quasi-experimental, or non-experimental design, includes a quantitative analysis of demographic processes or a qualitative discussion of health issues, uses technical assistance extensively or not at all, the central objective always is to obtain a better understanding of the "operations" of programs in order to make services more available, more accessible, and of higher quality so that individuals can achieve their own reproductive goals. OR seeks practical solutions to problem situations and viable alternatives to unsatisfactory operating methods. It diagnoses and evaluates the problems of programs and compares one service delivery approach against another in terms of use, cost effectiveness, quality, and client acceptability.

III. OPERATIONS RESEARCH ACTIVITIES IN AFRICA 1988 - 1993

A. Introduction

National family planning programs in Africa are characterized by great diversity in organizational structure and effectiveness. Kenya, Zimbabwe, and Botswana have relatively large and complex programs capable of delivering a range of services on a national basis. Tanzania, Zambia, Uganda, Mali, Burkina Faso, Nigeria, and several others have programs that are new and relatively weak, but that are rapidly expanding. Still other countries such as Madagascar, Cameroon, Senegal, and Ivory Coast are just beginning to develop organizational structures to introduce family planning on a wide scale.

Regardless of the developmental stage of family planning in a particular country, operations research, coupled with strong technical assistance, has proved to be an important process that can guide and structure the way in which services are delivered, and, in many instances, act as a catalyst for expanding the availability of services. For example, over a five year period from 1988 through 1993, with support from the Africa OR/TA Project, family planning services were introduced for the first time on a large scale in rural areas of Cameroon and Mali through CBDs, and new CBD approaches using males, TBAs, and herbalists were tested in Kenya. Studies in The Gambia and Tanzania tested approaches to introducing family planning in the work place. The important area of integrating other services with family planning, such as immunization, child care, and STD services including AIDS counselling, was examined in Nigeria, Ivory Coast, Rwanda, and Zaire. Several studies in Kenya, Madagascar,

and Senegal looked at ways to introduce new and underutilized methods. These and other studies have had an important impact in many areas including:

- Introducing rural community based family planning services for the first time;
- Demonstrating the feasibility of allowing CBD agents to distribute pills in a Francophone country;
- Integrating family planning with EPI and with STD services including AIDS;
- Testing new community based approaches to service delivery, including the use of TBAs, male herbalists, and religious leaders;
- Introducing new and underutilized methods such as NORPLANT[®], VSC, and injectables;
- Reaching males and adolescents with family planning services;
- Increasing the quantity and improving the quality of service delivery through staff training;
- Expanding service delivery to the work site; and
- Improving the research and evaluation skills of staff associated with OR studies.

Beyond these experimental study efforts, the Africa OR/TA Project made a major contribution during the five-year period to the development of new methodological approaches to studying the quality of care provided by family planning programs. Nine Situation Analysis studies were conducted. For most countries, these studies are the only source of detailed, national data that exists on the supply of family planning services, including the quality of care. They have become the basis in many African countries for examining supply-side constraints to service delivery. They also serve as baselines against which future changes in the service delivery environment, including quality of care, can be measured. They have highlighted the weaknesses of relying on a single commodity (pills) in Zimbabwe. They have provided comprehensive data for new bilateral activities in Tanzania, Nairobi City, Zimbabwe, Ghana, and Nigeria. They have been used to plan the expansion of services to rural areas of Burkina Faso. They have also been used to document the use of abortion among family planning clients in the Ivory Coast.

A chart of all OR activities implemented over the five-year period is attached as Appendix 1. These activities are discussed in greater detail in a companion volume which provides summaries of each.

B. Progress Toward Meeting Project Objectives

Activities that did not have a direct link with improvement of program activities, or that were not aimed at accomplishing one or more of the six objectives, were not pursued. These activities include: biomedical research, clinical trials, and formal social, anthropological, economic, or demographic studies.

While it could be argued that just about any operations research activity that is directed at improving family planning services serves to accomplish one if not more of the six Project objectives, this section highlights selected OR activities which are most directly related to each objective.

OBJECTIVE 1: PROMOTE THE DEVELOPMENT OF FAMILY PLANNING SERVICES

At the start of the OR/TA Project in 1988, many countries in Sub-Saharan Africa had a national family planning program. While there were clearly deficiencies in all of these programs and an urgent need in many to develop and expand services, three countries where the OR/TA Project made early contact stood out for their greatly restricted services, including the almost total lack of any family planning services outside of a few hospital centers in urban areas. These countries are Cameroon, Mali, and Madagascar. Over the five-year period of the Project, major time and effort were devoted to the development of services in these three countries.

In Cameroon, two large scale, rural community based distribution experiments were initiated. These experiments were the first attempt in Cameroon to introduce family planning services in rural areas. One project was implemented by Save the Children, and the second was implemented by the Government. These projects were notable primarily because of the opportunity they gave the implementing agency to design, administer, supervise, and evaluate CBD activities. Both projects showed that there was demand for contraceptive services in rural and often remote areas. Both projects generated considerable enthusiasm for further developing family planning services. Equally important, both projects were maintained and continued after support for the formal experimental phase ended. Indeed, the Ministry of Health is planning to expand their project to other areas of the country.

In Mali, a somewhat similar situation existed as in Cameroon with respect to rural family planning services. Essentially, there were no services available in rural areas and certainly not through a community based approach. Through a large buy-in from the Mali Mission, the OR/TA Project identified a rural, experimental area and, with the Government's Division of Family Health and Ministry of Public Health and Social Affairs, trained 108 CBD agents and 12 supervisors. This experimental study represented a number of "firsts" for Mali in terms of promoting family planning service delivery. It was the first project to use CBD and social marketing approaches in the country. It was the first to make contraceptive services widely available in a rural area. It was the first to use local residents as CBD agents. It was the first to place two CBD agents in each village--one a man and one a woman. Finally, and probably

the most important "first," this was the first project in Mali, and indeed to our knowledge in Francophone Africa, to allow CBD agents to resupply clients with pills. The Mali project is continuing and indeed on the basis of the experimental results, the Mali Mission has developed a 9 million dollar program to expand CBD family planning services to the entire country. It would be difficult to think of another single operations research experimental study that has had a more major impact in terms of promoting the development of family planning services.

The situation in Madagascar was, in some respects, even more difficult than in either Cameroon or Mali. In 1988, Madagascar did not have a population policy or a national program. During an initial visit, it was clear that there were no real opportunities to work with the Government. The Project made contact with several private groups including FISA, the IPPF affiliate, and JIRAMA, a parastatal water and electricity company which was interested in supplying family planning services to its workers and to customers in selected communities. Three small scale, experimental OR studies were developed. One with FISA focused on the involvement of husbands in NORPLANT® counselling, and another, also with FISA, examined approaches to increasing IUD acceptance. The third study with JIRAMA tested new approaches to expanding the availability of services while at the same time reducing the cost of services. All three studies demonstrated that there is substantial demand for services in Madagascar. In the FISA IUD study, the proportion of new clients accepting an IUD increased in one clinic from about 3 percent to 11 percent, and from 1 percent to 13 percent in another clinic. The second FISA study examined husbands' involvement in the decision making process regarding their spouses' use of NORPLANT®. Continuation and satisfaction with NORPLANT®, while high for nearly all clients and spouses, was significantly higher among the couples with the husband involved. The demand for NORPLANT® sets far exceeded the supply available by the end of the study. The JIRAMA study demonstrated that the cost per family planning acceptor could be reduced from about \$16 to between \$4 and \$5 while at the same time greatly increase the number of acceptors. These three studies, although small in scope, received major attention from the Government and from the USAID Mission. In part, they have been responsible for encouraging the Government to move ahead with USAID support to develop a large 30 million dollar comprehensive national program.

OBJECTIVE 2: IMPROVE THE QUALITY OF EXISTING SERVICES

While the OR/TA Project supported a number of small experimental and evaluation studies that focussed specifically on improving quality, unquestionably the major impact the Africa OR/TA Project has had in improving family planning quality of care has been in the development, refinement, and implementation of the Situation Analysis methodology. First used in Kenya, the Situation Analysis approach has come to be defined as a diagnosis of the strengths and weaknesses of family planning subsystems and quality of care at a representative sample of "Service Delivery Points" (or all SDPs), using both interviews of staff and clients and observations of SDPs and service delivery, presenting easily understood results quickly for administrative action and OR program design. Since the Kenya study, Situation Analysis studies have been implemented by the Africa OR/TA Project in Nairobi City, Tanzania, Zimbabwe,

Zaire, Nigeria, Burkina Faso, Ghana, and Ivory Coast. Studies are planned for Senegal, Botswana, Zanzibar, and Zambia. Other agencies and AID funded projects have applied the methodology in Madagascar, Guinea, and Morocco. The HHRAA Project (Urban Family Planning Program) is planning to utilize the methodology to study the family planning programs in three to six urban settings. The first Latin American Situation Analysis Study was conducted in Peru (del Valle *et al.*, 1993); others were conducted in Guatemala (Vernon, 1993), and Brazil. Another study is planned in Mexico. In Asia, the first study was carried out in Pakistan (Ministry of Population Welfare, 1993). Planning for other studies is underway in Indonesia, Nepal, Bangladesh, India, and Turkey.

The rapid diffusion of the Situation Analysis methodology is probably a reflection of the need that this type of study fulfills for national family planning organizations. As Mensch *et al.* (Mensch *et al.*, 1994a:6) have indicated:¹

"Although situation analysis borrows from other methodologies, it is considered innovative because it integrates a number of approaches to family planning program evaluation. These include: (1) a systems perspective for identifying crucial sub-system components of program operation; (2) visits to a large sample of SDPs rather than visits to only a few SDPs or relying on expert opinion; (3) a client oriented focus on quality of care; (4) structured interviews with managers, providers and clients rather than with community informants as is the case with the DHS availability module; (5) recording of clinic facilities, equipment and commodities available on the day of the visit; and (6) non-participant direct observation of all family planning client-provider interactions on the day of the research team's visit."

The diffusion of Situation Analysis has also been helped in part by publication of several articles in professional journals² as well as the Guidelines for Situation Analysis³ which contains a detailed description of the methodology as well as model questionnaires. Probably no other single activity undertaken by the Africa OR/TA Project has received as great attention as Situation Analysis. While the literature on family planning and primary health care is replete with exhortations to improve quality of care, Situation Analysis studies have made major contributions to operationally defining the basic elements of quality. Without this contribution,

¹ Mensch, B., A. Fisher, I. Askew, and A. Ajayi. 1994a. "Using situation analysis data to assess the functioning of family planning clinics in Nigeria, Tanzania, and Zimbabwe." Forthcoming, in *Studies in Family Planning*.

² Miller, R., L. Ndhlovu, M. Gachara, and A. Fisher. 1991. "The Situation Analysis study of the family planning program in Kenya." *Studies in Family Planning* 22,3:131-43.

³ Fisher, A., B. Mensch, R. Miller, I. Askew, A. Jain, C. Ndeti, L. Ndhlovu, and P. Tapsoba. 1992. *Guidelines and Instruments for a Family Planning Situation Analysis Study*, The Population Council, New York, USA.

quality of care would have remained to a large extent a theoretical concept with strong intellectual appeal but little practical utility. Quality at the clinic level can only be improved after the tangible, definable, measurable indicators of quality have been identified. While considerable work remains, the effort in this area started by the Africa OR/TA Project and now continued by others has made a major contribution to the improvement of family planning quality of care.

OBJECTIVE 3: INCREASE USERS' ACCESS TO FAMILY PLANNING SERVICES

A number of important studies supported by the Africa OR/TA Project clearly demonstrated new approaches to increasing users' access to family planning. In Kenya, a large CBD activity implemented by AMREF showed that female TBAs and male herbalists were enthusiastic about becoming community distributors of family planning. In one experimental area, prevalence increased from 7 percent to 15 percent compared with the control area where prevalence remained unchanged at 6 percent. In the second experimental area, prevalence increased from 14 percent to 34 percent in the experimental area while at the same time increasing from 14 percent to only 19 percent in the control area. Clearly, the use of TBAs and herbalists as community based distributors served to increase access and use of services in this study. A similar approach in The Gambia also showed that substantial increases in contraceptive prevalence could be achieved in a relatively short period of time using TBAs as CBD agents.

Taking family planning services to the work site also proved to be an effective strategy in Tanzania and in The Gambia. In experimental studies in both of these countries, family planning services were provided to workers at their places of employment. In both settings, contraceptive prevalence increased. In The Gambia, the increase was particularly noticeable among males using condoms. The easy access of condoms at the work site is an approach that should be promoted elsewhere, particularly in areas of high HIV prevalence.

A third approach to increase access tested by the Africa OR/TA Project was to integrate family planning services with maternal child health services, particularly the expanded program of immunization (EPI). In Zaire and Togo, tests of this approach indicated that mothers who attend EPI centers are also very interested in family planning services and indeed will use these services if they are made available. The evidence from a similar study in Rwanda produced very mixed results, probably in part because the study was severely compromised by conditions of war and civil unrest.

In general, most all OR studies directed at increasing users' access resulted in increases in contraceptive prevalence. This strongly suggests that there is substantial demand for services in many areas of Africa (a finding that is confirmed by DHS country studies). In short, the elements for success in family planning are well known: increase access to services; increase the availability of methods; provide reasonable quality of care with competent providers who

offer continuity of care; and, barring other exogenous factors such as war and civil unrest, there will almost certainly be a rapid and immediate increase in contraceptive prevalence.⁴

OBJECTIVE 4: INCREASE THE AVAILABILITY AND USE OF UNDERUTILIZED CONTRACEPTIVE TECHNOLOGIES

With contraceptive prevalence in most African countries under 10 percent, it can be argued that all contraceptive technologies are underutilized. But in terms of relative underutilization, certainly sterilization, NORPLANT®, IUDs, and injectables top the list.

Several studies focussed on increasing the use of specific methods. In Madagascar, an experimental study attempted to increase IUD use and another NORPLANT® use. In Kenya, an experimental study used an educational approach to increase voluntary surgical contraception. Several small scale evaluation studies, one in Senegal and another in Zimbabwe, looked at the use of sterilization. While an individual study of this kind may have generated some interesting data for a particular agency or clinic, in general, taken together, these studies did not have an impact in terms of changing policies or program operations in ways that resulted in greater utilization of specific methods.

A different approach needs to be taken to the issue of underutilization. First, it is probably a mistake to focus exclusively on increasing the utilization of a single method. Second, it is probably a mistake to focus on methods *per se*. Rather, the focus should be on the reproductive goals of men and women and on creating situations where all methods that can be delivered with reasonable quality are available. In short, the issue is not "underutilized methods," a term that seems to place the onus on the potential client for not fully utilizing a method which, indeed, may not be appropriate for the client's current circumstances. Instead, the issue is "expanding contraceptive choices," a term that places the onus on the provider system to make available the widest possible choice of methods with the highest quality given the resources available.

OBJECTIVE 5: PROVIDE MORE ACCEPTABLE SERVICES TO SPECIAL POPULATION GROUPS

The acceptability of services is probably related to a number of different factors including quality, cost, access, availability, choice of methods, appropriate configuration of services, and others. In this respect, most all of the OR studies undertaken by the Africa OR/TA Project address in one way or another making services more acceptable. In particular, as noted under

⁴ For more on this thesis, see Fisher, A. 1993. "Family Planning in Africa: A Summary of Recent Results from Operations Research Studies." Paper presented at Africa OR/TA Project, End of Project Conference, October, 1993, Nairobi.

Objective 2 above, the Situation Analysis studies are directly concerned with examining acceptability issues as these affect quality.

Probably some of the more important "acceptability" studies relate to the type of provider who delivers services and to the type of service offered. In Kenya, an FPAK implemented study used male CBD workers in order to reach other males. Also in Kenya, AMREF used TBAs and male herbalists to deliver services in the communities where they live and work. Similarly, in Cameroon, male opinion leaders who were identified by their own communities were used as CBD agents. In Mali, each of the villages in the experimental CBD program identified two persons, one male and one female, to be trained as CBD agents. In Burkina Faso, "satisfied family planning acceptors" were teamed with Sages-Femmes to deliver services. Finally, a very important study in The Gambia used Imams to conduct village level meetings on family planning and primary health care. This experimental effort resulted in major increases in knowledge about family planning as well as its use. In each of these studies, it is likely that the use of local people who are known and trusted as service delivery agents helped to make services more acceptable.

A second element of acceptability that is probably important is the configuration of services offered to people. If the services are restricted to just a few methods, it is likely that they will be less acceptable than a wider range of services. In Nigeria, the Africa OR/TA Project conducted a diagnostic study to explore the possibility of integrating STD counselling and services into a family planning clinic. A second phase of this study will actually test the effect of integration. The integration of family planning with EPI programs noted above is another example of an approach to widen the range of services offered to potential clients. Taken together, these diverse studies strongly suggest that services become more acceptable when they are delivered by local service delivery agents and when the range of services is widened.

OBJECTIVE 6: IMPROVE THE OPERATIONS OF SERVICES BY MAKING THEM MORE EFFICIENT AND SUSTAINABLE

In several countries, the Africa OR/TA Project worked with Ministries of Health and others on management systems in an effort to streamline the administration of programs and make them more efficient and ultimately more sustainable. Much of this work was undertaken as part of an intensive technical assistance provided by Project staff. In Zaire, the Project devoted considerable time and effort to improving all aspects of the PSND management system, particularly the financial and logistics systems. Unfortunately, this effort was terminated abruptly when civil unrest forced the evacuation of two Project advisors.

In Nigeria, the Project worked closely with the USAID funded Family Health Services Project and with the Department of Demography and Social Statistics at Obafemi Awolowo University, Ile Ife, to establish a viable Operations Research Unit. The OR Unit has become an important source of research expertise in the country. A network of over 43 researchers has

been developed and is available to conduct family planning OR. Of the 43 researchers, 25 have participated in one or more OR activity.

In Mali, the Project implemented a number of OR training activities through CERPOD (Centre d'Etudes et de Recherches sur la Population pour le Developement). The primary goal of these activities was to help support the family planning program research activities of CERPOD.

The objective of helping family planning programs become more sustainable is not easy to achieve, particularly for a research oriented project. First, it is not entirely apparent that national family planning programs in African countries can ever achieve sustainability in the near future. In all likelihood, they will continue to require substantial outside donor assistance. Second, a research project such as the Africa OR/TA Project can work with service delivery agencies to test new approaches to improving efficiency, to demonstrate new methods that may lead toward more sustainable programs, to evaluate existing procedures, and to disseminate results from studies. But a research project does not have the resources to move much beyond testing, demonstrating, evaluating, and disseminating. Ultimately, making programs more efficient and sustainable requires commitment by service delivery agencies to utilize the findings from operations research. An OR project can act as a catalyst for change, but it cannot actually produce the change without the full involvement and commitment of service delivery agencies. Commitment for lasting change does not develop suddenly.

Probably the most important role for technical assistance is to assist service delivery organizations with improving their capability to design, implement, and use OR findings. The Africa OR/TA Project provided this type of technical assistance in numerous areas ranging from computer training in Kenya and Zimbabwe, to data management in The Gambia, Mali, and Senegal, to data analysis in all OR/TA Project countries, to review of CBD policies and development of contraceptive prescription guidelines in Kenya, to the reorganization of management and financial systems in Zaire, to the evaluation of other Cooperating Agencies activities in Kenya (JSI), Ghana (AVSC), Burkina Faso (ACNM), and elsewhere, to the dissemination of OR findings through seminars, workshops, and publications. The diverse range of professional skills of the Africa OR/TA staff have allowed the Project to respond rapidly to these and other requests for technical assistance.

IV. PROBLEMS ENCOUNTERED

Some of the major problems encountered by the Africa OR/TA Project are discussed below.

1. Large Number of Requests for OR Assistance. Probably the greatest difficulty faced by the Africa OR/TA Project was trying to respond to the large number of requests for assistance. The Project simply lacked the financial and staff resources to work effectively in 18 countries. It was not possible to respond positively to all requests from USAID Missions and Governments. Understandably, each Mission is concerned about achieving its own goals and objectives and

may not always be particularly sympathetic to the demands of other Missions on the time of OR/TA Project staff, or indeed, to commitments the OR/TA Project may have made to other Missions. This problem is likely to continue as long as requests for assistance are greater than the resources available to meet the requests. Either centrally funded projects need to have greater resources, or Missions need to devote more of their own bilateral funds to operations research.

2. Mission Objectives and Government Objectives. When Mission objectives are congruent with Government objectives for initiating operations research, there is generally rapid progress in designing and implementing OR. When this is not the case, the OR Project tends to get caught in the middle of a "no-win situation." The Project cannot work in a country without Mission concurrence. At the same time, it cannot work on OR activities without the full and complete support of Government service delivery agencies. During the course of the OR/TA Project, there were occasions when one or more of the constituencies of OR (see below) had objectives at some variance to another constituency. While this was sometimes a problem for OR/TA Project staff, it suggests the need for substantive involvement by many different groups in helping to set the OR agenda in a country. Considerable attention needs to be devoted in the early stages of an OR project to developing a significantly important yet feasible OR agenda that meets the needs of the greatest number of constituencies.

3. The Constituencies of Operations Research. One of the difficulties faced by an OR/TA Project, which is related to the two problems above, is the number of different groups which have an interest in calling upon the OR/TA Project for assistance and support. These groups include: the Office of Population in Washington, the Africa Bureau, USAID Missions in Africa, U.S. based CAs, university based groups in the U.S., the Population Council New York, Ministries of Health and national family planning organizations in Africa, REDSOs, CAs based in Africa, IPPF affiliates and other NGO service delivery agencies, Population Council offices outside the U.S., donor organizations such as the World Bank, ODA, UNFPA, and research groups in Africa. Balancing the demands of each of these groups for OR funds and assistance within the framework of very limited Project resources almost invariably means that the needs of someone, somewhere, are not met.

V. RECOMMENDATIONS

As long as health and family planning programs exist, there will be a need to address questions concerning the day-to-day operations of these programs. At the same time, the rapidly changing family planning environment in Africa suggests that the way in which these questions are addressed, that is to say, the process used and indeed, the questions themselves, will also change. Themes that were important five or ten years ago in Africa may no longer continue to be important. New topics emerge as health and family planning conditions evolve. Similarly, as the experience with Situation Analysis studies clearly demonstrates, new approaches to problem identification and program evaluation have supplemented or replaced older approaches. As family planning programs evolve, move in new directions, and face new challenges, the process of operations research must also evolve to meet the needs of national programs.

On the basis of our experience implementing 72 operations research and technical assistance activities in 18 countries over a five and a half year period, we believe that there are new, important, and exciting operations research areas that:

- Have the potential for long-term FP program and policy impact;
- Represent the expressed needs of USAID Missions, REDSO, AID/W, many CAs, and a diverse group of countries and national service delivery agencies; and
- Can be addressed realistically with available resources and in the time frame of the OR/TA Project.

A. Operations Research Topics

In our opinion, future operations research in Africa should focus on the following broad areas.

- **Research on the availability, functioning, and quality of health and family planning service delivery points (SDPs).** The demand for information on supply side issues, particularly through SA studies, seems exponential. The SA studies conducted by the Africa OR/TA Project have been used primarily by USAID Missions to plan country strategies, by service delivery CAs to improve staff training, IEC, and upgrade clinic equipment and supplies, and by country MOHs to identify areas of strength and weakness. In the next OR/TA Project, second round SA studies in countries that have had a first round will be extremely valuable for relating changes in service availability and quality to reproductive intentions which are in turn related to contraceptive prevalence and fertility.

While considerable work has already gone into developing standard SA questionnaires, guidelines, manuals, and a basic analysis plan, further work on the methodology and on the use of the data for program change is needed. For example, the methodology for observing clients at SDPs needs to be reconsidered. It may be more appropriate to remain at a clinic for more than a single day in order to observe a larger number of client-provider interactions. New modules need to be tested in such areas as the measurement of client and provider experience with abortion and the use of facilities by adolescents. Operational indicators of the elements of quality of care need to be refined, validated, and tested as a means for improving programs. Procedures for combining SA and DHS studies need to be produced so a link can be made between the demand for and acceptance of FP and the availability and quality of reproductive health services. A second round of SA using the same sampling frame as the first should be conducted as part of the next Africa OR/TA Project so supply side changes can be measured and the impact assessed. Also, through TA, the methodology and procedures of SA studies need to be transferred to other CAs and African service delivery agencies.

Many of these issues can be examined in Kenya. For example, because Kenya has all types of service delivery programs and prevalence levels, the conditions exist to set up natural

field experiments that can test the impact and cost effectiveness of improving quality of care on 1) helping women achieve their reproductive intentions, 2) contraceptive prevalence, and 3) ultimately on the reduction of unplanned and unwanted fertility. An experimental, longitudinal OR study could be designed that would use a Situation Analysis methodology coupled with a population based survey in the first stage to collect information on family planning inputs, client-provider interactions, and reproductive intentions in three Districts each with a different level of prevalence. Next, working with AVSC, Pathfinder, PCS, and other service delivery CAs, a systematic upgrading of all SDPs (supplies, equipment, provider competence, IEC, etc.) in the Districts could be implemented. Subsequently, after a three to four year period, the SDPs in the first SA study could be visited again during a second SA study. Changes in the supply of services of the SDPs could then be measured and related to clinic utilization and client satisfaction with services. Equally important, by creating a panel of respondents from the first SA study and from the community survey, re-interviews could be conducted to measure changes in reproductive intentions and ability of couples to meet reproductive goals as a result of changes in quality of care at the SDPs. In this same study, numerous other subsidiary studies could also be conducted. For example, the effect of adding additional contraceptive methods such as NORPLANT[®] could be examined, or the effect of formally linking CBDs with SDPs, or the effect of integrating STD screening and prevention with FP services, or the effect on access and SDP utilization of reducing medical barriers.

■ **Developing Indigenous approaches to CBD.** Numerous approaches to CBD are being implemented throughout Africa. In Kenya alone, 23 different organizations implement 23 CBD programs, each with its own peculiarities. The current Africa OR/TA Project has begun to examine the various CBD models used in Kenya, Mali, Nigeria, Cameroon, Burkina Faso, and The Gambia with a view toward determining what works best under which circumstances. While this assessment of CBD programs needs to continue, there are important questions that cannot adequately be answered through a retrospective evaluation, but require instead a series of longitudinal field experiments. We intend to focus most of our attention on CBD issues in three countries: Ghana, Tanzania, and Kenya. The Field Station proposed for Ghana will address issues relating to the introduction of CBD into an area of very low FP prevalence, and the role of CBD in generating demand for FP in such a constrained environment. In Tanzania, Pathfinder will be implementing CBD projects which address the needs of three sectors: urban employment-based clients, urban adolescents, and rural populations through TBAs, VHWs and NGOs. Kenya has substantial experience in implementing a variety of CBD models and has reached the stage where second generation questions relating to the sustainability of CBD and its evolution or phasing out over time can be addressed. These issues have already been identified by the USAID Mission as being of high priority. For example, among the questions often raised by USAID Kenya are the following: When and under what circumstances should CBD programs be phased out? Should service delivery organizations focus on upgrading and intensifying CBD activities in existing areas (more depth), or focus on expanding to new areas (more breadth)? Should CBD activities be targeted for areas that are currently underserved by clinic facilities or where a strong clinic network exists that can act as a referral and backup for the CBDs? Would village level depot holders free CBDs to focus more on identifying new clients and referring continuing clients for clinical services rather than on merely resupplying

existing clients? Should CBD workers be paid, and if yes, how sustainable is a paid CBD program?

■ **Expanding Contraceptive Choice.** Sterilization is one of the most important contraceptive methods in Kenya and Tanzania; and NORPLANT[®], injectables, and IUDs are rapidly being introduced into the FP programs of many countries. OR, coupled with effective TA, is needed to assist service delivery agencies with the introduction and expansion of clinical, long term and permanent methods as well as user controlled methods. There are numerous questions regarding these methods which lend themselves to an OR approach. For example, should and can NORPLANT[®], injectables, and IUDs be provided by non-physicians? What type of training should providers receive? What type of supervision is required? Is there a significant private sector market for these methods? What type of pricing structure should be used with these methods? What type of client follow-up system should be implemented? OR activities in support of the contraceptive introduction efforts of AVSC, Pathfinder, and WHO are particularly important at this time.

■ **Family planning and STDs.** Addressing questions related to STDs/AIDS and FP is a high priority for USAID Uganda, and a major concern in Kenya, Tanzania, Zambia, and Zimbabwe. There is an urgent need for the next OR/TA Project to investigate such questions as: How can FP organizations address the needs of clients with STDs? What types of STD educational activities and prevention programs can be implemented by family planning programs? What effect will these activities have on the acceptance of FP? From the standpoint of cost and long term sustainability, how much screening and testing for STDs is possible? Would integrating an STD program with an FP program overwhelm FP, discourage potential clients, or act as an attraction?

■ **Reducing septic abortion through greater access to contraceptive services.** Throughout Africa, abortion complications are a major cause of morbidity and mortality among women. Experimental OR studies that seek to reduce the use of abortion through contraceptive education and service delivery interventions are needed in all priority countries. Just as past studies have shown that effective family planning programs have a major impact on reducing maternal and infant deaths, similar studies need to document the link between FP education and service delivery programs and the reduction in abortion related morbidity and mortality. Such studies have enormous potential to influence program and policy makers toward making contraceptive services more available, acceptable, and of higher quality.

■ **Maximizing Access to Quality of Care.** Medical barriers to the use of family planning services have received considerable attention among donors and service delivery CAs. Far less attention has been given to documenting the barriers that exist and experimenting with approaches to reduce or eliminate these barriers. Under the next OR/TA Project, we view this as a priority research area. Some work has already been done through SA studies to document real or perceived barriers. More documentation is needed. In addition, experimental field studies need to be implemented that measure what happens when barriers are reduced. Does

clinic utilization increase? Do contraceptive use and continuation increase? Are couples better able to meet their reproductive goals? What is the effect on quality of care?

■ **Improving adolescents' access to family planning.** Adolescents in Africa resort to abortion with considerable risk of experiencing complications in large part because medical barriers restrict access to contraceptive services. The current OR/TA Project staff have already had discussions with the FPAs in Kenya and Nigeria about undertaking OR studies that focus on underserved groups such as adolescents. Both of these FPAs have expressed interest in developing effective IEC and service delivery strategies that meet the needs of adolescents and that can serve as models for other FP agencies in Africa.

■ **Incorporating gender concerns in family planning programs.** In the past, gender issues have not been central to the concerns of African family planning programs. In the new OR/TA Project, this will change. All OR activities will be designed, reviewed, and analyzed with gender issues in mind. With specific reference to FP programs, there are a number of important gender questions. For example, what technologies or strategies can women use to protect themselves from STDs? What is the overall impact of family planning on women's lives? What is the role of male partners in determining a woman's method of contraception and in affecting continuation or discontinuation? What strategies can be designed to draw males into the FP counselling process as a support for women?

■ **Testing Postpartum Family Planning Strategies.** The Latin American INOPAL II Project has had considerable experience testing OR postpartum strategies. Similar strategies need to be tested in Africa, particularly in large urban areas such as Nairobi, Addis Ababa, Dar-es-Salaam, Lagos, and Ibadan which have hospital based maternity facilities. Working with AVSC, we anticipate designing and testing postpartum approaches that provide all appropriate contraceptive methods including mini-pills, IUDs, VSC, and barrier methods. The cost effectiveness of this approach needs to be compared against other "interval" approaches.

B. The Process of Implementing OR

The processes used to implement and administer operations research in Africa should include the following:

1. **A Team Approach.** The Population Council's experience with operations research in three continents strongly suggests that a team approach to the development and implementation of operations research is more productive than a single person, individual approach. In almost all cases, a range of skills is required in order to move the process of operations research forward. The interaction between team members allows each to draw upon the skills and experience of the other. Major OR projects should have at least one primary monitor and one back-up monitor.

2. **Strategic OR Planning.** In order to avoid as far as possible excessive demands on the Africa OR/TA Project and possible conflicts between Mission and Government objectives, more time and attention need to be given to working with service delivery agencies, USAID Missions, and other CAs on developing a five-year strategic plan for operations research. This plan should focus on integrating OR into the national family planning program. It should avoid small *ad hoc* projects that do not contribute substantially to overall country family planning efforts.
3. **Technical Assistance.** The process of operations research can be complex. It involves skills in problem identification and diagnosis; program planning and administration; research design, implementation, and analysis; verbal and written communication; and community organization to implement study findings. The emphasis any one or more of these areas receives is situation dependent and cannot easily be generalized. Nevertheless, experience with OR indicates that technical assistance is almost always required to move from one step in the operations research process to the next. In our view, sufficient resources must be made available for technical assistance, and yet it is important that the technical assistance provided be directly linked to operations research activities. Technical assistance should not be viewed as an end in and of itself, or as a discrete, separate activity unrelated to other OR activities. Rather, technical assistance in an OR project should be seen as a means of supporting one or more of the five steps in the operations research process. If it is unrelated to one or more of these five steps, it should not be provided under the aegis of the Africa OR/TA Project.
4. **Formal links with other CAs.** As noted earlier, one of the major constituencies for OR is among other CAs. In the future, far more attention needs to be made toward developing stronger and more formal links with CAs, particularly those who are some of the major users of OR findings such as AVSC and Pathfinder. Direct coordination of OR Project activities with the work of other CAs is essential, particularly to expand the successful elements of an intervention.

C. Geographic Focus

Future operations research activities in Africa must be highly focussed and concentrated. The resources are simply not available to implement with care 72 activities in 18 countries. A very limited number of countries should be selected and a concentrated set of coordinated OR activities implemented.

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VI. APPENDICES

APPENDIX A

AFRICA OR/TA SUBPROJECT ACTIVITY STATUS REPORT

| Country/Agency | Project Title | Study Type, Theme or Priority Area | Budget and Duration | Project/Contract Number and Status | Final Report Submission to A.I.D. |
|--|---|--|------------------------------|---|--|
| Burkina Faso/ Association des Sages-Femmes (ABSF) | Family planning motivation and referral program using satisfied contraceptive acceptors and midwives | EXPERIMENT New delivery systems, Midwives, Satisfied acceptors | \$ 59,936 7/1/90-8/28/93 | CI90.43A and supplement CI91.06A with 5 amendments Completed | Submitted |
| Burkina Faso/ Direction de la Sante de la Famille (DSF) du Ministere de la Sante et de l'Action Sociale (MSAS) | A Situation Analysis of the family planning program in Burkina Faso | DIAGNOSTIC Quality of care, Situation analysis | \$ 26,631 2/7/91-6/30/92 | CI91.12A with 2 amendments Buy-in funded Completed | Submitted Condensed version available |
| Burkina Faso/ Direction de la Sante de la Famille (DSF) du Ministere de la Sante et de l'Action Sociale (MSAS) | An evaluation of a traditional birth attendant (TBA) training program in Burkina Faso | EVALUATION New delivery systems, TBAs | \$ 28,608 3/1/91-8/28/93 | CI91.13A with 3 amendments Buy-in funded Completed | Submitted |
| Burkina Faso/ In-house with the Ministry of Health | A needs assessment of the Ministry of Health management information system in Burkina Faso | TECHNICAL ASSISTANCE Quality, MIS | \$ 23,432 12/1/92-2/28/93 | In-house Completed | Submitted |
| Burkina Faso/ In-house with the National AIDS Committee | Strengthening and improving condom promotion and utilization by young people | DIAGNOSTIC Underserved groups, Youth, AIDS | \$ 33,400 3/1/93-8/28/93 | In-house Completed | Submitted |
| Cameroon/ Ministry of Health, Division of Family and Mental Health (DFMH) | Promotion and delivery of family planning services in the Donga-Mantung: An Operations Research study on the role of Male Opinion Leaders in rural Cameroon | EXPERIMENT Underserved groups, New delivery systems, Male involvement | \$124,975 3/1/91-7/31/93 | CI91.17A and supplement CI92.10A with 2 amendments Completed | Submitted |

AFRICA OR/TA SUBPROJECT ACTIVITY STATUS REPORT

| Country/Agency | Project Title | Study Type, Theme or Priority Area | Budget and Duration | Project/Contract Number and Status | Final Report Submission to A.I.D. |
|---|--|--|----------------------------------|---|--|
| Cameroon/ Ministry of Health, Division of Family and Mental Health (DFMH) | Diagnostic study of contraceptive users in Yaounde | DIAGNOSTIC Quality of care | \$36,888 7/1/91- 9/30/92 | CI91.29A and supplement CI92.76A with 1 amendment Completed | Submitted |
| Cameroon/ Save the Children | Integrating community based family planning education and services with primary health care in two rural areas of Cameroon | EXPERIMENT New delivery systems, Integration with MCH | \$227,394 10/1/89- 9/30/92 | CI89.48A and supplement CI91.49A with 3 amendments Completed | Submitted |
| Gambia/ Gambia Family Planning Association (GFPA) | Expanding GFPA services through employment sites | EXPERIMENT New delivery systems, Male involvement, AIDS | \$ 55,700 5/1/90- 8/28/93 | CI90.35A with 4 amendments Completed | Submitted |
| Gambia/ Save the Children | The influence of village level health and birth spacing meetings conducted by religious leaders on contraceptive acceptance and continuation rates | EXPERIMENT Underserved groups, Religious leaders | \$ 68,114 10/1/89- 4/30/92 | CI89.43A with 3 amendments Completed | Submitted Condensed version available |
| Gambia/ Save the Children | Strengthening primary health care and family planning service delivery through training traditional birth attendants (TBAs) | EXPERIMENT New delivery systems, TBAs | \$ 72,950 10/1/91- 8/28/93 | CI91.62A with 1 amendment Completed | Submitted |
| Ghana/ Association for Voluntary Surgical Contraception (AVSC) for Komfo Anokye Teaching Hospital (KATH) | An evaluation of a client referral mechanism for sterilization services in Ghana | EVALUATION MIS | \$ 6,291 10/1/90- 10/31/92 | CI90.83A with 2 amendments Completed | Submitted |

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AFRICA OR/TA SUBPROJECT ACTIVITY STATUS REPORT

| Country/Agency | Project Title | Study Type, Theme or Priority Area | Budget and Duration | Project/Contract Number and Status | Final Report Submission to A.I.D. |
|---|--|---|---|---|--|
| Ghana/ Ghana Statistical Service (GSS) | Using a Situation Analysis study of family planning service delivery points to assist strategic planning in Ghana | DIAGNOSTIC Quality of care, Situation analysis | \$110,243 3/15/93-10/31/93 | CI93.23A with 1 amendment Completed | Due 11/30/93 In draft |
| Ivory Coast/ Association Ivoirienne pour le Bien-Etre Familial (AIBEF) | Diagnosing the Quality of Care through an improved management information system | DIAGNOSTIC Quality of care, MIS | \$130,000 9/15/90-12/31/92 | CI90.79A with 2 amendments Completed | Submitted Condensed version available |
| Ivory Coast/ Association Ivoirienne pour le Bien-Etre Familial (AIBEF) | Monitoring AIBEF's service expansion through Situation Analysis | DIAGNOSTIC Quality of care, Situation analysis | \$ 29,392 1/1/92-10/31/92 | CI19.03A with 1 amendment Completed | Submitted Condensed version available |
| Kenya/ African Medical and Research Foundation (AMREF) | Expanding health and family planning delivery systems using traditional practitioners: An Operations Research study in rural Kenya | EXPERIMENT New delivery systems, TBAs, Male herbalists | \$154,319 Phase I 7/1/89-8/31/90 \$131,173 Phase II 9/1/90-2/28/93 | CI89.28A with 2 amendments Completed CI90.41A with 1 amendment Completed | Both Submitted |
| Kenya/ Family Planning Association of Kenya (FPAK) | Increasing male involvement in the Family Planning Association of Kenya family planning program | EXPERIMENT Underserved groups, Male involvement | \$ 91,797 6/1/90-11/30/93 | CI90.52A and supplement CI92.16A with 4 amendments Completed | Due 12/15/93 In draft |
| Kenya/ National Council for Population and Development (NCPD) and Institute for Resource Development (IRD) | Workshop: Using the integrated computer system for survey analysis (ISSA), March 19 - April 6, 1990 | WORKSHOP Quality of care, MIS | \$ 9,497 \$ 18,106 3/1/90-5/31/90 | CI90.16A NCPD CI90.17A IRD Completed | Submitted |

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AFRICA OR/TA SUBPROJECT ACTIVITY STATUS REPORT

| Country/Agency | Project Title | Study Type, Theme or Priority Area | Budget and Duration | Project/Contract Number and Status | Final Report Submission to A.I.D. |
|--|---|---|----------------------------------|---|--|
| Kenya/ In-house with Chogoria Hospital (CHAK) | Evaluation of the Chogoria family planning default tracking follow-up system | EVALUATION Quality of care, MIS | \$ 15,080 6/1/91- 11/30/91 | In-house Completed | Submitted |
| Kenya/ In-house with the Ministry of Health, Division of Family Health | Community Based Distribution policy guidelines workshop, August 12 - 15, 1990 | WORKSHOP New delivery systems, CBD | \$ 9,410 8/90 | In-house Completed | Submitted |
| Kenya/ In-house with the Ministry of Health, Division of Family Health | Development of Family Planning Guidelines and Standards for Service Providers (including wallchart: "A Guide to Family Planning Methods") | TECHNICAL ASSISTANCE Quality of care | \$ 12,504 4/1/89- 5/31/89 | In-house/ partially Buy-in funded Completed | Submitted (Booklet & Wallchart) |
| Kenya/ In-house with the Ministry of Health, Division of Family Health | A Situation Analysis of the Family Planning Program of Kenya: The availability, functioning and quality of MOH services | DIAGNOSTIC Quality of care, Situation analysis | \$ 40,000 5/89-12/89 | In-house/ Buy-in funded Completed | Submitted Condensed version available |
| Kenya/ In-house with the Ministry of Health and in collaboration with POPTECH | An evaluation of the Ministry of Health Family Planning In-service Training Program | EVALUATION Quality of care, Training | \$ 29,300 10/15/89-12/15/89 | In house/ partially Buy-in funded Completed | Submitted Condensed version available |
| Kenya/ In house with the Nairobi City Commission | A Situation Analysis of Nairobi City Commission Family Planning Clinics | DIAGNOSTIC Quality of care, Urban situation analysis | \$ 4,850 1/1/91- 6/30/91 | In-house Completed | Submitted |
| Kenya/ In-house with John Ross | Evaluation of Family Planning Private Sector (FPPS) project services | EVALUATION New delivery systems, Private sector | \$ 6,386 5/90 | In-house Completed | Submitted |

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AFRICA OR/TA SUBPROJECT ACTIVITY STATUS REPORT

| Country/Agency | Project Title | Study Type, Theme or Priority Area | Budget and Duration | Project/Contract Number and Status | Final Report Submission to A.I.D. |
|---|--|---|---------------------------------|---|-----------------------------------|
| Kenya/ In-house with Jim Phillips | Appraisal of the role and impact of Community Based Distribution of contraceptives in Kenyan family planning programs | EVALUATION New delivery systems, CBD | \$ 9,967 1/92 | In-house Completed | Submitted |
| Kenya/In-house Collaborative workshops and 3 studies | An Integrated Approach to operations research for strengthening family planning programs | WORKSHOP Institution building | 7/1/90- 9/30/92 | In-house Completed | Submitted as one report |
| Ministry of Health and the Population Studies Research Institute (PSRI), University of Nairobi | Integrated approach project #1: Reducing client waiting time in MOH Maternal Child Health/Family Planning clinics in Kenya | EXPERIMENT Quality of care, Reduced waiting time | \$ 6,533 2/1/91- 6/30/92 | In-house Completed | (see above) |
| Ministry of Health, the Population Studies Research Institute (PSRI) and the National Council for Population and Development (NCPD) | Integrated approach project #2: Eliminating missed opportunities for family planning education in MOH Maternal Child Health/Family Planning clinics in Kenya | EXPERIMENT Quality of care, IEC | \$ 20,710 2/1/91- 6/30/92 | In-house Completed | (see above) |
| Ministry of Health, Egerton University and Kenyatta University | Integrated approach project #3: Increasing education for voluntary surgical contraception in MOH Maternal Child Health/ Family Planning clinics in Kenya | EXPERIMENT Underutilized methods, VSC | \$ 12,620 3/1/91- 6/30/92 | In-house Completed | (see above) |
| Madagascar/ Fianakaviana Sambatra (FISA) | The effects of husbands' involvement in the pre- introduction trial of NORPLANT in Madagascar | EXPERIMENT Underutilized methods, Norplant | \$ 21,008 4/1/90- 8/28/93 | CI90.23A with 6 amendments Completed | Due 10/31/93 In draft |
| Madagascar/ Fianakaviana Sambatra (FISA) | An experimental program to increase IUD acceptance in Madagascar | EXPERIMENT Underutilized methods, IUD | \$ 23,273 7/1/90- 8/28/93 | CI90.30A with 5 amendments Completed | Submitted |

AFRICA OR/TA SUBPROJECT ACTIVITY REPORT

| Country/Agency | Project Title | Study Type, Theme or Priority Area | Budget and Duration | Project/Contract Number and Status | Final Report Submission to A.I.D. |
|---|--|--|--|--|-----------------------------------|
| Madagascar/ Jiro Sy Rano Malagasy (JIRAMA) | The impact of strengthening clinic services and community education programs on family planning acceptance in rural Madagascar | EXPERIMENT New delivery systems, IEC | \$ 35,259 3/1/90- 8/28/93 | CI90.20A with 7 amendments Completed | Submitted |
| Mali/ Phase I Buy-in Ministry of Public Health and Social Affairs | Family planning social marketing and community based distribution including: CDB project baseline study of men's and women's family planning knowledge, attitudes and practices (KAP survey) | EXPERIMENT New delivery systems, CBD | \$145,080 6/1/90- 12/20/93 | CI90.67A with 5 amendments Buy-in funded Completed | Submitted |
| Mali/ Phase II Buy-in Ministry of Public Health and Social Affairs | Family planning social marketing and community based distribution including 3 studies | EXPERIMENT New delivery systems, Social marketing | \$200,370 total 7/1/91- 12/20/93 | Supplement CI91.44A Buy-in funded Completed | Submitted |
| | Mali Phase II project #1: Testing a team approach for CBD agents | EXPERIMENT New delivery systems, CBD | \$ 40,084 10/1/91- 2/28/93 | within CI91.44A Completed | |
| | Mali Phase II project #2: Using Community Development Technicians and Nurses to supervise CBD agents | EXPERIMENT New delivery systems, community nurses | \$ 20,800 10/1/91- 2/28/93 | within CI91.44A Completed | |
| | Mali Phase II project #3: Evaluating a system for motivating CBD agents | EVALUATION New delivery systems, CBD | \$ 16,000 10/1/91- 2/28/93 | within CI91.44A Completed | |
| Mali/ Phase III Buy-in Ministry of Public Health and Social Affairs | Family planning social marketing and community based distribution: Expansion phase | EXPERIMENT Institution building | \$203,500 1/1/93- 12/20/93 | Supplement CI92.93A Buy-in funded Completed | Submitted |

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AFRICA OR/TA SUBPROJECT ACTIVITY STATUS REPORT

| Country/Agency | Project Title | Study Type, Theme or Priority Area | Budget and Duration | Project/Contract Number and Status | Final Report Submission to A.I.D. |
|---|---|---|-------------------------------|--|--|
| Mali/ Centre d'Etudes et de Recherches sur la Population pour le Developpement (CERPOD) | Training in Operations Research methods and Technical Assistance in diagnostic studies | TECHNICAL ASSISTANCE Institution building | \$159,764 10/1/90-10/31/93 | CI90.92A and supplement CI91.25A with 5 amendments Completed | Submitted |
| Mali/ CERPOD Regional: Workshop and 3 Diagnostic Studies | CERPOD OR/TA Workshop, April 22 - May 3, 1991 | WORKSHOP Research methods | 4/22/91-9/30/92 | (see below) Completed | Submitted |
| Cameroon Ministry of Health | Regional Project #1: Study of the quality of family planning services offered in Yaounde and Douala | DIAGNOSTIC Quality of care | \$ 9,800 11/1/91-9/30/92 | CI91.17A with 2 amendments Completed | Submitted |
| Senegal In-house with the Clinic of Infectious Diseases Fann University Teaching Hospital | Regional Project #2: Identifying obstacles to effective counseling of HIV positive patients and their families in Senegal: Clinic of Infectious Diseases, Dakar | DIAGNOSTIC AIDS/STDS | \$ 7,860 10/1/91-4/31/92 | In-house Completed | Submitted Condensed version available |
| Togo Association Togolaise pour le Bien-Etre Familial (ATBEF) | Regional Project #3: Diagnostic study of the Adolescent Center's activities in Notse, Togo | DIAGNOSTIC Underserved groups, adolescents | \$ 9,652 11/1/91-7/31/92 | CI91.72A with 2 amendments Completed | Submitted |
| Nigeria/ Association for Reproductive and Family Health (ARFH) | An assessment of the performance of rural community based health and family planning projects in Nigeria | EVALUATION New delivery systems, CBD | \$ 51,106 8/1/92-7/31/93 | CI92.48A with 1 amendment Completed | Submitted |

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AFRICA OR/TA SUBPROJECT ACTIVITY STATUS REPORT

| Country/Agency | Project Title | Study Type, Theme or Priority Area | Budget and Duration | Project/Contract Number and Status | Final Report Submission to A.I.D. |
|---|--|--|--|---|--|
| Nigeria/ Exeter University, United Kingdom | Technical assistance and training activities for staff in the Department of Demography, OR Unit, Obafemi Awolowo University, Ile-Ife | TECHNICAL ASSISTANCE Institution building | \$ 24,000 11/1/91-8/15/93 | CI92.77A Completed | Submitted Reports due one month after each trip |
| Nigeria/ Department of Demography and Social Statistics, Obafemi Awolowo University, Ile-Ife | Development of a University-based Unit and Network for Family Planning Operations Research | TECHNICAL ASSISTANCE Institution building | \$115,015 7/1/91-11/30/93 | CI91.50A and supplement CI93.01A with 3 amendments Completed | Submitted |
| Nigeria/ Obafemi Awolowo University, Ile-Ife | A training program to develop the capacity of MCH/FP program staff and University researchers to undertake Operations Research | WORKSHOP Institution building | \$ 79,110 9/1/91-11/30/93 | CI91.56A with 3 amendments Completed | Submitted |
| Nigeria/ Obafemi Awolowo University, Ile-Ife and Overseas Development Administration, U.K. | Using Situation Analysis as a strategy to strengthen managerial innovation in the family planning program of Nigeria | DIAGNOSTIC Quality of care, Situation analysis | \$118,602 \$ 19,421 12/1/91-11/30/92 | CI19.02A with 1 amendment CI92.24 ODA Completed | Submitted Condensed version available |
| Nigeria/ Obafemi Awolowo University, Ile-Ife | A review of experience with market-based family planning service delivery | EVALUATION New delivery systems, Market based women | \$ 5,957 12/1/92-4/30/93 | CI92.92A Completed | Submitted |
| Nigeria/ Institute of Child Health and Primary Care, College of Medicine University of Lagos | Perceptions of Reproductive Morbidity and their implication for Family Planning services among Nigerian Women | DIAGNOSTIC New delivery systems, AIDS/FP | \$ 29,744 5/1/92-11/30/93 | CI92.20A with 3 amendments Completed | Due 12/15/93 In draft |

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AFRICA OR/TA SUBPROJECT ACTIVITY REPORT

| Country/Agency | Project Title | Study Type, Theme or Priority Area | Budget and Duration | Project/Contract Number and Status | Final Report Submission to A.I.D. |
|--|--|---|-------------------------------|---|--|
| Rwanda/ Office Nationale de la Population (ONAPO) | Operations Research proposal development workshop | WORKSHOP Institution building | \$ 9,497 2/1/90-4/30/90 | CI90.07A Completed | Submitted |
| Rwanda/ Office Nationale de la Population (ONAPO) | Combining Family Planning with the Expanded Program of Immunizations | EXPERIMENT New delivery systems, Integration EPI | \$ 71,281 11/1/91-10/31/93 | CI91.79A with 2 amendments Completed | Due 11/30/93 In draft |
| Senegal/ Association Senegalaise pour le Bien-Etre Familial (ASBEF) | Users' perspectives on the delivery of family planning services in a model clinic in Dakar | DIAGNOSTIC Quality of care | \$ 5,930 1/1/91-7/31/91 | CI91.07A with 2 amendments Completed | Submitted Condensed version available |
| Senegal/ Aristide Le Dantec Hospital, Dakar and in collaboration with AVSC | Factors affecting a woman's decision to have a tubal ligation or to use NORPLANT | DIAGNOSTIC Underutilized methods, VSC, Norplant | \$ 22,887 1/1/93-8/28/93 | CI92.78A with 2 amendments Completed | Submitted |
| Swaziland/ In-house with the Family Life Association of Swaziland | CBD pilot project evaluation | TECHNICAL ASSISTANCE New delivery systems, CBD | 5/90 | In-house Completed | Submitted |
| Tanzania/ Board of Internal Trade (BIT), Dar es Salaam | An evaluative study of the use of family planning services at the Board of Internal Trade (BIT) clinic | EVALUATION Quality of care, New delivery systems | \$ 9,813 11/1/89-10/31/90 | CI89.53A Completed | Submitted |
| Tanzania/ Board of Internal Trade (BIT), Dar es Salaam | Improving Quality of Care at the BIT clinic | EXPERIMENT Quality of care, New delivery systems | \$ 27,896 4/1/92-7/31/93 | CI92.17A with 1 amendment Completed | Submitted |

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AFRICA OR/TA SUBPROJECT ACTIVITY STATUS REPORT

| Country/Agency | Project Title | Study Type, Theme or Priority Area | Budget and Duration | Project/Contract Number and Status | Final Report Submission to A.I.D. |
|---|---|--|------------------------------|---|--|
| Tanzania/ Ministry of Health and Social Affairs, and Coopers and Lybrand | A Situation Analysis of the Family Planning service delivery system in Tanzania | DIAGNOSTIC Quality of care, Situation analysis | \$124,595 10/1/91-8/28/93 | CI91.78A with 4 amendments Completed | Submitted |
| Tanzania/ Tanzania Occupational Health Services (TOHS) | Work-based family planning and AIDS services: A field test of two strategies for serving factory workers in Dar es Salaam | EXPERIMENT Underserved groups, work-based FP, AIDS | \$ 96,304 10/1/89-9/30/93 | CI89.49A and supplement CI91.90A with 4 amendments Completed | Submitted |
| Togo/ Ministry of Health | Combining family planning and the Expanded Program of Immunizations | EXPERIMENT New delivery systems, Integration with EPI | \$ 56,944 6/1/91-3/31/93 | CI91.31A with 1 amendment Completed | Submitted Condensed version available |
| Zaire/ In-house with Association Zairoise pour le Bien-Etre Familiale (AZBEF) and Projet des Services des Naissances Desirables (PSND) | Survey of Parents' ability to respond to Adolescents' questions on reproductive health | TECHNICAL ASSISTANCE Underserved groups, youth | \$ 2,739 1/1/91-12/31/91 | In-house Completed | Submitted |
| Zaire/ In-house with Projet des Services des Naissances Desirables (PSND) | A Situation Analysis of the Family Planning program of Zaire: A comparison of three different service Delivery systems | DIAGNOSTIC Quality of care, Situation analysis | \$ 74,245 7/1/90-12/31/91 | CI90.60A/ In-house Completed | Submitted Condensed version available |
| Zaire/ In-house with Projet des Services des Naissances Desirables (PSND) | A comparison of current and former users of oral, IUD and injectable contraceptives in Zaire | DIAGNOSTIC Underutilized methods, IUD, Injectables | \$ 24,210 7/1/90-11/30/91 | CI90.61A/ In-house Completed | Submitted |
| Zaire/ In-house with Projet des Services des Naissances Desirables (PSND) | The impact of integrating Family Planning with an existing program of Immunization and Growth Monitoring | EXPERIMENT New delivery systems, Integration EPI | \$ 9,915 7/1/90-12/31/91 | CI90.62A/ In house Terminated | Not possible See Buy-in report |

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AFRICA OR/TA SUBPROJECT ACTIVITY STATUS REPORT

| Country/Agency | Project Title | Study Type, Theme or Priority Area | Budget and Duration | Project/Contract Number and Status | Final Report Submission to A.I.D. |
|---|--|---|---|--|--|
| Zaire/ In-house with Projet des Services des Naissances Desirables (PSND) | Testing a supervision instrument | TECHNICAL ASSISTANCE Quality of care | \$ 9,891 7/90-10/90 | In-house Completed | See Buy-in report |
| Zambia/ Kara Counselling and Training Trust and Family Health International | Training of key trainers in techniques for monitoring and evaluating AIDS-related projects in Zambia | WORKSHOP AIDS | \$37,637 \$15,547 2/15/93-8/28/93 | CI93.15A Kara CI93.14A FHI Completed | Both Submitted |
| Zimbabwe/ Computer Information Systems, Ltd. | Secondary analysis of Kubatsirana project data | EVALUATION New delivery systems, CBD | \$ 4,350 1/1/89-3/31/89 | CI89.05A Completed | Submitted |
| Zimbabwe/ Zimbabwe National Family Planning Council (ZNFC) | Validation of Community Based Distributor service delivery data in Zimbabwe | EVALUATION New delivery systems, CBD | \$14,940 8/1/89-11/30/90 | CI89.42A with 1 amendment Completed | Submitted |
| Zimbabwe/ Zimbabwe National Family Planning Council and in collaboration with SEATS | A Situation Analysis of the Family Planning service delivery system in Zimbabwe | DIAGNOSTIC Quality of care, Situation analysis | \$68,934 5/1/91-1/31/92 | CI91.32A Completed | Submitted Condensed version available |
| Zimbabwe/ Zimbabwe National Family Planning Council (ZNFC) | Analysis of open ended questions from the Zimbabwe Situation Analysis study and the study of characteristics of VSC (voluntary surgical clients) acceptors | EVALUATION Underutilized methods, VSC | \$ 9,003 2/15/93-7/15/93 | CI93.09A Completed | Submitted |

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AFRICA OR/TA SUBPROJECT ACTIVITY STATUS REPORT

| Country/Agency | Project Title | Study Type, Theme or Priority Area | Budget and Duration | Project/Contract Number and Status | Final Report Submission to A.I.D. |
|---|---|--|------------------------------------|------------------------------------|-----------------------------------|
| Regional/ In-house with Jim Phillips | Experiences and Lessons learned from Community Based Distribution in Africa (CBD) | EVALUATION New delivery systems, CBD | \$58,000 1/1/93- 8/31/93 | In-house Completed | Submitted |

Summary Status: Activities and Projects completed 72

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APPENDIX B

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AFRICA OR/TA PROJECT LIST OF PUBLICATIONS, PAPERS PRESENTED

CONDENSED FINAL REPORTS:

- Burkina Faso** Situation Analysis of the Family Planning Program (6/92)*
- Gambia** Influence of Religious Leaders on Contraceptive Acceptance (1/93)
- Ivory Coast** Monitoring Service Expansion through Situation Analysis (1/93)*
- Ivory Coast** Diagnosing Quality of Care through Improved MIS (1/93)
- Kenya** Evaluation of the Maternal Child Health and Family Planning In-Service Training Program (5/92)
- Kenya** Situation Analysis of the FP Program: Availability, Functioning, and Quality of MOH Services
- Nigeria** Family Planning Situation Analysis (10/92)
- Senegal** Counseling HIV-Positive Patients (9/92)*
- Senegal** Users' perspectives on the Delivery of Family Planning Services in a Model Clinic in Dakar (5/92)*
- Tanzania** Situation Analysis of the Family Planning Delivery System (7/93)
- Togo** Combining Family Planning and EPI (1/93)
- Zaire** Situation Analysis (5/92)
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- Burkina Faso** Direction de las Santé de la Famille du Ministère de la Santé et de l'Action Sociale, *A Situation Analysis of the Family Planning Program in Burkina Faso*. June 1992
- Burkina Faso** Direction de las Santé de la Famille du Ministère de la Santé et de l'Action Sociale, *An Evaluation of Traditional Birth Attendant Training Program in Burkina Faso*. August 1993
- Burkina Faso** Ministry of Health, The Population Council Africa Operations Research and Technical Assistance Project, *A Needs Assessment of the Ministry of Health Management Information System in Burkina Faso*. February 1993
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