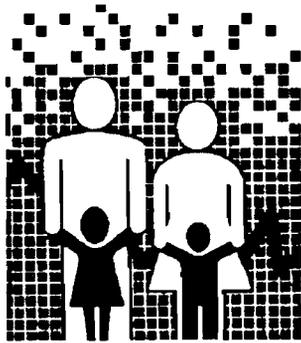


THE POPULATION COUNCIL



SEVENTH SEMI-ANNUAL REPORT

August 1, 1993 - January 31, 1994

Operations Research and Technical Assistance

*Strategies for Improving
Family Planning Services in
Asia and the Near East*

VOLUME I

Contract Number:
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SUMMARY

The Asia and the Near East Operations Research and Technical Assistance (ANE OR/TA) project completed its seventh semester of operations during this reporting period. The objectives of this project are to apply OR/TA to improve the access, quality and sustainability of family planning services.

At the end of the seventh semester, the ANE project had six resident advisors providing OR/TA in five countries: Bangladesh, Egypt, Indonesia, India, and the Philippines. The focus during this period has been on increased communication with USAID Missions, the provision of technical assistance to on-going projects and to the dissemination and utilization of results. To date, nineteen workshops to help family planning program managers and researchers to better identify and carry out OR subprojects have been held in six countries, three focusing on Quality of Care. A total of 38 OR subprojects were underway or completed in six countries; and four are under review.

Of the total number of contracts (as opposed to Council conducted in-house projects), 45 percent were conducted by the public sector, 39 percent by the private sector, and 16 percent by universities, particularly in the Philippines. It is noteworthy that virtually all the projects examined services in the public sector.

The current relationship of the OR/TA Project with USAID Missions and CAs in the ANE region is outstanding. The proximity of Council staff, the quality of the technical assistance provided and the Council's responsiveness to local Mission concerns makes close continued collaboration assured.

Preliminary results are now being used for policy and program development in a number of countries. For example,

- In Egypt, data indicates that clients select service providers for specific characteristics such as accessibility, provider quality or affordability, and that these vary systematically by location and type of outlet.
- In the Philippines, the OR study highlights how the success of the government's decentralization strategy depends on better recruitment, training and supervision of community volunteers.
- In Bangladesh, the focus on the utilization of OR for policy makes a major contribution to the direction and substance of the government's plan of action.
- In India, TA to the SIFPSA baseline surveys in Uttar Pradesh identifies, from the user's perspective, the systems required to improve access, quality and promotion, and completes one of the project's first Performance Based Distribution benchmarks.

- In Indonesia, an OR review points to the critical role of local volunteers in successful user tracking systems for long term methods.

Dissemination activities began with the preparation of the draft of the first edition of Asia and Near East ALTERNATIVES, which will be published and distributed in April. Other dissemination activities include updating the ANE mailing list, the preparation for the conference, and the presentation of OR results at professional meetings. On the issue of utilization, two points are particularly salient:

- Follow-on is critical to utilization and implementation. Follow-on should include resources to nudge the process of utilization, and particular attention should be paid to the missing links between information and action. Expanding the mechanisms for feedback on program performance is particularly critical.
- To be truly effective, OR staff have to understand and participate in the policy formulation process. Although a longer time frame is needed, and not all issues can be addressed at the same time, the policy agenda must be kept in the forefront.

The lessons learned in Pakistan suggests that *research results can be used rapidly to improve the FP program*. Examples include the immediate actions taken by the Ministry of Population Welfare to revise the IUD target system, and a workshop held on Quality of Services to help District-level family planning staff focus on quality. And *results of several OR studies can combine to have a synergetic effect*. OR studies in Pakistan combined to produce a synergetic effect greater than the sum of their individual parts in calling attention to the need to change field programs so that services reach rural areas. Findings from Pakistan will continue to be presented in ANE reports as the experience of expanding services in rural areas is critical for all of south Asia.

In summary, the project is well positioned to achieve its objectives. Continued attention to quality technical assistance and dissemination/utilization will contribute to the project's ability to "make a significant difference" in the impact of family planning programs in Asia and the Near East.

STATUS OF PROJECT

The ANE OR/TA project has now completed three and a half years of the five year contract. The objectives of this project are to apply OR/TA to improve family planning services by:

- Increasing access to a full range of family planning services and methods.
- Developing service delivery strategies that are client oriented and acceptable to various special population groups.
- Improving the operations of programs to make them more efficient and financially sustainable.
- Improving the quality of existing services.
- Strengthening the capabilities of family planning program managers to use OR to diagnose and solve service delivery problems.

At the end of the seventh semester, the ANE project had six resident advisors providing OR/TA in five countries: Bangladesh, Egypt, Indonesia, India, and the Philippines. The Regional deputies are stationed in Cairo (Near East) and Dhaka (Southeast Asia). Additional local professional staff are currently with the project in Baroda and Lucknow, India, and during the next semester a local hire professional from the Philippines will join the office in Manila. The positions for dissemination specialists in New Delhi and Cairo are still pending approval in the USAID/W contracting office.

Focus during the past semester was on increased communication with USAID Missions, technical assistance to on-going projects and to the dissemination and utilization of results. Results of project activities are increasingly being used to inform program decisions, most notably in Egypt, India, Indonesia, and the Philippines. Technical assistance on policy has become a key feature of activities in Bangladesh, and the project expands in the Philippines and Turkey. Pakistan provides some major lessons learned for improving the utilization of OR for program impact.

To date, nineteen workshops to help family planning program managers and researchers to better identify and carry out OR subprojects have been held in six countries, three focusing on Quality of Care. A total of 38 OR subprojects are underway or were completed in six countries.

During the seventh semester, 17 new projects were initiated, 6 in the Philippines, three each in Egypt, India, Indonesia, and two in Bangladesh. Fourteen were research projects, and three were training workshops. Several additional proposals are under development, including a workshop on qualitative research methods in Bangladesh, a conference in India on quality of care research results, a post-abortion study in Egypt, a TA project to expand contraceptive choice in India and an IUD follow-up study in Indonesia.

STATUS OF ANE SUBPROJECTS
February 1994

	Subprojects Completed	Subprojects Underway	Workshops Completed	Total
Bangladesh	0	3	4	7
Egypt	1	5	2	8
India	4	7	2	13
Indonesia	2	3	2	7
Nepal	1	0	0	1
Pakistan*	6	0	6	12
Philippines**	0	6	2	8
Tunisia	0	0	1	1
TOTAL	14	24	19	57

* Funded through mission buy-in

** Partially funded through mission buy-in

Technical Assistance continues to be a major contribution of the project. TA to help national Ministries and NGO's more effectively monitor and improve on-going family planning programs has continued in Egypt (National Population Council), India (Ministry of Health and Family Welfare and the State of UP), Indonesia (The National Family Planning Board/BKKBN), and the Philippines (Department of Health), and has increasingly focused on the utilization of data for policy making and the development of action plans in Bangladesh (Ministry of Health and Family Welfare).

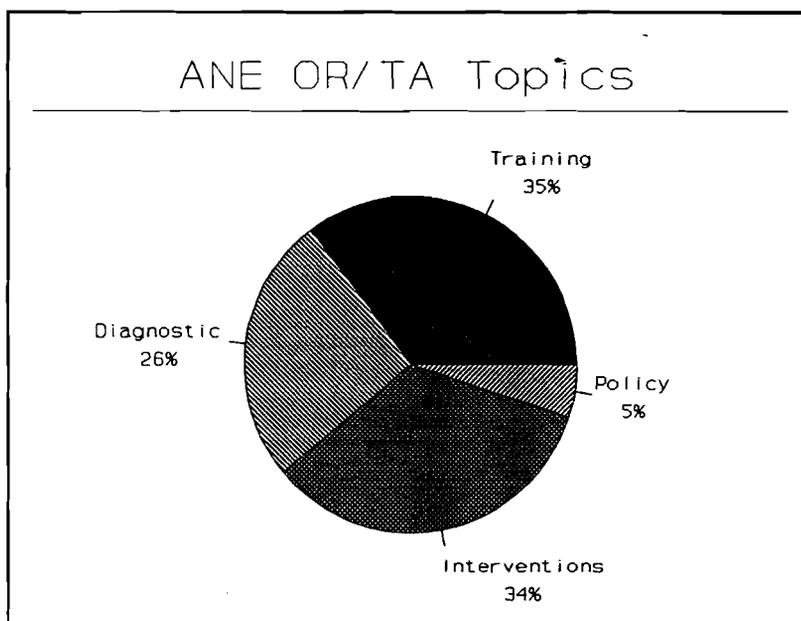
Technical Assistance has also been provided to the public sector in new areas to OR. For example, ANE OR/TA staff in Egypt have provided TA to the Egyptian NGO Steering Committee as part of the preparations for the ICPD. Staff have worked with the Reproductive Health Committee to organize a series of presentations for Egyptian NGOs on women's reproductive health. Laila Nawar, the Host Country Advisor in Egypt, was asked by the Minister of Population and Family Welfare to be a member of the National Scientific Committee and a Delegate to Prepcom III. In India, ANE staff are providing TA to ICMR on the analysis of data from a 1990 multi-centre study involving four medical colleges to assess the level of

maternal mortality and morbidity among a sample of 40,000 women in Uttar Pradesh. The study will provide the basis for proposals for reproductive health interventions in the state.

Of the total number of contracts (as opposed to Council conducted in-house projects), 45 percent were conducted by the public sector, 39 percent by the private sector, and 16 percent by universities, particularly in the Philippines. Increasing work with universities is seen as one important mechanism to improve the institutionalization of OR skills in many Asian settings. It is noteworthy that virtually all the projects examined services in the public sector.

Of the projects to date, about 35 percent are in the area of training (principally workshops or the development of training materials), 26 percent are devoted to diagnostic activities (including situation analysis and the secondary analysis of existing data for decision making), 34 percent are focused on the evaluation of service delivery interventions in priority countries, and 5 percent are specifically focused on improving policies on family planning and women's status, and enhancing the utilization of research for increasing access to family planning services.

The timely completion and follow-up of OR/TA activities is a formidable challenge during the coming 18 months. Nevertheless, the schedule of project completion and the increasing focus on TA for follow-up suggests that the project is well positioned to meet this challenge. Of the 57 subprojects which have been initiated, to date 33 have already been completed (mostly workshops), 14 will be completed during the next six months, and only 10 will be completed during the last year of the project. This



distribution of project completion will facilitate follow-ons to enhance the utilization of OR results for policy and program improvement.

The ANE OR/TA project has a total budget of \$12,590,724 from central USAID funds. Total obligations through January 31, 1994 are \$7,525,000. In addition, USAID missions in Pakistan and the Philippines have provided buy-ins totalling \$1,154,216. Estimated expenditures and subproject commitments totalled \$6,192,945 as of December 31, 1993. The cost pipeline analysis for the ANE OR/TA project is included in the appendices to this report.

COOPERATION WITH USAID MISSIONS

During the past six months, major efforts have been made to strengthen the cooperation with USAID Missions in the ANE region. The Project Director visited and reviewed the status of the project with Mission counterparts from Bangladesh, Egypt, India, Indonesia and the Philippines. Country strategies were approved in Bangladesh, Egypt and India. TA was initiated in Turkey with AVSC to support the Mission's strategy for improving the quality of clinical services. One visit also was made to Nepal by the Deputy Director for the OR/TA Project in Africa, as part of interregional cooperation, to develop plans for a situation analysis at the request of the Nepal Mission.

Several common issues were raised in the discussions with Missions. First, there was consensus that the Council was providing timely and quality technical assistance to the country programs. Bangladesh, Egypt and India were particularly cited as examples of improved cooperation. Secondly, most Missions were interested in the ANE OR/TA Project to the extent that it assisted the country programs to utilize bilateral resources more effectively and highlighted areas for program improvement. For example, the Mission in Egypt explicitly requested that Council technical assistance be focused on improving the use of bilateral resources in the public program. Third, there was a common call for responsiveness and flexibility in the OR/TA activities. Missions in India and the Philippines, for example, sought greater flexibility in defining and developing projects. In the case of the Philippines, this was critical as funds were from a Mission buy-in and time was limited, whereas in India the rapid response to the USAID request for technical assistance was important for maintaining close technical cooperation with the government, both in Uttar Pradesh and at the federal level. In the case of Nepal, this flexibility meant that the OR/TA Project should assist a local NGO to comply with a workplan developed under the Programmatic Grant.

The last concern of the Missions was the use of data for policy and program development. Rather than focus merely on the results from OR projects, Missions were interested in Council staff collaborating with other CAs and national governments in mobilizing applied research data for decision making. In Indonesia and Turkey, this meant cooperation with AVSC in conducting situation analysis studies on long-term methods. In Bangladesh, it meant that the country strategy concentrate on the utilization of research results from multiple sources for policy development. Council staff worked closely with the government of Bangladesh in conducting its Population Fortnight, highlighting data relevant for policy formulation. Discussions are underway with most Missions on how to better integrate reproductive health activities into family planning in future OR/TA activities.

In summary, the current relationship of the OR/TA Project with USAID Missions in the ANE region is outstanding. The proximity of Council staff, the quality of the technical assistance provided and Council's responsiveness to local Mission concerns makes close continued collaboration assured.

COLLABORATORS

The ANE OR/TA project has collaborated extensively with CAs and Foundations in the following countries. Further collaboration is expected with UNFPA, UNICEF, the World Bank and other multilateral donors during the next year.

BANGLADESH

Pathfinder International
JSI
ICCDR,B
AVSC

EGYPT

FHI

PAKISTAN

AVSC
FHI
The Asia Foundation
Pathfinder International

INDIA

AVSC
CEDPA
Development Associates
Ford Foundation
The Evaluation Project
Options
SOMARC
UNFPA/UNICEF

INDONESIA

AVSC
URC
SOMARC

PHILIPPINES

Ford Foundation
JSI
PCS

RESULTS FROM SELECTED PROJECTS

Although most of the subprojects are still on-going, preliminary results are already being used to modify program functioning and operational policies in some of the ANE OR/TA study sites.

EGYPT

PROFILE OF CLIENTS FROM DIFFERENT FAMILY PLANNING PROVIDERS

Contraceptive prevalence in Egypt has increased from 24 percent in 1980 to 47 percent in 1992. This gain has been achieved through a number of service delivery systems, including the Ministry of Health, private voluntary organizations (PVOs), and the private sector, which serves about 28 percent of current family planning users.

The preliminary results of the study entitled "Study Profile of Clients from Different Family Planning Providers" indicate that meaningful differences exist between the reasons clients choose one type of service over another (except in rural villages, where only one service is available).
(See Figure)

Clients of the urban public sector system more commonly cite cost as their main reason for choosing the public system. Clients of the rural public sector system more commonly cite accessibility. Family planning clients of PVO clinics more commonly cite the affordable nature of PVO services and place equal emphasis on provider qualities and accessibility. Private sector clients most commonly cite provider quality as the reason for their choice; accessibility and cost are not major factors for them.

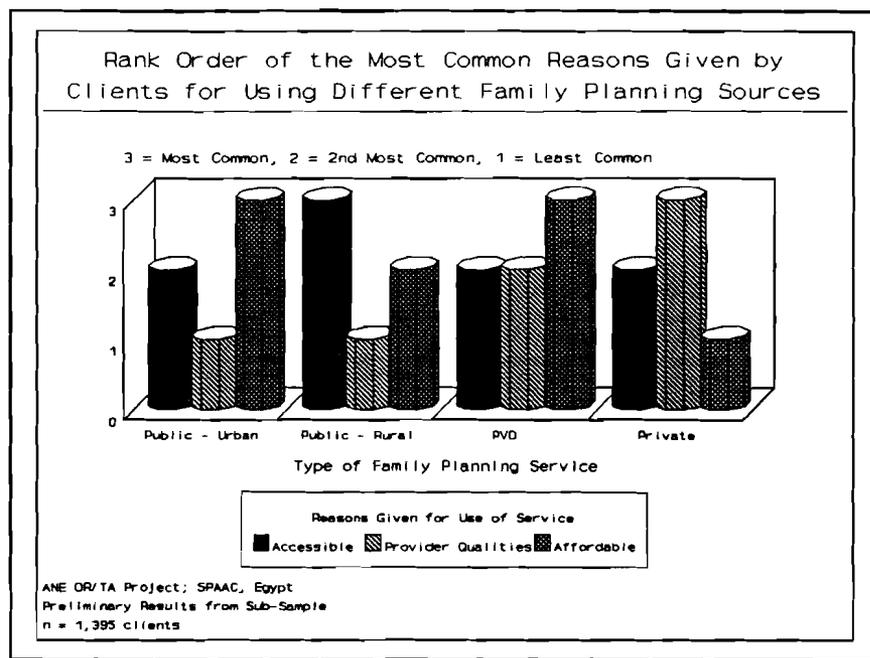


Figure 2 Rank Order of the Most Common Reasons for Using Different Family Planning Sources Given by Clients

Although these findings are preliminary, it is significant that the four service delivery categories are segmented in such a clearly discernable manner. Greater awareness of the characteristics which determine service delivery choice will help Egypt's family planning services incorporate those characteristics into their service delivery strategies and thus progress toward achieving a high and sustained use of contraceptive methods.

The preliminary findings from a second study, entitled "Provider Training and Long Term Client Outcome" show that clients of trained physicians are more likely to use a contraceptive for a longer period of time than are clients of untrained physicians. The training-level of counselors working with these two categories of physicians is not significant. Thus, physician interaction with clients is dominant (whether good or bad). This could be due to clients' perception of the physician's greater prestige and importance vis-a-vis the counselor.

The study shows that training in counseling of physicians has a positive impact on the sustained use of contraceptives. This is particularly important in Egypt, where the large majority of clients are seen by physicians.

PHILIPPINES

FAMILY PLANNING VOLUNTEER WORKERS

The Family Planning program in the Philippines includes two different sets of volunteer workers: the Barangay Service Point Officers (BSPOs) and the Barangay Health Workers (BHWs). Since the early 1970s, the BSPOs have played a major role in the community-based outreach program of the Population Commission. However, the Department of Health (DOH) is now the lead agency for the Family Planning Program and has the promotion of family planning as a major responsibility of its own outreach health workers, the BHWs, while at the same time absorbing the BSPOs as part of the same program. These changes have created confusion, both with regard to the management and performance of volunteers in the field, which has been complicated with the decentralized management of all basic services under the local government.

The problems are particularly acute in Iloilo City, where government records indicate the presence of a successful outreach program in the city during the 1970s and 1980s, but has experienced a significant decline in worker performance since the reorganization. The diagnostic study of volunteer workers' performance was conducted by the Social Science Research Institute of Central Philippine University. The major finds were the following:

- Volunteers were overwhelmingly females (98 percent), generally older (48 years on average), and with limited training in family planning. Many were holding dual appointments as both BHWs and BSPOs.
- The City Population Office has not consistently supported family planning outreach, in contrast to primary health care activities, negatively impacting on BHWs performance.
- Supervision of volunteers is minimal, particularly with respect to family planning responsibilities. The volunteers particularly expressed a lack of confidence in their skills as family planning counselors.
- Volunteers with dual appointments receive double financial incentives, whereas those who are only BHWs or BSPOs receive incentives from one source.

The findings were disseminated to a group of 44 managers from the Department of Health and the City Population Office in January 1994. Their recommendations were the following:

- Conduct family planning training suited to local needs for volunteers, recruit more males, and develop common indicators of family planning performance.
- Establish periodic review of the decentralized implementation process between the City Population Office and the City Health Office.
- Resolve the issue of incentives among volunteer workers in a consultative process.

Follow-up of these issues is being conducted between the project director and the City Population office to facilitate the implementation of these recommendations. Given that the project provinces are receiving substantial USAID assistance for enhancing local government management capabilities, prospects for utilization are high.

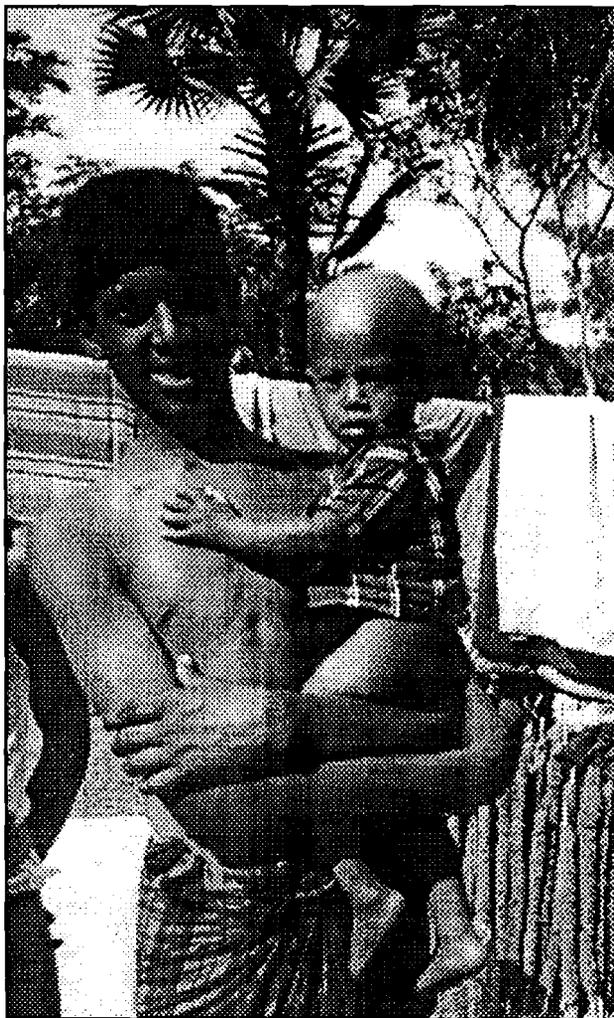
BANGLADESH

FROM RESEARCH TO POLICY AND THE ACTION AGENDA

Despite the impressive strides made in improving the access to and use of family planning services (CPR about 40 percent), by mid-1993, there was evidence that the program was reaching a plateau, with little progress in acceptance, problems of morale in government activities and a general lack of dynamism. Given these concerns, the Ministry of Health and Family Welfare organized a Family Planning Fortnight during December 6-20, 1993 to reaffirm the government's commitment by formulating strategies and designing interventions to meet more effectively the future challenges of accelerated population growth. The Bangladesh Policy Project has moved from research and preparation in the context of USAID's Family Planning and Health Services Project to informing the national population planning process. The opportunity for this has been provided by the National Family Planning Fortnight.

Along with other CAs and various agencies, the Population Council played an important role in Fortnight activities. Informed by its Policy Review, the ANE OR/TA Project helped to define the objectives, formulate the critical challenges to the national program, and determine the major themes for the key activities. As part of the follow-up to the fortnight, Peter Miller, International Resident Advisor, and Barkat-e-Khuda of URC (Bangladesh), with USAID/Dhaka support, have submitted a paper to MOH/FW as part of the process of preparing an Action Plan for the National Program. The paper, "Long-Range Strategic Planning for the Bangladesh National Family Planning Programme: 10 Critical Issues" is intended to stimulate a planning dialogue (see previous Semi-Annual Report). As another part of the same process, Mr. Miller has been working with the NGO Coordinating Committee to develop long-range strategic options for the GOB/NGO partnership.

M. Alauddin of Pathfinder International and Peter Miller summarized these recommendations in a publication of the



Father with child near Dhaka

Family Planning Services and Training Center (PROJONMO). The areas of recommendations most relevant to the OR/TA program included:

- Improve performance in underserved and low-performing areas, in particular the Chittagong Division. Younger and low-parity couples and males are in need of special attention.
- Improve the quality of family planning services, with emphasis on clinical services.
- Strengthen GOB-NGO collaboration, particularly in support services such as community mobilization, training, logistics, IE&C and research.
- Improve program sustainability through cost recovery, local contributions and private sector involvement, as well as greater cost-effectiveness of models.
- Facilitate the integration of family planning and reproductive health services.

The Council has been working closely with the GOB to develop the action plan for follow-up to the Fortnight, and approval of the Minister of the Plan is expected in March. The Council will continue to provide TA to the GOB on the utilization of research for effective policy and program development.

INDIA

RESEARCH AND EVALUATION IN UTTAR PRADESH

The Council is providing TA to the GOI and the State Innovations in Family Planning Services Project (SIFPSA) in Uttar Pradesh in several areas. These areas are under review in the current Research and Evaluation Workplan prepared by the Council, in collaboration with the Evaluation Project and Options, for USAID and SIFPSA. They include TA on the baseline survey in 15 Districts to estimate the demand for service, a situation analysis to describe the supply system, the characterization of program effort in 63 districts, the evaluation of innovation models for replication and up-scaling, and TA to SIFPSA on research, evaluation, dissemination and MIS.

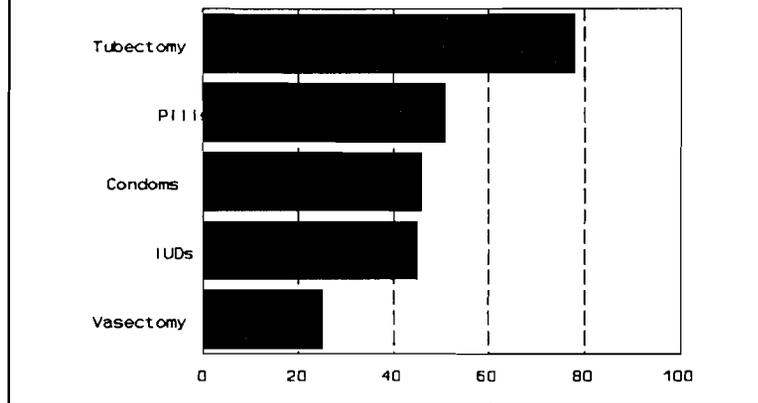
The baseline surveys are particularly important as they are being used both as the basis for District level planning, as well as constitute the standard against which future program performance is evaluated. Preliminary results from the baseline survey also constitute one of the first benchmarks for USAID's PBD (Performance Based Disbursement) process to the GOI. Data collection was completed in January and preliminary results (expressed as median results from the Districts with the range presented in parentheses) are now available.

In terms of access, only about 14 percent (range 7-19 percent) of rural households and 2 percent (range 1-15 percent) of urban households had contact with a community health worker in the past three months. Those who received some contact were generally satisfied with the services received and would welcome future contact. However, most families used only private health practitioners (median 57%, range 21-75 percent) for health care, even in rural areas.

In terms of quality and promotion, awareness of spacing methods was relatively high: 82% for orals, 77% for condoms, 70% for the IUD, 20% for injectables, and 6% for spermicidal jellies. Nevertheless, many potential users were not provided with options when seeking services through the public sector. For example, tubectomy was offered to 78%, while pills (51%), condoms (46%) and IUDs (45%) were offered to only about half of the clients. Vasectomy was mentioned to only about 25 percent as an option. Few were provided with information on both advantages and disadvantages of each method, so that they could make an informed choice.

The use of contraceptives varied considerably by District, e.g. CPR ranged from 18 to 51 percent, with a median of 39%. The figure includes relatively high condom use (range 2-13 percent), and considerable use of rhythm and withdrawal (range 0-9 percent). The contribution of sterilization to overall contraceptive prevalence varied from about one-third to more than two-thirds depending on the district. The government remains the principal source of surgical contraception, but the private sector is a major partner in the supply of temporary methods such as the IUD, oral pills and condoms.

Options Offered to Users 15 Districts in Uttar Pradesh



Analysis of these data continues, and utilization seminars are planned for the month of May. Nevertheless, preliminary data is being made available to SIFPSA and the CAs for discussion and use in the District level planning of interventions.

INDONESIA

REVIEW OF NORPLANT® ACCEPTOR TRACKING SYSTEMS

Indonesia's National Family Planning Program constitutes the largest introduction of the NORPLANT® implant in the world. The 1991 NORPLANT® Use-dynamics study confirmed that many implant acceptors are returning for removals at or just before the five-year deadline, as they should. In Indonesia, as a whole, it is likely that the number of acceptors requiring the five year removals will increase dramatically over time due to an increase in users.

The results suggest that initiatives for tracking clients for the five year removals are being taken at the different levels. The provincial office coordinates to implement policy while the fieldworker maintains the records and the volunteer acts as the spear-head to contact the clients. On the other hand, the clients used different approaches to memorize the exact date for the five-year removal. Among the educated clients, the client card which is given to the client at the time of insertion helps them to remember the date of removal. Some clients utilize the local calendar to memorize the removal date by drawing eye-catching marks on their walls. Among post-partum clients, the bench mark is the age of the youngest child. The majority of clients, however, rely on the local volunteers to inform them of the removal date.

This study completes the series of three projects on the implant program. Additional studies are looking at IUD follow-up, and the broader issue of quality of care through situation analysis of clinic service delivery points.

DISSEMINATION AND UTILIZATION

During the past six months there has been a renewed focus on the dissemination and utilization of OR/TA results. The dissemination plan for the ANE OR/TA project was completed in December and reviewed by project staff and the CTO at the semi-annual meeting in Dhaka (A copy is included in the Appendix). Improvements in the strategy, particularly as they relate to utilization, are being jointly explored with the OR projects in Africa and Latin America.

The first issue of **ANE ALTERNATIVES** was drafted and about 2000 copies will be published in India in April, and distributed widely through the Council's New York and regional offices (see copy in the Appendix). Two additional editions of **ANE ALTERNATIVES** are planned prior to the end of the project. The next edition will be produced in October, and will feature preliminary results from projects now being completed, as well as highlighting the role of OR in the broad agenda on reproductive health called for at the ICPD in Cairo. The third edition will be prepared in March 1995 to disseminate additional results, as well as the conclusions from the regional OR conference being held January 1995. The next vehicle to enhance utilization will be project summaries, using a common format with the other OR projects. As results become more available and the policy context for utilization becomes clearer, the summaries will

serve as briefs for decision makers. Plans for the ANE OR/TA End of Project Conference are being developed. A single ANE Conference is planned for January 17-19, 1995 at the Taj Mahal Hotel in New Delhi. A draft proposal and conference agenda are included in the Appendix.

Scientific journals and presentations at professional meetings have been a traditional form of communicating with the international population field. Since 1990, project staff have produced one book, one special edition of a journal, eight working papers, 12 articles and at least 16 presentations at scientific meetings. This semester papers were presented by ANE OR/TA Project staff at professional meetings, such as IUSSP, APHA, the Indian Association for the Study of Population Annual Meeting and the CAs meeting in Washington. A list of publications and presentations to date is included in the appendix.

Rushikesh Maru, the Acting Director of the MCH Extension Project in Bangladesh briefed the ANE staff during our semi-annual meeting about utilization. The more important points for increasing utilization are summarized below:

- Define the clients of OR as well as their linkages. Understand their needs for information as well as the political climate for policy. Project selection should be based on their strategic needs for data.

- Involve the clients directly in using the data, not merely dissemination. Timing is critical as the windows of opportunity may not always be open.

- Data is extremely useful for evidence in advocacy, and the continuous availability of data on critical issues such as access, quality and promotion allows an OR program to respond to emerging issues, without conducting special studies.

- Follow-on is critical to utilization and implementation. Follow-on should include resources to nudge the process of utilization, and particular attention should be paid to the missing links between information and action. Expanding the mechanisms for feedback on program performance is particularly critical.

- To be truly effective, OR staff have to understand and participate in the policy formulation process. Although a longer time frame is needed, and not all issues can be addressed at the same time, the policy agenda must be kept in the forefront.

- Workshops are not particularly good for influencing decision makers. Working papers are more for academic groups. Personal contact with decision makers and short briefing papers on a single issue are more often useful in getting things done.

The ANE project is also considering the follow-up of a series of projects conducted under the previous OR contract held by URC to better describe and understand the process of utilization in the Bangladesh context.

LESSONS LEARNED FROM PAKISTAN

In the sixth report, the Council reviewed the activities and impacts of the OR/TA initiatives in Pakistan. Reflecting on these lessons learned from this endeavor, the following are some specific examples of how to increase the effectiveness of the TA.

Program change and action require empirical data. Most government, NGO and donor agency staff were not aware of the dimensions of inadequate family planning services. The studies *quantified* the extent of the lack of services, making advocacy for change easier.

Research results can be used rapidly to improve the FP program. Examples include the immediate actions taken by the Ministry of Population Welfare to revise the IUD target system, and a workshop held on Quality of Services to help District-level family planning staff focus on quality.

Results of several OR studies can combine to have a synergetic effect. OR studies in Pakistan combined to produce a synergetic effect greater than the sum of their individual parts in calling attention to the need to change field programs so that services reach rural areas.

Resident OR advisory services can be instrumental both in institutional development and bringing about concrete program action. To be effective, however, the advisory services need to first be accepted as part of the on-going program operations. Time is required to build up trust and recognition of OR expertise among federal and provincial managers.

The workshop is a valuable format for introducing the concept of OR as a management tool for family planning program researchers and managers. Workshops are also a useful way to transfer specific skills such as data analysis, for example. The interplay between workshops and on-going OR subprojects increases the specific impact of each one.

A Cooperating Agency needs to work closely with all donor agencies. This is critical not only to provide more effective technical assistance but also to increase utilization of research results. In Pakistan, close collaboration also led to continuation of operations research activities by UNFPA, the World Bank and other donors, even when USAID funding was withdrawn.

"The Council's role has been one of providing the Ministry and NGOs with empirical data that has enabled us to make judgements based on hard facts rather than just intuition or gut feelings." (Bhurban, Secretary, Ministry of Population Welfare, April 19, 1993)

Findings from Pakistan will continue to be presented in ANE reports as the experience of expanding services in rural areas is critical for all of south Asia.

CONCLUSION

To conclude, given the development of OR strategies, the technical assistance undertaken, the links with collaborating agencies, and the results to date, the project is well positioned to achieve its objectives. Continued attention to project selection, quality technical assistance and dissemination/utilization will contribute to the project's ability to "make a significant difference" in the impact of family planning programs in Asia and the Near East.

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APPENDIX 1

**ANE OR/TA STAFF TRAVEL
AUGUST 1, 1993 THROUGH JANUARY 31, 1994**

ANE OR/TA STAFF AND CONSULTANT TRAVEL
August 1993 - January 1994

Date	Person	Destination	Purpose
August	R. Miller	Nepal	Meet with USAID and New Era to develop Situation Analysis
August	G. Cernada M. Costello R. B. Gupta D. Huntington M.E. Khan P. Miller D. Nager L. Nawar B. Patel U. Rob J. Townsend J. Tuladhar	Montreal	Attend IUSSP and ANE OR/TA Semi-Annual Meeting
August	Same as Above	New York	Meet with New York Staff and participate in Mission/Mandate Meeting
September	J. Townsend	India	Move to India to open regional office
September	D. Nager	Washington, DC	Meeting with CEDPA for CAs working in India
September - October	D. Nager	Nairobi	Attend End of Project Conference for Africa OR/TA
October	D. Huntington	Turkey	To meet with AVSC Rep to discuss PC/TA activities
October	J. Townsend	Philippines	To review status of OR Project activities
October	D. Huntington D. Nager J. Townsend J. Tuladhar	San Francisco	To attend APHA Annual Meeting, OR Day

Date	Person	Destination	Purpose
November	J. Townsend	Bangladesh	To meet with USAID to review status of OR activities and future country strategy
December	B. Mensch	Cairo	To work on Turkey Situation Analysis methodology
December	D. Huntington	Turkey	To work with AVSC on Situation Analysis Study
January	J. Townsend	Thailand	Meet with George Brown and Peter Donaldson regarding OR activities in Asia
January	J. Townsend	Indonesia	Attend CA meeting w/USAID
January	D. Nager	Philippines	To participate in ANE OR/TA dissemination seminar and review office procedures
January	M. Costello R.B. Gupta D. Huntington M.E. Khan D. Nager L. Nawar B. Patel U. Rob J. Townsend J. Tuladhar	Bangladesh	ANE OR/TA 7th Semi-annual Meeting
January	D. Nager	India	To work with ANE OR/TA Staff to set up office procedures and get overview of project issues

APPENDIX 2

STATEMENT OF ACTUAL AND ESTIMATED EXPENDITURES

AUGUST 1, 1993 THROUGH JANUARY 31, 1994

Contract No. AID/DPE-3030-C-00-0022-00: Actual and Estimated Expenditures

July 24, 1990 through January 31, 1994

	Contract Budget 7/24/90 - 7/23/95	Actual Expenditures 7/24/90 - 11/30/93	Estimated Expenditures 12/1/93 - 1/31/94	Total Actual/Estimated Expenditures Through 1/31/94
Salaries	\$ 2,932,249	\$ 1,321,944.03	\$ 104,970	\$ 1,426,914
Fringe Benefits	831,149	370,640.10	27,418	398,058
Consultants	61,600	47,855.44	0	47,855
Travel, Transportation & Perdiem	946,545	742,415.78	66,052	808,468
Allowances	660,863	419,649.44	27,673	447,322
Nonexpendable Equipment/Commodities	228,794	157,195.04	8,414	165,609
Subcontracts	2,600,000	769,985.73	105,407	875,393
Other Direct Costs	1,193,636	541,136.35	139,288	680,424
Total Direct Costs	9,454,836	4,370,821.91	479,222	4,850,044
Indirect Costs	3,135,888	1,477,728.97	164,852	1,642,581
GRAND TOTAL	\$ 12,590,724	\$ 5,848,550.88	\$ 644,074	\$ 6,492,625

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APPENDIX 3

**ANE OR/TA WORKSHOPS STATUS
THROUGH JANUARY 31, 1994**

A. ANE OR/TA WORKSHOPS COMPLETED

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
<u>Bangladesh</u> / The Population Council and The Ministry of Health and Family Welfare, Directorate of Family Planning	"Workshop on Operations Research Priorities for Family Planning" PC In-house project #6605	Workshop	\$5,797 July 2-5, 1993	Final report submitted to USAID/W.
<u>Egypt</u> / The Population Council/National Population Council (NPC) Research Management Unit	"Workshop on Data Analysis for Ministry of Health Researchers" PC In-house project #6608	Workshop	\$1,895.52 October 20-21, 1993	Final report submitted to USAID/W.
<u>Egypt</u> / The Population Council/National Population Council (NPC) Research Management Unit	"Report Writing Workshop" PC In-house project #6610	Workshop	\$2,706 November 11-December 3, 1993: 3 one-half day workshops on November 11, 18, 28, 1993	Final report submitted to USAID/W.

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COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
India / The Population Council	"Project Identification Workshop with Reference to Spacing Methods" PC In-house project # 6594	Workshop	\$8,670 April 9-10, 1992	Final report submitted to USAID/W.
India / The Population Council	"National Workshop on OR, Bangalore" PC In-house project # 6595	Project Identification Workshop	\$34,710 May 20-30, 1992	Final report submitted to USAID/W.
Indonesia / The Population Council and Family Health International	"Regional Workshop on OR, Bandung" PC In-house project # 6591	Workshop for 24 participants from 8 countries	\$30,613 August 28 - September 8, 1991	Final report submitted to USAID/W.
Indonesia /The Population Council	"Regional Workshop on Quality of Care" PC in-house # 6588	Workshop for participants from seven countries.	\$52,156 August 21, 1992 -March 31, 1993 (Workshop dates: 9-12 February 1993)	Final report submitted to USAID/W.
Pakistan / The Population Council and The Ministry of Population Welfare	"Introduction to OR in FP, Lahore" PC In-house project # 6593	Workshop for 40 FP program managers and researchers	\$16,570 (Buy-in) January 20-22, 1992	Final report submitted to USAID/W.

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COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
<u>Pakistan</u> / The Population Council	"Workshop for NGO's to Discuss Project Activities of Mobile Service Unit" PC In-house project # 6584	Workshop for 6 NGO Program Managers	\$920 (Central) April 29-30, 1992	Report submitted to USAID/W.
<u>Pakistan</u> / The Population Council and The Ministry of Population Welfare	"Operations Research Workshop, Peshawar" PC In-house project # 6598	Workshop for 18 FP Program Researchers and Managers	\$18,725 (Buy-in) August 17-24, 1992	Final report submitted to USAID/W.
<u>Pakistan</u> / The Population Council and The Ministry of Population Welfare	"Data Analysis Workshop" PC In-house project # 6602	Workshop	\$43,810 (Buy-in) April 19-29, 1993	Final report submitted to USAID/W.
<u>Pakistan</u> / The Population Council and The Western Consortium for Public Health, International Health Programs	"OR and Evaluation Workshop of Fieldworker Training" PC In-house project # 6604 Subcontract #CI93.32A	Workshop	\$45,663 (Buy-in) May 17-27, 1993	Final report submitted to USAID/W.

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COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Pakistan / The Population Council and the Association for Voluntary Surgical Contraception (AVSC)	"Male Attitude in Family Planning Workshop" PC In-house project # 6601	Workshop	\$6,759 (Buy-in) June 7-9, 1993	Final report submitted to USAID/W.
Philippines / The Population Council	"Workshop on Introduction to Operations Research in Family Planning" PC In-house project # 6583	Workshop for 20 FP Program Researchers and Managers	\$14,025 (Buy-in) October 27-30, 1992	Final report submitted to USAID/W.
Philippines / The Population Council	"Proposal Development for OR in FP" PC In-house project # 6582	Workshop for 29 Program Researchers and Managers	\$21,525 (Buy-in) January 10-15, 1993	Final report submitted to USAID/W.

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B. ANE OR/TA WORKSHOPS ONGOING

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Bangladesh/ The Population Council	"Focus Group Methods Workshop" PC In-house project # 6603	Workshop	\$1,840 June 14-17, 1993	Final report pending.
Bangladesh/ The Population Council	"Integrating Qualitative and Quantitative Methods in Population and Health Research" PC In-house project #6606	Workshop	\$3,970 August 8-12, 1993	Final report pending.
Bangladesh/ The Population Council	"Analysis of Data on Health of Women and Children Using SPSS/PC+ " PC In-house project #6612	Workshop	\$5,450 October 25 - November 4, 1993	Final report pending.
Tunisia/ Office National de la Famille et de la Population (ONFP)	"National Workshop on Operations Research" Subcontract # CI93.03A	National Workshop	\$22,620 February 1 - May 31, 1993 (Workshop dates: May 2-12, 1993)	Final report pending.

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APPENDIX 4

**ANE OR/TA SUBPROJECT STATUS
THROUGH JANUARY 31, 1994**

A. ANE OR/TA SUBPROJECTS COMPLETED

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

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COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
<u>India</u> / Information Systems	"Analysis of U.P. Survey Data" Subcontract # C192.42A	Diagnostic study	\$3,550 May 16-July 30, 1992	Included in synthesis paper.
<u>India</u> / The Population Council	"Review of Family Welfare Programme in Uttar Pradesh" In-house project # 6581	Synthesis of research findings	\$4,500 December 10, 1991 - February 10, 1992	Final report submitted to USAID/W.
<u>Indonesia</u> / The Population Council and the National Family Planning Coordinating Board (BKKBN)	"A Diagnostic Study to Evaluate the Prevalence of Clinical and Non-Clinical Delivery of NORPLANT® in the Indonesian FP Program" PC In-house project # 6592	Diagnostic study	\$6,250 October 1 - December 31, 1991	Final report submitted to USAID/W. Results used to plan larger NORPLANT® use dynamics study.
<u>Indonesia</u> / National Family Planning Coordinating Board (BKKBN)	"An Evaluation of NORPLANT® Use Dynamics in the Indonesian FP Program" Subcontract # CI91.99A	New Methods	\$105,555 December 1, 1991 - April 30, 1993	Final report submitted to USAID/W.

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COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Pakistan / The Population Council and the Ministry of Population Welfare	"Study Visit to Bangladesh for Officials of the Ministry of Population Welfare" PC In-house project # 6597	Observation trip for a team of country's eight highest ranking population program officials	\$9,800 (Central) April 10-18, 1992	Final report submitted to USAID/W.
Pakistan / The Population Council and the Ministry of Population Welfare	"IUD Follow-up Study" PC In-house project # 6585	Program Evaluation	\$93,796 (Buy-in) September 1, 1992 - April 30, 1993	Final report submitted to USAID/W.
Pakistan / Non-Governmental Organizations Coordinating Council for Population Welfare (NGOCC)	"Diagnostic Study of Strengths and Weaknesses of Major NGOs Working in FP Service Delivery System" Subcontract # CI92.01A	Diagnostic study	\$9,768 (Central) February 15 - July 15, 1992	Final report submitted to USAID/W.
Pakistan / Ministry of Population Welfare	"Evaluation of Contraceptive Service Delivery through Mobile Service Units in Pakistan" PC In-house # 6599	Program Intervention / Study Design	\$35,853 (Buy-in) September 1, 1991 - 30 June 1993	Project suspended June 30, 1993 due to end of USAID funds to Pakistan. Project continued with UNFPA funding.

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COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
<u>Pakistan</u> / Ministry of Population Welfare	"Situation Analysis of Family Welfare Centers" PC In-house # 6596	Situation Analysis of Family Planning Program	\$44,634 (Buy-in) June 1, 1992- 31 Dec 1992	Final report submitted to USAID/W.
<u>Pakistan</u> / Behbud Association	"Male Attitudes and Involvement in Family Planning" Subcontract # CI92.94A	Intervention Study	\$79,240 (Central) December 15, 1992 - March 31, 1994	Project suspended June 30, 1993 due to end of USAID funds to Pakistan. Funding continued by UNFPA.

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B. ANE OR/TA SUBPROJECTS ONGOING

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Bangladesh/ University of Michigan	"Women's Status and Family Planning in Bangladesh" Subcontract # CI92.60A	Data Analysis	\$72,813 September 1, 1992 - August 31, 1993	Ongoing.
Bangladesh/ University Research Corporation (URC), Bangladesh	"Review of Bangladesh Policies Related to Family Planning and Population" Subcontract # CI93.36A	Diagnostic Study/Policy Review	\$15,773 June 1, 1993 - September 30, 1993 4 months	Ongoing.
Bangladesh / Center for Population and Development and The Population Council	"An Investigation of Alternative Approaches to Contraceptive Logistics Management at the Peripheral Level" Subcontract # CI93.75A	Diagnostic Study	\$74,242 November 15, 1993 - October 14, 1994	Ongoing.

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COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
<u>Egypt</u> / The Cairo Demographic Center (CDC)	"A Study on Continuation/Discontinuation of Contraceptive Use by Method and Reasons for Dropout in CSI Project" Subcontract # CI93.33A	Evaluation Study	\$91,225 July 1, 1993 - April 30, 1994	Ongoing.
<u>Egypt</u> / Social Planning, Analysis & Administration Consultants (SPAAC)	"Study Profile of Clients of Different Providers of Family Planning Services" Subcontract # CI92.83A	National Diagnostic Study	\$122,565 December 1, 1992 - March 31, 1994	Ongoing.
<u>Egypt</u> / The Egyptian Fertility Care Society	"Study of the Use of IUDs in Egypt" Subcontract # CI93.26A	National Evaluation Study	\$101,809 April 1, 1993 - March 31, 1994	Ongoing.
<u>Egypt</u> / Social Planning, Analysis and Administration Consultants (SPAAC)	"Provider Training and Long Term Client Outcome" Subcontract # CI93.22A	Evaluation Study	\$6,364 March 15, 1993 - January 14, 1994	Ongoing.

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
<u>Egypt</u> / The Faculty of Nursing	"Development of Approaches to Community Based Family Planning Outreach in Egypt: A Review of the Raidat Rifiat System" Subcontract # CI94.02A	Diagnostic Study	\$107,750 January 15, 1994 - December 15, 1994	Ongoing.
<u>India</u> / The Population Council	"A Diagnostic Study of Bihar, Madhya Pradesh, Rajasthan and Uttar Pradesh" PC In-house project # 6590	Diagnostic Study	\$9,000 May 1991 - September 1991	Final report pending.
<u>India</u> / Population Research Center (PRC) Patna University	"Promotion of FP and MCH through Dairy Co-ops in Rural Bihar" Subcontract # CI91.88A & #CI93.16A	Program Intervention and Technical Assistance	\$103,078 October 15, 1991 - March 15, 1995	Ongoing.
<u>India</u> / Centre for Operations Research and Training (CORT)	"Evaluation of the Impact of Training of Private Doctors for Promoting Oral Contraceptive Pills, Second Phase of IMA Project" Subcontract # CI92.30A	Evaluation Study	\$46,935 May 18, 1992 - September 17, 1993	Ongoing.

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
<u>India</u> / Indian Institute of Health Management (IIHM)	"Evaluation of the Impact of Mobile Educational Services Units in Increasing Accessibility and Acceptability of Contraceptives in India" Subcontract # CI92.29A	Evaluation Study	\$32,675 June 1, 1992 - July 31, 1993	Ongoing.
<u>India</u> / The Population Council	"Uttar Pradesh Baseline Surveys" PC In-house #6611	Coordination of Survey Preparation	\$24,950 October 4, 1993 - April 1, 1994	Ongoing.
<u>Indonesia</u> / Yayasan Kusuma Buana (YKB)	"Review of Existing NORPLANT [®] Acceptor Tracking System" Subcontract # CI93.49A	Diagnostic Study	\$11,876 September 1 - November 30, 1993 No cost extension through December 31, 1993	Ongoing.

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
<p><u>Indonesia</u>/ The National Family Planning Coordinating Board (BKKBN) and Ministry of Health (DEPKES)</p>	<p>"Situation Analysis of Service Delivery Points in the BKKBN's Long-Term Method Priority Program Provinces"</p> <p>Subcontract # CI93.51A and Supplementary Subcontract No. CI94.11A</p>	<p>Diagnostic Study</p>	<p>\$102,838</p> <p>September 1, 1993 - May 30, 1994</p>	<p>Ongoing.</p>
<p><u>Indonesia</u> / The National Family Planning Coordinating Board (BKKBN) and Ministry of Health (DEPKES)</p>	<p>"A Study to Improve Knowledge of and Services to Implant Acceptors"</p> <p>Subcontract # CI93.69A</p>	<p>Intervention Study</p>	<p>\$83,556</p> <p>November 1, 1993 - October 30, 1994</p>	<p>Ongoing.</p>
<p><u>Nepal</u> / New Era</p>	<p>"Diagnostic Study of the Community Health Volunteer Program" (CHV)</p> <p>Subcontract # CI91.93A</p>	<p>Diagnostic Study / Qualitative Evaluation</p>	<p>\$12,195</p> <p>February 16, 1992 - July 31, 1992 (No-cost extension until August 31, 1993)</p>	<p>Final report pending.</p>

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COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
Philippines/ Social Science Research Institute, Central Philippines University	"Factors Affecting the Performance of BSPOs and BHWs in the Delivery of Family Planning Services in Iloilo City" Subcontract # CI93.43A	Diagnostic Study	\$15,110 August 1993 - February 1994	Ongoing.
Philippines/ Research Institute for Mindanao Culture, Xavier University	"Factors Affecting the Family Planning Program Drop-out Rate in Region X" Subcontract # CI93.41A	Diagnostic Study	\$14,553 August 1993 - February 1994	Ongoing.
Philippines / Ateneo de Davao University of Region XI	"A Diagnostic Study on the Implementation of DOH Health Volunteer Workers Program" Subcontract # CI93.68A	Diagnostic Study	\$20,355 October 15, 1993 - May 15, 1994	Ongoing.
Philippines/ University of the Philippines Research Center, DRDF	"Factors Leading to the Continued Company Support for the Industry Based Family Planning Program" Subcontract # CI93.42A	Diagnostic Study	\$14,483 August 1, 1993 - February 28, 1994	Ongoing.

COUNTRY/AGENCY	PROJECT TITLE	STUDY TYPE/ THEME OR PRIORITY AREA	BUDGET/ DURATION	PROPOSAL OR CONTRACT STATUS
<u>Philippines</u> / The Population Council	"Review and Synthesis of Family Planning Studies" PC In-house project #6609	Synthesis Study	\$10,000 October 25, 1993 - February 28, 1994	Ongoing.
<u>Philippines</u> / Cordillera Studies Center	"A Diagnostic Study of the Implementation of the DOH Training Course for Family Planning Providers in CAR and Region 2" Subcontract CI93.82A	Diagnostic Study	\$19,725 November 21, 1993 - May 20, 1994	Ongoing.

APPENDIX 5

**ANE OR/TA TECHNICAL ASSISTANCE
AUGUST 1, 1993 THROUGH JANUARY 31, 1994**

TECHNICAL ASSISTANCE PROVIDED: AUGUST 1, 1993 - JANUARY 31, 1994

- Technical assistance (TA), primarily advisory, continued to be provided on an increasing scale, by both resident advisors and consultants, over the past six months.
- Recipients have been primarily Ministries implementing FP programs, e.g., Health and Family Welfare in India and National Family Planning Coordinating Board in Indonesia, USAID/Delhi, USAID/Dhaka, USAID/Jakarta, and USAID/Manila have been major requestors of TA.
- A tabular presentation of TA, usually not directly tied to an ongoing or developing OR subproject, provided by country follows.

COUNTRY/AGENCY	ISSUE/SUBJECT	PERSON-DAYS	OUTCOME
<u>BANGLADESH</u>			
Ministry of Health and Family Welfare	Participation in "Strengthening FP Program" Task Force	2 days (Miller)	Task Force recommendations submitted to Secretary, MOH/FW.
" "	Participation in FP Fortnight	10 days (Miller)	Drafted brochure; drafted keynote speech for National Seminar; presented summary at Barisal Seminar; helped draft report; participated in 3 committees and 3 subcommittees, etc.
" "	Development of long-range FP policies	3 days (Miller)	Preparation (w/Barkat-e-Khuda) of long-range strategy paper on 10 key issues.
NGO Coordinating Committee	Development of long-range FP policies	2 days (Miller)	Assisted in preparation of long-range strategy recommendations to MOH/FW.

COUNTRY/AGENCY	ISSUE/SUBJECT	PERSON-DAYS	OUTCOME
<u>BANGLADESH</u>			
Pathfinder International	NGO OR Project	1 day (Miller)	Review of RFP for newlyweds and low-parity couples.
USAID/Dhaka, USAID/W	Long-range program planning	1 day (Miller)	Commented on and discussed with draft population strategy.
" "	Unmet demand for family planning	1 day (Miller, Dunston)	Prepared notes to OPH on unmet need for FP.

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COUNTRY/AGENCY	ISSUE/SUBJECT	PERSON-DAYS	OUTCOME
<u>EGYPT</u>			
NPC	TA to RMU for Data Analysis Workshop	5 days (Huntington, Nawar)	Assisted in organization of data analysis for 5 OR Studies.
NPC	TA to RMU for Report Writing	3 days (Huntington, Nawar)	Assisted in organization of final reports for 5 OR Studies.
NPC/MOH	TA to two MOH Study reports done within NPC	8 days (Nawar)	Assisted in development of final report of one study and reviewing another study.
NPC/CAPMAS	TA to a CAPMAS Study within NPC	4 days (Nawar)	Assisted in development of final report of the study.
MOH	NORPLANT [®] Introduction Plan Task Force	25 days (Huntington)	Produced NORPLANT [®] Introductory Program Paper
NGO Steering Committee	Organization of Preparatory Seminars	3 days (Huntington)	Assisted in organizing seminars for Egyptian NGOs.
ICPD	Member of 4 scientific committees to raise Egypt's recommendations	12 days (Nawar)	Egypt comments/recommendations with regards to ICPD document prepared and sent to UN Secretariat.
NPC	Advisory Role for Program Research	3 days (Huntington, Nawar)	Assisted in development of AVSC evaluation program.

COUNTRY/AGENCY	ISSUE/SUBJECT	PERSON-DAYS	OUTCOME
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EGYPT

AVSC	Development of Situation Analysis Study: Proposal and Questionnaires	20 days (Huntington)	Produced proposal and 10 Questionnaires.
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COUNTRY/AGENCY	ISSUE/SUBJECT	PERSON-DAYS	OUTCOME
INDIA			
ICMR	New contraceptive follow-up	6 days (Townsend)	Better relations with health advocates. Improved quality in trials.
ICMR	Designing of user perspective study	3 days (Khan/Townsend)	A study in 10 Human Reproductive Research Centers (HRRCs) will be launched where NORPLANT® phase III trials are in progress.
UP Government (SIPSA)	UP Project: Technical assistance in UP baseline survey	90 days (Khan, Gupta, Patel, Townsend)	Tabulation plan, development of workplan and data analysis. Assisted in survey design and questionnaire for base line survey in UP.
COMPFED	"Promotion of FP and MCH through Dairy Co-ops in Rural Bihar" subproject	10 days (Khan, Patel, Townsend) 15 days (Patel)	Dissemination workshop, TA in preparing working paper. Analysis of qualitative research data.

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COUNTRY/AGENCY	ISSUE/SUBJECT	PERSON-DAYS	OUTCOME
INDIA			
IMA Project, Phase II	"Evaluation of the Impact of Training of Private Doctors for Promoting Oral Contraceptive Pills" subproject	10 days (Khan, Patel)	Analysis of endline data and preparation of report.
		1 day (Khan, Patel, Townsend)	Presentation of the main findings from baseline survey to Dr. Sobti and John Rogosh.
		5 days (Khan, Patel)	Qualitative data collection on quality of services provided by IMA doctors using mystery client approach.
Government of India	Concurrent evaluation	6 days (Khan, Townsend, Patel)	Design and develop questionnaire for launching national level concurrent evaluation of FP program.

COUNTRY/AGENCY	ISSUE/SUBJECT	PERSON-DAYS	OUTCOME
<u>INDONESIA</u>			
USAID	Attended the CAs meeting organized by USAID/Jakarta	2 days (Tuladhar)	Each CAs plans were discussed program and policy issues were shared.
	NORPLANT® implant "U"-technique removal	5 days (Tuladhar)	Possible research issues were identified.
Cooperating Agencies	Collaborative research	6 days (Tuladhar)	a. A Situation Analysis study proposal was finalized with AVSC. b. NORPLANT® implant "U"-technique removal issues were discussed.
	Ford Foundation funded Quality of Care 1st working group meeting	½ day (Tuladhar)	Attended the meeting to discuss strategy
National Family Planning Coordinating Board (BKKBN)	"Situation Analysis of Service Delivery Points in the BKKBNs Long-Term Method Priority Program Provinces"	25 days (Tuladhar)	Instrument developed, tested and training completed. Field work ongoing.
BKKBN	International Training Program	1 day (Tuladhar)	Participated as a resource person for "BKKBN's consultant training".
Yayasan Kusuma Buana (YKB)	Assisted in implementing "Tracking of NORPLANT® Acceptors"	4 days (Tuladhar)	The field work was completed.

COUNTRY/AGENCY	ISSUE/SUBJECT	PERSON-DAYS	OUTCOME
<u>INDONESIA</u>			
PT SURINDO UTAMA	IEC-Situation Analysis on NORPLANT® contraceptive	4 days (Tuladhar)	Final report in process.
UNFPA	Country Assessment	1 days (Tuladhar)	Informal discussion on the program issues.

COUNTRY/AGENCY	ISSUE/SUBJECT	PERSON-DAYS	OUTCOME
<u>PHILIPPINES</u>			
Department of Health	TA to the DOH Family Planning Service during the preparation meetings for the National Consultative Planning Workshop	5 days (Costello)	The FP Synthesis Report was used as one of the main documents during this activity.
Department of Health	Meetings to update Mrs. Penny Nocesas, Training Unit, FPS-DOH, on findings of study in Iloilo City.	2 days (Costello)	Discussions of OR on training courses of BSPOs and BHWs.
Department of Health	Consultations, meetings with DMPA Task Force to discuss OR plan for DMPA Reintroduction.	4 days (Costello)	Plans for a document detailing the activities and financial/organizational requirements for the project.

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APPENDIX 6

DISSEMINATION PLAN

**OPERATIONS RESEARCH AND TECHNICAL ASSISTANCE STRATEGIES
FOR IMPROVING FAMILY PLANNING SERVICES IN
ASIA AND THE NEAR EAST**

**DISSEMINATION PLAN
1990-1995**

**USAID CONTRACT NUMBERS:
DPE-3030-C-00-0022-00
DPE-3030-Q-00-0023-00**

THE POPULATION COUNCIL

INTRODUCTION

Operations research (OR) is used to identify and solve problems in the day-to-day "operations" of health and family planning programs. OR also is an important tool to facilitate the introduction of contraceptive technology innovations in developing countries. Donor agencies, policy makers, program managers, and service providers benefit directly when regularly provided with information about operations research projects and results and technical assistance activities conducted in the field. Communicating this information effectively is a complex and challenging task. According to Koenig and Whittaker:

"The gap in translating OR findings into tangible improvements in policies and programs remains perhaps the most significant limitation of current family planning OR projects. This is especially true in the weakest and technically least sophisticated programs, where promising OR findings might be expected to have their greatest impact in improving service delivery."

Carefully planned and targeted dissemination activities are key to effective utilization of research results. The literature on OR dissemination activities indicates that these efforts will:

- o contribute to the utilization of OR findings,
- o help legitimize new service delivery strategies,
- o contribute to the institutionalization of the OR approach.

ELEMENTS OF THE DISSEMINATION PLAN

A dissemination plan with carefully delineated strategies based on the needs and interests of the target audience(s) is an integral part of any effective OR/TA plan. Special attention must be given to planning the dissemination of OR and technical assistance experiences. This is required to assure information on OR reaches collaborating agencies and service providers, to synthesize the OR experience, to share the experience cross regionally and to build and strengthen support for OR activities within the donor community. Experience from other regional OR projects and published reports on effective dissemination indicate that:

o Program managers are more likely to respond to OR findings from similar settings. The dissemination of OR findings from dissimilar settings will only rarely lead to changes in services.

o Even within the same setting, OR results from special pilot projects are likely to be viewed by program managers and policy makers as non replicable within public sector programs.

o Targeted briefing papers, tailored to the needs of program managers and policy makers, can play an instrumental role in the dissemination of OR findings.

o Written dissemination of OR results will rarely by itself be sufficient to persuade in-country program managers to directly apply OR findings.

o The power of visual demonstration of OR results is often not fully appreciated.

o The provision of technical assistance will often be essential for the effective implementation of recommended programmatic changes based on OR studies.

INCORPORATING SOCIAL MARKETING

Attention to basic social marketing principles helps focus the direction and enhance the impact of dissemination activities.

"The marketing mindset is an essential step in viewing the world not through the eyes of OR but through the eyes of those who will benefit from it."

This approach concentrates on the needs and interests of specific target groups through a continual process of information gathering referred to as market research. Target audiences are carefully analyzed, messages are refined based on this analysis and products are designed and tested to insure effectiveness. Implementation and distribution are planned and executed carefully. Evaluation becomes a continual activity undertaken throughout the process.

The Asia and the Near East Operations Research and Technical Assistance (ANE OR/TA) project has been operational for three years. It is functioning well because considerable communication has already taken place. Field staff have communicated about the nature of the OR process and they have diagnosed problems with the collaboration of important decision makers. They also have

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developed proposals which have been approved and accepted. Many projects are underway or in the pipeline and some have been completed.

This plan will provide an organizational framework for ANE OR dissemination activities. It will help formalize objectives, targets, messages and dissemination activities that will occur over the next phase of this project. Recommendations and budget estimates are also included in the plan.

OBJECTIVES

The specific objectives of dissemination activities are to:

- 1) Increase the awareness and understanding of OR methods and the results of specific OR projects and TA activities, through dissemination of clear, easy to read publications addressed to managers, policy makers, researchers, international organizations and service agency staff at all levels;
- 2) Improve the skills and capabilities of FP/MCH service agencies to utilize OR methods and apply results to improve service delivery;
- 3) Foster close collaboration between administrators, researchers and other agency staff to increase the use of systematic research procedures to detect and resolve FP/MCH service delivery problems;
- 4) Encourage the adoption of OR as an essential component of management of FP/MCH service delivery and strategies;
- 5) Synthesize the OR experience in the ANE region and share it cross-regionally;

TARGET AUDIENCES

The target groups for this information can be grouped into three main categories:

1. Host Country/Regional Users:

policy makers
program decision makers (NGO agency officials)
service providers
researchers
public
USAID Mission personnel
Women's groups

2. International FP staff

policy makers
researchers
international CAs

3. Funders/Home Office

USAID/W Divisions (Research, Service, Training/
Information and USAID/W Administration)
PC NY (and other OR regional staff)
NGOs

Information is needed about the dissemination needs and interests of each target group. This is particularly essential for host country/regional users. Needs assessments and opportunities to obtain feedback from these groups should be emphasized. Language requirements will need to be identified as well. Target audience information should be built into each step of the design, development and implementation of dissemination activities. A regular flow of feedback must be incorporated into the process. Simple written and oral inquiries can be designed to collect this information. Regional meetings also will provide opportunities to talk to target participants.

MESSAGES

As ANE OR/TA projects are completed there will be results to be communicated. While the message will vary based on the research experience, the particular problem addressed and the research findings, most will fall into the following categories:

- o a new OR or TA activity is starting up and it is dealing with an important program issue,
- o progress is taking place on implementing an activity,
- o the results of a project are available and interesting and are being utilized to strengthen the program where the study was conducted,
- o the results are being upscaled nationally.

Additional messages may include:

- o the study fits into a national OR plan that is making a difference,
- o the study contributes to international OR themes and the general body of FP knowledge, the project was valuable, worth the money or deserving of continued support.

CHANNELS

The specific dissemination channels listed below are basic methods of communication used by other regional OR/TA projects. The Population Council's contract and proposal also enumerate these various channels for dissemination of OR findings. These include:

- o personal discussions,
- o personal letters,
- o "blurbs" to USAID/W (announcements for weekly briefing of USAID/W Deputy Administrator),
- o updates on project progress or findings,
- o project final report,
- o project summary report,
- o project-based newsletters,
- o OR project newsletter from NY,
- o local seminars,
- o local press briefings and media mailings,
- o international conferences such as NCIH, APHA, PAA, and CA meetings,
- o OR day.

Clearly, the channel selection will be driven by the target audience and message content. Again, some initial inquiry into target audience preferences will help determine priorities.

UTILIZATION OF OR RESULTS

DISSEMINATION

UTILIZATION

INSTITUTIONALIZATION

Dissemination is seen as the first step toward utilization and ultimately institutionalization of OR results. Even a well planned and executed dissemination plan will not guarantee utilization, because there are factors related to utilization that are beyond the scope and control of dissemination activities. Therefore, it is important to couple any dissemination plan with measures to encourage result utilization and the institutionalization of permanent change. Some program elements that have been shown to improve utilization of OR results include the following:

1. Research results must be perceived as relevant and "applicable". They must fit the setting, environment and type of program to which they are applied. Lessons learned from numerous projects show that OR results from dissimilar settings or those viewed as "special pilots" are considered irrelevant to program managers. The dissemination activities must frame results in the context of program realities. They must address real problems with workable solutions.

2. OR findings must address issues that are directly manipulable by program managers. Results and recommendations must mesh with the realities and constraints of public sector programs. They should fit with budgeting cycles. Recommendations should be reasonable and attainable. They should not recommend broad program changes or large budget requests. OR recommendations that are perceived as most useful, and thus have the greatest chance of application, usually focus on how existing service programs and facilities can be improved and made more efficient.

3. Technical assistance can often contribute to the effective utilization of research results. Overextended program implementators often benefit from the added boost of technical support to plan, coordinate and implement OR recommendations. Also, follow-up assistance can provide useful guidance and support for program changes. Resources for such technical assistance activities must be considered if application is to be realized.

RECOMMENDED ACTIVITIES FOR THE NEXT YEAR

1. PLANNING AND BUDGETING

- a. Review and identify priority projects for dissemination activities in 1994.
- b. Determine message and target for each project.
- c. Identify appropriate media for dissemination.
- d. Develop a schedule of dissemination activities with a matrix of messages, audiences and media with a timeline.
- e. Prepare the 1994 dissemination budget based on the number and extent of planned activities. Production, printing and distribution will be the major expenses. Additional costs may be incurred for:

- dissemination planning
- needs assessment design and execution
- contract writing and editing
- photo/video production
- evaluation activities

2. INITIATE DISSEMINATION ACTIVITIES

There are some cross cutting activities that are likely to be initiated this year. These include:

a. The ALTERNATIVES newsletter

Purpose: this piece will serve as the primary vehicle for rapid dissemination of operations research results to local agencies, as well as to donors and collaborating agencies. It will function as a simple, non-scientific publication to communicate lessons learned and action guidelines. **THIS IS AN IMPORTANT COMMUNICATION PIECE.**

Target: addresses all three target groups

Format: 6 page newsletter published every six months.

Content:

- o in this issue
- o editorial
- o masthead- project staff information
- o project updates
- o workshops
- o news
- o announcements

Articles should be crisp and user oriented with "for more information contacts" for follow up. Transferable results and accomplishments should be featured. Capsule summaries, bullets and graphs may help keep this piece simple. Theme issues may be considered. Testimonials or "real people, real results" types of profiles may help with the transfer of findings.

Distribution: To entire mailing list and others who ask to receive the newsletter. (Estimated number of copies - approximately 2,000 per issue.)

Costs: o Writing and editing handled by contractor writer - \$3,000-4,000 per issue
o Setting and printing - \$500/issue (desk top publishing)
o Distribution - In house with mailing list - \$200/issue

Evaluation/Feedback: o requests for newsletter
o requests for information listed in the newsletter
o users survey in one issue

b. Project Updates/Summaries

Purpose: To share experiences and lessons learned with other agencies and regions, which are useful for managers, researchers, evaluators and donors.

Target: program managers, policy makers and service providers in the region.

Format: Preference for brief summaries (2-4 pages maximum) with simple implications for use. A consistent format for all updates/summaries should be identified and used. A user needs assessment will help determine format and language requirements.

Distribution: To host country/regional mailing list

Costs: o needs assessment
o contract writing and editing
o translations
o setting and printing
o mailing

c. End Of Project Seminars

Purpose: To share experiences and lessons learned with other agencies, researchers, managers, evaluators and donors. In addition, to increase institutional participation in operations research and to improve the knowledge and utilization of results.

Target Audience: program managers, policy makers, researchers/evaluators and service providers in the host country/region.

Format: 1/2 to 1 day seminars at the participating agency with ANE staff.

Costs: covered by each sub-project.

Evaluation: seminar assessments
(good opportunity for target feedback)

3. SPECIFY THE TARGET AUDIENCES.

A mailing list based on the three target categories should be developed. This list should be keyed so that all or part of the list can be used, depending on the communication. This will require routine maintenance continuing throughout the project.

4. IMPLEMENT TARGET AUDIENCE NEEDS ASSESSMENTS.

To assure effective communication, opportunities for needs assessments must be identified with each target group, particularly with those in the host country/region. Informal meetings, letters, phone conversations, etc., can be used to gather input on appropriate media and messages. Feedback on completed dissemination activities should be carried out. The need for language specific messages and materials can be determined. All dissemination activities should include an element of needs assessment or some other method of feedback.

Costs: consultant time for design, data collection, analysis
\$1,500 - \$2,000.

5. DEVELOP CORE PRESENTATION MATERIALS.

A core presentation should be prepared using slides, scripts and a brochure for the ANE region. Existing slides should be reviewed. Generic slides and text should be distributed to staff in host countries. Consideration should be given to other media formats for OR program presentations (e.g. video presentation). One option is a short video of key OR findings from the region as a summary, contract product.

Costs: video - \$11,000-\$15,000.

6. FOSTER A POSITIVE OR DISSEMINATION IMAGE.

Impact will be enhanced through the use of consistent themes and a common "look" and format for materials from the region. Identify format specifications for summaries, reports, etc., which include use of an established logo. Distribute formats to regional contacts. Research local vendors for costs and availability of graphic services.

7. EXPLORE OPPORTUNITIES FOR WORKING WITH HOST COUNTRY MEDIA.

Identify interests, concerns, information needs and avenues for dialogue on key OR findings. Provide background information for feature writers. Establish the Population Council as a source of locally credible research information on family planning.

8. PLAN FOR PRESENTATIONS/PAPERS AT MAJOR INTERNATIONAL MEETINGS.

Plan themes/results to present at priority family planning and public health meetings in 1994. These meetings include APHA, NCIH and PAA.

9. FINE TUNE APPROACH TO FUNDERS/HOME OFFICE TARGET AUDIENCE.

As part of annual plan identify key accomplishments to transmit "home". Ensure that themes are carried out in semi-annual reports, blurbs and newsletters. Develop some measure of progress to use as gauge for remainder of contract. (OR's contributions to the region or how OR made a difference in this region.) Focus on applications of lessons learned.

Demonstrate use of results by others in region. Identify and use success stories. Testimonials by host country/regional researchers, program managers, evaluators are invaluable, especially for final reports. Consider these testimonials for inclusion in the newsletter as well.

10. IDENTIFY FULL-TIME DISSEMINATION/COMMUNICATION PERSON (LOCAL HIRE) TO HANDLE DAY-TO-DAY ACTIVITIES.

This person's major duties will be to execute annual plan, maintain schedule of products, handle distribution of materials, respond to inquiries about projects.

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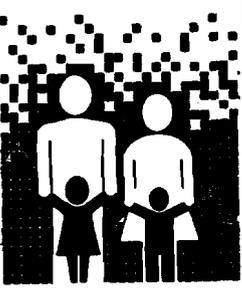
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APPENDIX 7

ANE ALTERNATIVES



ALTERNATIVES

ASIA & NEAR EAST OPERATIONS RESEARCH AND TECHNICAL ASSISTANCE PROJECT

The Population Council In India

Using Operations Research to Increase Access, Choice and Quality

INDIA was the first country in the world to adopt family planning as a national program, in 1951. The objective was to stem the pace of population growth, to keep it in line with the

pace of overall development. Today, over 45 percent of couples nationwide use some birth control method.

However, major challenges remain particularly in the four northern states that are home to 41 percent of India's population and where the fertility levels and the unmet need for repro-

ductive health services are among the highest in the country.

In the past, the Government's population program focused on promoting terminal methods to lower the fertility rate. Now the Government is looking at ways to increase the choice of contraceptive methods offered, increase the acceptance of spacing methods, and improve the quality of family planning services. With over half of India's population of 886 million under 24 years of age, the needs of youth are particularly acute. The Population Council's operations research activities support government efforts to meet the needs of men and women for reliable information and

"[In South Asia,] for a young couple getting married, there are few sources of reliable information either about sexuality or how to have children when they want them."

John Townsend
Project Director,
Population Council/India

services on reproductive health and how to achieve their reproductive goals.

Increasing accessibility to family planning services

India has a nationwide network of more than 150,000 primary health centers and village-level subcenters to provide family planning and maternal child health services. Ideally, the subcenters serve about 5,000 people each. "But unless a client is desperate for something, he or she will never come from more than three kilometers to reach a clinic," says M.E. Kahn, Host Country Advisor, Population Council/India. The Population Council is studying rural mobile education-cum-health service units in four states and their impact in increasing the accessibility and acceptability of contraceptives. The Family Planning

(continued on page 3)



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THE POPULATION COUNCIL, an international non-profit organization established in 1952, undertakes social and health science programs and research relevant to developing countries, and conducts biomedical research to develop and improve contraceptive technology. The Council provides advice and technical assistance to governments, international agencies, and non-governmental organizations. It also disseminates information on population issues through publications, conferences, seminars, and workshops.

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***THIS IS** the first issue of The Population Council's newsletter on operations research and technical assistance, ALTERNATIVES for the Asia and Near East region. Regional versions of ALTERNATIVES are also published in Latin America and Africa.*

The audience for this newsletter is Asia and Near East family planning program managers and policy makers. We hope that the brief overviews of research and programs included here will help facilitate your use of operations research data to improve service delivery programs and increase the satisfaction of your clients, both men and women. It is important to note that this is not a newsletter for researchers about research. We plan on continuing to publish and support the publishing of articles in professional journals both nationally and internationally, but our goal here in this publication is to make the results of operations research "user friendly".

ALTERNATIVES is part of a larger Population Council strategy for increasing the dissemination and utilization of family planning operations research now underway in the region. Future dissemination activities include a conference on operations research to be held in New Delhi in January 1995 for approximately 100 family planning managers, policy makers, researchers, and donor agency representatives from eight countries in Asia and the Near East. We will also be holding end-of-project seminars for completed projects, distributing final reports, publishing project summaries, and publishing future editions of ALTERNATIVES.

Our real interest lies in your utilization of operation research results for improving family planning programs and policies. The International Conference of Population and Development, in Cairo in September, will provide a critical forum for discussion of major population issues and how they fit in the context of gender and development. Of particular interest to the region will be the issues of participation in population policy development, reproductive health (particularly abortion and sexually transmitted disease), quality of care, contraceptive research and technology, and refugees. The results from OR should contribute to this debate.

We would like to hear from you about whether you find the articles and this type of format useful. Your response will help us determine what dissemination and utilization activities we should work on in the future.

JWT, New Delhi

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(continued from page 1)

Association of India, a non-governmental organization, manages these mobile units, which supplement rather than replace government clinics. "The study has highlighted that a partnership between the Government and NGOs can be very productive," says Kahn

The Population Council has also been cooperating with the Population Research Center at Patna University, The Centre for Development and Population Activities (CEDPA) and the Bihar State Cooperative Milk Producer's Federation (COMPFED) in evaluating the family planning services provided by dairy cooperatives to their members. The initial findings indicate that this is an effective, low-cost way of increasing accessibility to services and acceptance of contraceptives. For example, new users have increasingly accepted spacing methods, particularly orals and condoms. The presence of dairy cooperatives throughout much of India bodes well for replication.

Increasing choice of methods

The diaphragm, the middle-class Indian woman's contraceptive of choice in the 1950s, virtually disappeared from India ten years ago, due to lack of demand and unreliable supply. The Population Council is providing diaphragms to ten medical

Now the Government is looking at ways to increase the choice of contraceptive methods offered, increase the acceptance of spacing methods, and improve the quality of family planning services.

research centers where the Indian Council of Medical Science Research is expanding contraceptive choice. The Council hopes that if both providers and clients accept the diaphragm, the Government will consider offering this method in its centers. A parallel effort on increasing the availability of the diaphragm will be undertaken with NGOs and women's health advocates. The Council has also evaluated oral contraceptive training and promotion activities carried out by the Indian Medical Association, in cooperation with Development Associates.

Improving quality of services

The Government of India and USAID/India are implementing a major family planning services project in Uttar Pradesh, India's most populous state. The Population Council is providing technical assistance to eight organizations in carrying out a Baseline Survey to establish the local population's access to family planning services and their knowledge and acceptance of family planning prior to the project. A total of 45,000 women have been interviewed. A comparison assessment of the supply system is determining the quality of care provided at sample service points, i.e., community health centers, retail outlets and private physicians. Preliminary data are being used for district-



With over half of India's population of 886 million under 24 years of age, the needs of youth are particularly acute.

level planning on new service strategies.

The Government is currently drafting a new population policy in which issues of choice, quality and access will play a predominant role. The next edition of *ALTERNATIVES* will provide more results for India as well as an overview of this policy.

For more information, contact M.E. Kahn, at The Population Council, 53 Lodi Estate, New Delhi 110003, India.

PAKISTAN

Pakistan Rapidly Institutionalizes the Concept and Implementation of Family Planning Operations Research

THE POPULATION COUNCIL, collaborating closely with the Ministry of Population Welfare (MPW) and selected non-governmental organizations, carried out six major operations research activities and five operations research workshops during the 21 months of USAID funding (Sept 1991-June 1993). The overall **lesson learned** is that not only can operations research cooperation be developed to provide empirical data about what works and what does not, but it can also be used effectively and rapidly to improve existing family planning services and develop new approaches.

The Operations Research

Technical Assistance Project in Pakistan was suspended on June 30, 1993 due to withdrawal of USAID funds from the country. Work has continued since with The Population Council, the UNFPA, multilateral and donor agency

"The Council's role has been one of providing the Ministry and NGOs with empirical data that has enabled us to make judgements based on hard facts rather than just intuition or gut feelings."

Bhurban

Secretary, Ministry of Population Welfare
April 19, 1993

funding and support. For example, a national workshop on Quality of Care based on operations research sub-project findings was held for the staff of the Ministry of Population Welfare and non-governmental organizations November 21-24, 1993 with World Bank and Council core funding. UNFPA provided support to continue a field study of Mobile Service Units as well as a Male Attitude and Involvement in Family Planning study.

Activity: National Family Welfare Center Situation Analysis

Three teams studied 100 Family Welfare Centers to assess the availability, functioning and quality of family planning services. They gathered information on contraceptive supplies and equipment, counseling, method choice, and provider competence. Findings included: a low caseload, inadequate facilities, lack of stock and educational materials, insufficient outreach, unnecessary medical and social barriers to providing contraception, and insufficient information to clients about contraindications and side effects.

Utilization

- The Ministry of Population Welfare held an in-house seminar to review findings and discuss remedial actions.
- The Ministry gave specific orders to provincial and district-level officers regarding removal of unneeded constraints to contraceptive prescription.
- Report findings were discussed at regional training



institutes and in-service training was planned.

✱ The training curriculum of village-based family planning workers was modified.

✱ A Quality of Services workshop for family planning program staff was held in November 1993.

Activity: National IUD Follow-up Survey

The 1991 Pakistan Demographic Health Survey findings suggested that insertions reported did not correspond to reported IUD prevalence rates among married women of reproductive age. A national IUD acceptor follow-up survey was carried out using acceptor lists at 90 clinics. Of the 33,196 IUD cases on the Client Registers at the clinics, Family Welfare Center workers identified only 7,824

(or 23.6 percent) as actual IUD acceptors. Among these 2,553 were selected for study.

Utilization

Findings of the discrepancy between IUD service statistics and field verification were instrumental in the Ministry's decision to revise the IUD target system and develop other methods to evaluate performance. The findings have helped the Ministry calculate realistic contraceptive supply needs.

Activity: Study Visit to Bangladesh for Officials of the Ministry of Population Welfare, April 1992

Eight of the country's highest-ranking population program officials visited Bangladeshi villages to study how to recruit and train literate

married women with children to deliver family planning services to villagers. The GOP goal is to raise the contraceptive prevalence rate to 24 percent by 1998 by extending services to 70 percent of the rural population.

Utilization

Government officials used findings from the visit in the development of the GOP's Eighth Five-Year Plan, and in designing a pilot village-based Family Planning Worker project, which has been expanded to 2,000 villages. Another 10,000 are planned by 1996 to cover all villages with a population of 2,000 or more.

For more information, contact George Cernada or A.K. Ubaidur Rob, The Population Council, House No. 55, Street No. 1, Sector F 6/3, Islamabad, Pakistan.

Specific Lessons Learned

■ **Program change and action require empirical data.** Most government, non-governmental and donor agency staff were not aware of the dimensions of inadequate family planning services. The operations research studies for the first time *quantified* the extent of the lack of services. Having concrete and nationally validated empirical evidence made it easier to press for changes.

■ **Research results can be used rapidly to improve the FP program.** Examples include the immediate actions taken by the Ministry of Population Welfare to revise the IUD target system, and a workshop held on Quality of Services to help District-level family planning staff focus on quality, as suggested by operations research subproject study findings.

■ **Results of several OR studies can combine to have a synergetic effect.** OR studies in Pakistan combined to produce a synergetic effect greater than the sum of their individual parts in calling attention to the need to change field programs so that services reach rural areas.

■ **Resident OR advisory services can be instrumental both in institutional development and bringing about concrete program action.** To be effective, however, the advisory services need to first be accepted as part of the ongoing program. Time is required to build up trust and recognition of OR expertise among federal and provincial managers.

■ **The workshop is a valuable format for introducing the concept of OR as a management tool for family planning program re-**

searchers and managers. Workshops are a useful way to transfer specific operations research skills such as data analysis, for example. The interplay between workshops and OR subprojects increases the specific impact of each.

■ **In conducting effective, relevant OR it helps to be flexible.** The operations research contract has to be able to meet OR needs as and when they occur.

■ **A Cooperating Agency needs to work closely with all donor agencies.** This is critical not only to provide more effective technical assistance but also to increase utilization of research results. In Pakistan, close collaboration led to continuation of operations research activities by UNFPA, the World Bank and other donors, even when USAID funding was withdrawn.

EGYPT AND TURKEY

Looking at Quality of Care from Different Perspectives

THE OPERATIONS RESEARCH

PROGRAM in Egypt and the recently-started OR program in Turkey are carrying out a number of major studies concerned with quality of care from different perspectives. Both countries have extensive family planning programs and largely Muslim populations. They are using operations research to help make their family planning programs more effective.

The objectives of the six studies now underway in Egypt are to 1) determine what factors influence a client's choice of a family planning provider, 2) examine the quality of the IUD services, 3) describe the current

status of community-level family planning workers (Raidat Rifiat), 4) analyze the contraceptive continuation rate, 5) test the relationship between the sustained use of contraceptives and provider training, and 6) improve the counseling and medical care of post-abortion patients. In Turkey, a study is looking at the quality of care provided through large federal health care delivery systems.

EGYPT

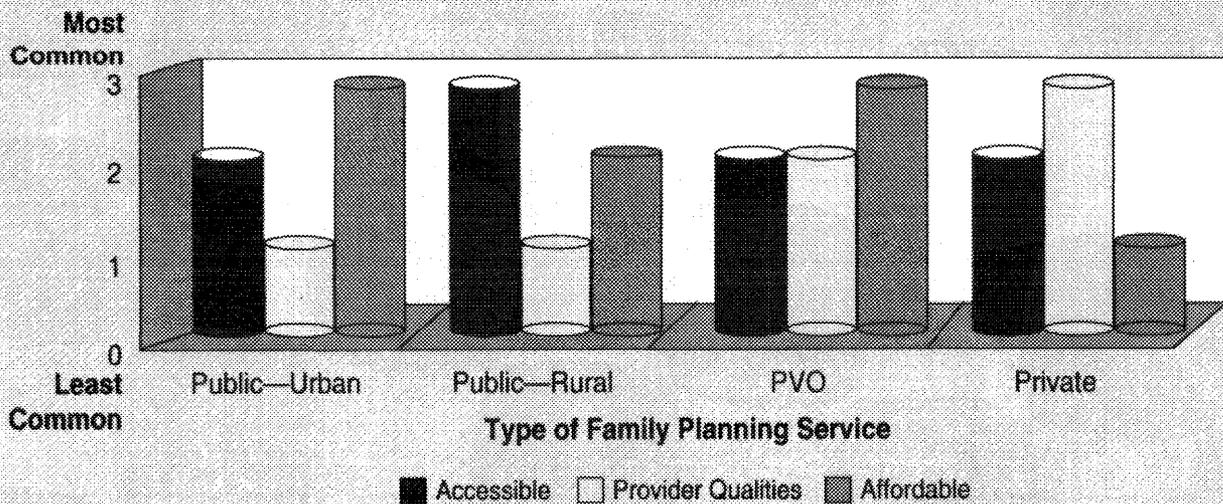
Contraceptive prevalence in Egypt has increased from 24 percent in 1980 to 47 percent in 1992. This gain has been achieved through a number of

service delivery systems, including the Ministry of Social Affairs, private voluntary organizations (PVOs), and the private sector, which serves about 28 percent of current family planning users.

The preliminary results of the study entitled "Study Profile of Clients from Different Family Planning Providers" indicate that meaningful differences exist between the reasons clients choose one type of service over

Both countries have extensive family planning programs and largely Muslim populations.

Order of the Most Common Reasons Given by Clients for Using Different Family Planning Sources



ANE OR/TA Project; SPAAC, Egypt
n = 1,395 clients

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another (except in rural villages, where only one choice is available). (See Figure) Clients of the urban public sector system more commonly cite cost as their main reason for choosing the public system. Clients of the rural public sector system more commonly cite accessibility. Family planning clients of PVO clinics more commonly cite the affordable nature of PVO services and place equal emphasis on provider qualities and accessibility. Private sector clients most commonly cite provider quality as the reason for their choice; accessibility and cost are not major factors for them.

Although these findings are preliminary, it is significant that the four service delivery categories are segmented in such a clearly discernible

manner. Greater awareness of characteristics which determine service delivery choice will help Egypt's family planning services incorporate those characteristics into their service delivery strategies and thus progress towards achieving a high and sus-

**Egypt and Turkey
are using operations
research to help
make their family
planning programs
more effective.**

tained use of contraceptive methods.

The preliminary findings from a second study, entitled 'Provider Training and Longterm Client Outcome' show that clients of trained physicians are more likely to use a contraceptive for a longer period of time than are clients of untrained physicians. The training level of counselors working with these two categories of physicians is not significant. Thus, physician interaction with clients is dominant (whether good or bad). This could be due to clients' perception of the physician's greater prestige and importance vis-a-vis the counselor.

The study shows that training in counseling of physicians has a positive impact on the sustained use of contraceptives. This is particularly important in Egypt, where the large majority of clients are seen by physicians.

TURKEY

The Asian Near East Operations Research Technical Assistance project is providing technical assistance to the Association for Voluntary Surgical Contraception's program in Turkey. The first OR activity is a comprehensive Situation Analysis study of the extensive Turkish family planning program in service delivery settings where both long-acting and permanent contraceptive methods are provided. The study has refined the standard Situation Analysis methodology to include new modules on the quality of abortion services and prenatal and post-partum services. The study is scheduled to begin during the second quarter of 1994 and is being managed by the Turkish Ministry of Health.

For more information, contact Dale Huntington or Laila Nawar, The Population Council, P.O. Box 115-Dokki-1211, 6(A) Giza Street, Giza, Egypt.

Second Edition of the Operations Research Handbook Now Available in Arabic

THE HANDBOOK FOR FAMILY PLANNING OPERATIONS RESEARCH DESIGN has been translated into Arabic and is available from The Population Council's Egypt office.

The authors have revised and expanded some sections for this second edition, while maintaining the same format. The introductory section includes a more complete and current statement on the process of health and family planning operations research. There is a new chapter on how to select an appropriate intervention for testing in an OR study, another which describes the main elements of study intervention, and a third on the utilization of research

findings. The chapter on dissemination of research findings has been expanded.

For copies of the Handbook in English or French, or other publications by the Council, such as *Studies in Family Planning, or Population and Development Review*, please write to Ms. Peggy Knoll, The Population Council, One Dag Hammarskjold Plaza, New York, NY 10017.

For a copy in Arabic, please contact The Population Council, P.O. Box 115-Dokki-1211, 6(A) Giza Street, Giza, Egypt.

The Spanish language version is available from The Population Council, Apartado Postal 105-152, 11560 Mexico, D.F., Mexico.

NORPLANT® Contraceptive

Use-dynamics Study in Indonesia Reveals Need for Better Understanding of Method by Clients and Service Providers

THE INDONESIAN GOVERNMENT'S NATIONAL FAMILY PLANNING PROGRAM is the largest and most ambitious introduction of NORPLANT® contraceptive in the world: 1.57 million insertions between January 1987 and July 1992. At present, the national program services about 300,000 new NORPLANT® contraceptive acceptors every year. Indonesia's Contraceptive Prevalence Rate (CPR) is about 50 percent according to the 1991 Demographic Health Survey. Six percent of all family planning users in the country have chosen NORPLANT® implants.

The National Family Planning Coordinating Board (BKKBN) and The Population Council carried out a NORPLANT® contraceptive use-dynamics study to look at issues such as access to removal, and user and health worker knowledge about the product and its side effects. A total of 3,107 acceptors in two of the country's 27 provinces were interviewed. The majority of the insertions in the two provinces were done by midwives.

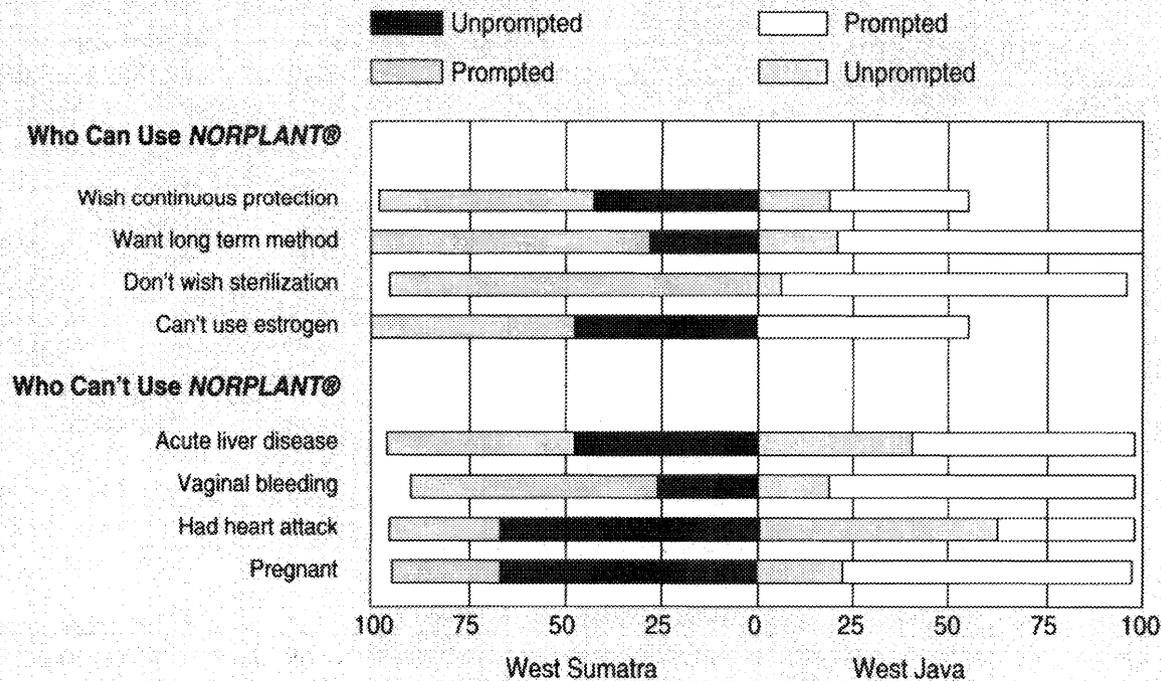
The study's goal was to provide information that BKKBN could use to improve the quality of government-provided NORPLANT® implant services and increase the acceptance and effective use of this method in Indonesia.

Study Findings

The average NORPLANT® contraceptive acceptor is less than 30 years old, has between one and three living children, some formal education, and no paid work. About 80 percent of acceptors used the method for at least four years, and many returned for removal at or just before the five year effectiveness date. The majority of acceptors who requested removal before five years had to ask only once, though, of those who wanted to have the implants removed before five years, 31 percent in West Sumatra and 61 percent in West Java were asked to

Six per cent of all family planning users in the country have chosen NORPLANT® implants.

Percent Midwives' Knowledge Regarding Basic Facts About NORPLANT® Contraceptive



Source: Indonesia NORPLANT® Contraceptive Study, 1992

pay for removal service. Very few doctors or midwives interviewed thought that it was the providers' responsibility to ensure client access to removal.

A small portion of acceptors reported adverse side effects, including headache, nausea or other hormonal effects, and longer or heavier bleeding than normal. The women who experienced these side effects were much more likely to have the implants removed early. (Longer bleeding is a culturally negative side effect for Muslim women, as they are not supposed to cook or serve food while they are bleeding.) Very early removal, defined as less than one year, was less than five percent.

A major quality-related finding was the acceptors' and providers' lack of knowledge about NORPLANT® contraceptive. (See Figure) For example, most health workers did not know that NORPLANT® implants could be removed before the five year deadline, that the implants are effective within a few hours of insertion, the timings of the insertions, the conditions under which the implants could be damaged, or how NORPLANT® implants work. Yet health workers are the major or even only source of information on NORPLANT® implants for their clients. The study found that there was little interaction between the clients and the midwives who performed the insertions, and that a substantial proportion of acceptors had never discussed NORPLANT® contraceptive with health workers.

An overwhelming majority of NORPLANT® contraceptive acceptors indicated that they were satisfied with the contraceptive. Those who used the



method for five years said that it was their preferred contraceptive method. Significantly, however, one out of three acceptors said they will not recommend this method to others. And among current users, a large proportion are not sure whether or not they will use the method again.

Utilization

The BKKBN and Ministry of Health, in collaboration with The Population Council, have begun to carry out a new, year-long intervention aimed at increasing acceptors' and health providers' knowledge of the NORPLANT® contraceptive method.

A major quality-related finding was the acceptors' and providers' lack of knowledge about NORPLANT® contraceptive.

Entitled "Study to Improve Knowledge of and Service to Implant Acceptors", the intervention includes development of training materials on NORPLANT® contraceptive for use with midwives, health workers, volunteers and doctors; training workshops; development of flip-charts and leaflets for midwives and health workers to use to explain the NORPLANT® method to clients; and evaluation of the effectiveness of the training and IEC materials. BKKBN reviewed the training curriculum and planned a series of refresher training for providers on NORPLANT® implants.

A diagnostic study is also underway entitled "Situation Analysis of Service Delivery Points in the BKKBN's Longterm Method Priority Program Provinces".

For more information, contact Dr. Heru Kasidi, National Family Planning Coordinating Board, Center for Biomedical and Human Reproduction Studies, J1, Letjen Haryono M.T., Jakarta 13630, Indonesia.

COMMUNITY HEALTH WORKERS

Experiences in Three Countries

IN ALL THREE PROJECTS highlighted here, women community health workers, be they volunteers or government employees, have proven to be effective in increasing contraceptive acceptance in their communities. The projects have also had a social impact: the standing of these women workers in their communities increased significantly as a result of their work.

NEPAL

The Female Community Health Volunteer (FCHV) Program was initiated in 1988 to promote the active participation of community women in the motivation, education, delivery and utilization of maternal and child health and family planning services. The ultimate goal was to reduce infant and child mortality rates and the fertility rate. The FCHV program now covers 58 of Nepal's 75 districts, and some 27,000 women have been trained.

A Diagnostic Assessment of the FCHV program examined aspects of Community Health Volunteer (CHV) training and functioning and looked at the factors contributing to or impeding the effectiveness of the volunteers. The study found that the volunteers were positive about the opportunity to serve the community, derived satisfaction from their achievements, and were eager to talk about their experiences and knowledge gained. In areas where the program was functioning well, it served as a valuable

link between the health services and the community. Mothers in the community found the program useful because they liked consulting women about their personal health problems.

Women community health workers, be they volunteers or government employees, have proven to be effective in increasing contraceptive acceptance in their communities.



The FCHV program represents one of the few opportunities for women in Nepal to be both the service providers and the beneficiaries. The findings suggest that there is potential for long term effective continuation of the program, given reasonable support by the Ministry of Health.

On the negative side, there was some confusion on the part of the community about the status and responsibilities of the volunteers. The CHVs felt that they did not get enough support from the health staff, particularly the health workers. Withdrawal of the Rs 100 honoraria caused a decrease in CHV activity, a perceived lowering of Government appreciation, and thus a perceived loss of community status.

Improvements or modifications to the program suggested by the study include more practical and frequent training for the CHVs, clearer job descriptions, smaller areas to cover, formal recognition (such as certificates presented at official ceremonies), reimbursement for out-of-pocket expenses, and improved supervision (including management training for health staff).

The CHVs themselves made the following suggestions for improving the training program:

- Limit the CHV training groups to less than 18 people. This will help the CHVs absorb the health post staffs' teaching better.
- Schedule training so it does not conflict with the agricultural planting and harvesting seasons, when women are most busy. Ideally, training should be held in July and August.
- Training methods should



oral contraceptive pills and condoms through the project has increased their acceptance. (See article on India, page 1.)

BANGLADESH

The Matlab Maternal and Child Health and Family Planning Project achieved considerable success in Bangladesh in increasing acceptance of family planning through the innovative use of female, community-based field workers during the 1980s. In 1987 and 1988, a series of focus groups, made up of field workers, their husbands, community leaders, and community women, examined the field workers' role, status and effectiveness. The study

looked at the effect of their work on field workers' prestige, professional status and social influence in their communities.

The findings show that the field workers established themselves as valued professionals in an environment where professional roles for women are extremely circumscribed. The professional and social leadership roles in the community that the field workers now take,



implies a degree of status that would have been inconceivable a decade ago. That such change could result from a family planning project (albeit well-designed and appropriately managed) deserves careful attention. The OR/TA Project, in cooperation with the University of Michigan, is supporting further analysis on this issue. Results should be available in the next issue of *ALTERNATIVES*.

The standing of these women workers in their communities increased significantly as a result of their work.

include drama, songs and other visual methods, rather than relying on verbal methods only. Illiterate CHVs had difficulty remembering information taught only with flip charts and posters. Adult literacy classes should be arranged for illiterate CHVs.

- CHVs should be given practical TBA training in preparation for assisting with childbirths. CHVs would also like to learn injection techniques.

BIHAR, INDIA

A study in Bihar with The Centre for Development and Population Activities (CEDPA) and the Bihar State Cooperative Milk Producer's Federation (COMPFED) is assessing the effectiveness of village health workers in raising the levels of contraceptive

The Population Community and Feminists

Can They Work Together Within a Common Agenda?

Day of Dialogue on Population and Feminist Perspectives

Representatives of the European donor community, convened by The Population Council, met on November 20, 1992, in London to reflect on some of the issues that characterize the debate between the "population establishment" and the "feminist perspective". The Day provided a unique opportunity for donor agencies to consider population and feminist goals within the context of development, and to look at ways in which it is possible for the population community and feminists to work together within a common agenda. The Population Council published an Aide-Memoire of the day's proceedings in



May 1993. The conclusions have increasing relevance for family planning policy makers and service providers.

Some Major Conclusions

1. The crucial issue is the application of written international statements, such as the World Population Plan of Action, into policy and programs. Such statements should be seen as a means of assisting governments to establish and carry out appropriate policies, not as an end in themselves.

2. Demographic objectives should not be imposed on sexual and reproductive health issues. "Population" and "family planning" are not synonymous and should not be used interchangeably.

3. Appropriate population policies, defined broadly to include social, economic and legal measures to redress the unequal distribution of power between men and women, could potentially overlap with the broad feminist agenda for the empowerment of women.

4. A substantial and constructive agreement between population planners and feminists is urgently required on social, economic, and legal measures that would encourage fertility decline and be affirmative of women (e.g., education for girls and employment options for women). A similar agreement is needed on efforts to improve the quality and scope of sexual and reproductive health services.

5. Previous programs and measures have neglected the role

Appropriate population policies could potentially overlap with the broad feminist agenda for the empowerment of women.

of men. It is imperative to involve them in future measures and in the feminist debate internationally. Further, men should be encouraged to take greater responsibility as fathers and to share the costs of child care more equitably.

6. Both men's and women's sexual and reproductive rights and behavior should be subjects of policy concern across a broad range of social and political settings.

Some Activities On-going in the Region Already Reflect Concern with These Issues

A number of activities on-going in the region demonstrate that policy makers here are already concerned with these issues and their relevance to providing quality family planning services to client populations. For example, in Pakistan, a fifteen-month intervention study is now underway on "Male Attitudes and Involvement in Family Planning", and a three day in-house workshop was held on "Male Attitudes in Family Planning". In India and Egypt, the Council sponsored seminars on gender issues and population policy. And as we approach the International Conference on Population and Development (Cairo, September 1994), gender and population have become key areas for debate throughout the region.

For a copy of the Aide-Memoire, write to Donna Nager, The Population Council, One Dag Hammarskjold Plaza, New York, NY 10017.

APPENDIX 8

LIST OF PUBLICATIONS AND PRESENTATIONS

ANE OR/TA PROJECT PUBLICATIONS LIST

Books and Special Journal Issues:

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

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

Operations Research Working Papers Series:

- Kasidi, H. and P. Miller. "NORPLANT® Implant Use - Dynamics Diagnostic Study: Indonesia 1991," *The Population Council, Operations Research Working Papers, No. 1, 1993*, (24 pp.). (also printed in International Quarterly of Community Health Education, Vol. 14 No. 1, 1993-94.)
- Bratakoesoema, D.S., F.R. Djamal, H. Bachtiar, Masrul, N.B. Azwar, S. Sastrawinata, and J. Tuladhar. "The NORPLANT® Contraceptive: An Indonesian Experience," *The Population Council, Operations Research Working Papers, No. 2, 1993*, (67 pp.).
- Khan, M.E. and B. Patel. "Review of Family Planning in Uttar Pradesh: A Synthesis," *The Population Council, Operations Research Working Papers, No. 3, 1993*, (63 pp.).

- Cernada, G., U. Rob, S.I. Ameen, and M.S. Ahmad,. "A Situation Analysis of Family Welfare Centres in Pakistan," *The Population Council, Operations Research Working Papers, No.4, 1993*, (36 pp.).
- Rob, U., G. Cernada, K. Siddiqui, and J. Naeem. "Pakistan IUD Follow-up Survey," *The Population Council, Operations Research Working Papers, No. 5, 1993*, (51 pp.).
- Khan, M.E. and Rajagopal, S. "Family Planning in India - Observations on the 1970, 1980 and 1988 ORG National FP Surveys," *Working Paper No. 1, Centre for Operations Research and Training (CORT), Baroda, India, 1992*. Also accepted for publication in Studies in Family Planning, The Population Council, New York.

Articles:

(in chronological order of publication)

- Rob, U. "Socio-Economic Determinants of Desired Fertility in Bangladesh," Demography India, Vol. 19, No. 2, 1990, pp.251-261.
- Cernada, G. "Every Sixth Person in the World," Editorial in International Quarterly of Community Health Education, Vol. 11, No. 4, 1990-91, pp. 311-314.
- Cernada, G. and P. Donaldson. "Developing More Effective Family Planning, Family Health and Family Welfare Programs: Opportunities for Government-NGO Collaboration," Population Research Leads, United nations Economic and Social Commission for Asia and Pacific, Bangkok, 1992.
- Rob. U., "Socio-economic Determinants of Fertility: What Do We Know?", Demography India, Vol. 21, No. 1, pp. 19-28.
- Cernada, G., U. Rob, S.I. Ameen, and M.S. Ahmed. "Accessibility and Availability of Family Planning Services in Pakistan: 1992", Demography India, Vol 21, No.2 1992, pp.213-238.
- Cernada, G., U. Rob, S.I. Ameen, and M. Ahmad. "A Situation Analysis of Public Family Planning Service Delivery in Pakistan," International Quarterly of Community Health Education, Vol. 14, No. 1, 1993-94, pp. 21-51.

- Cernada, G., U. Rob, S.I. Ameen, and M. Ahmad. "Operations Research Diagnostic Studies: Formative Evaluation in India, Indonesia, Pakistan," International Quarterly of Community Health Education, Vol. 14, No. 1, 1993-94, pp. 5-20.

- Cernada, G. and U. Rob, "Pakistan's Fertility and Family Planning: Future Directions," The Journal of Family Welfare, Vol. 38, No. 3, September 1992, pp. 49-56.

- Rob, U. and G. Cernada. "Fertility and Family Planning in Bangladesh," The Journal of Family Welfare, Vol. 38, No. 4, December 1992, pp. 49-56.

- Khan, M.E. "Population Dynamics and the Family Welfare Programme in India - An Overview," The Journal of Family Welfare, Vol. 38, No. 4, 1992, pp. 60-68.

- Cernada, G.P. and U. Rob. "Information, Education and Communication Needs in Family Planning: The Case in Pakistan," International Quarterly of Community Health Education, Vol. 13, No. 2, 1992-93, pp. 97-106.

- Khan, M.E.. "Cultural Determinants of Infant Mortality in India," The Journal of Family Welfare, Vol. 39, No. 2, June 1993, pp. 3-13.

- Khan, M.E. and B. Patel. "Women's Access to Health Care," Seminar No. 410, October 1993, New Delhi, pp. 34-37.

- Khan, M.E. and B. Patel. "Generating Demand for Contraceptives in India: A Case Study of IFC Activities in Uttar Pradesh," Community Health Education, Baywood Publishing Company, Inc., Vol. 12, No.2, 1993, pp. 151-161.

- Khan, M.E. and Patel, B. "Abortion Acceptors in India - Observations from a Prospective Study." Proceedings of IUSSP, Vol. 1, XXII General Conference, Montreal, 1993, pp. 253-267.

Presentations:

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

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

International Planned Parenthood Federation World Congress, held October 1992, New Delhi, India

- M. E. Khan. Unmet Family Planning Needs in India.

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

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

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

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

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

- ANE OR/TA Staff Presentations

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

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

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

APPENDIX 9

ANE OR/TA END-OF-PROJECT CONFERENCE AGENDA

JANUARY 17 - 19, 1995, NEW DELHI, INDIA

Revised conference agenda 4/12/94

CONFERENCE AGENDA

**OPERATIONS RESEARCH: IMPROVING PROGRAMS AND
POLICIES IN FAMILY PLANNING**

MONDAY - January 16, 1995

4:00 - 8:00 p.m. Registration of Participants, Taj Mahal
Hotel, Mansingh Road, New Delhi

TUESDAY - January 17, 1995

8:00 - 9:45 a.m. Registration of participants and set up
poster sessions and materials exchange -
Taj Mahal Hotel

TOPIC: INAUGURATION AND OPENING OF CONFERENCE

Moderator: Bangladesh
Secretary: Nepal

10:00 - 10:15 Conference Opening - V.K. Shunglu, INDIA,
Secretary for Family Welfare (TO BE
CONFIRMED)

10:15 - 10:30 "Broadening the Population Agenda"-
Welcome Address by Margaret Catley -
Carlson, President, The Population
Council, New York, U.S.A.

10:45 - 11:15 "Report from the Cairo Conference, The
Social Summit and the Beijing Conference",
Aziza Hussein, EGYPT, Chairperson, Cairo
Family Planning Association (TO BE
CONFIRMED)

11:15 - 11:30 COFFEE AND TEA BREAK

11:30 - 11:45 Organization of conference, review of
agenda

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TUESDAY, January 17, 1995

TOPIC: OPERATIONS RESEARCH IN ASIA AND THE NEAR EAST

11:45 - 12:15 Audio-visual Presentation of Operations Research In the Region followed by A Summary of Research Results from Operations Research Studies - John Townsend, Director, ANE OR/TA Project, The Population Council, New Delhi, India

12:15 - 2:00 CONFERENCE LUNCH

TOPIC: USING OPERATIONS RESEARCH FINDINGS TO IMPROVE QUALITY OF CARE

Moderator: Turkey
Secretary: Pakistan

2:00 - 3:15 Examples from Three Countries:
*Egypt
*Philippines
*Indonesia

(Each presenter will have 15-20 minutes to discuss OR and quality of care issues. Presenters should address one or more of the following issues:

*Contraceptive Choice
*Client/Provider Interaction
*Information for Clients)

3:15 - 3:45 Discussion from the Floor

3:45 -4:00 COFFEE AND TEA BREAK



Tuesday, January 17, 1995

TOPIC: POSTER SESSION, MATERIALS EXCHANGE AND PARTICIPANT NETWORKING

4:00 - 6:00 Findings from completed ANE or studies will be displayed in conference rooms. The principle investigator(s) for each study will be available to explain findings and to answer questions. FINAL REPORTS FROM THE STUDIES SHOULD BE AVAILABLE FOR DISTRIBUTION. In addition, organizations active in Family Planning and Population in Asia and the Near East will display materials and publications.

6:00 8:30 Reception for Conference Participants and Invited Guests.

(DINNER - OPEN)

WEDNESDAY - January 18, 1995

TOPIC: INTEGRATING REPRODUCTIVE HEALTH AND FAMILY PLANNING

9:00 -10:15 Moderator: Halida Akhter, BIRPERPT, INDONESIA
Secretary: Chris Elias

*Experiences in INDIA with Reproductive Health Services -Dr.Sundri Ravindram, Editor, Reproductive Health Matters
*Experiences in THAILAND with STDs -
*Experiences in NEAR EAST -

10:15 - 10:30 COFFEE AND TEA BREAK

10:30 - 12:00 Introduction to small group discussion: procedures, room assignments, facilitator, key questions to address, outcomes desired.

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WEDNESDAY - January 18, 1995

12:00 - 12:15 Plenary Session: Reports by small groups with recommendations.

12:15 - 2:30 CONFERENCE LUNCH

TOPIC: USING SITUATION ANALYSIS STUDIES TO IDENTIFY AND SOLVE SERVICE DELIVERY PROBLEMS

2:30 -3:45 Moderator: Pakistan
Secretary: Philippines

Examples of Situation Analysis in the Region. (Each country will describe how studies were used to address service delivery issues)

- *Bangladesh
- *Turkey
- *India
- *Pakistan

3:45 - 4:00 TEA AND COFFEE BREAK

4:00 - 5:15 Small group discussions divided by the following issues:
*Research methods (2)
*Policy (1)
*Cooperation Among Countries (1)
*Problem Definition (1)

5:15 - 5:30 Plenary Session: Recommendations from small group discussions

WEDNESDAY, January 18, 1995

5:30 - 7:00 OPEN SESSION - OPPORTUNITY FOR
PRESENTATIONS BY CONFERENCE ATTENDEES WHO
ARE NOT PARTICIPATING IN THE POSTER
SESSIONS (LIMIT OF 15 MINUTES PER PAPER)

(optional) Individual meeting with OR Principal
Investigators on subproject administrative
and financial procedures, audits, disposal
of equipment, closing the books.

(DINNER - OPEN)

THURSDAY - JANUARY 19, 1995

TOPIC: **UTILIZING OPERATIONS RESEARCH FOR POLICIES
AND PROGRAMS :CASE STUDIES**

Moderator: Philippines
Secretary: India

9:00 - 10:00 *MANAGEMENT: Bangladesh
*DISSEMINATION: Egypt
*CHOICE OF RESEARCH TOPICS AND
UTILIZATION: Examples from Latin
America and/or Africa

10:00 - 10:15 Discussion and questions from the floor

10:15 - 10:30 COFFEE AND TEA BREAK

TOPIC: **RECOMMENDATIONS FOR FUTURE OPERATIONS
RESEARCH IN THE ANE REGION**

Moderator: Dale Huntington
Secretary: Peter Miller

10:30 -10:45 Overview of goals of small group and
issues to address

THURSDAY - January 19, 1995

10:45 - 12:00	Small group discussions of topic
12:00 - 12:15	Reports from Small Groups
12:15 - 12:30	Summing Up: The Challenging Issues Facing Family Planning Dr. Mechai Viraviadya, THAILAND, Minister, The Prime Ministers Office (TO BE CONFIRMED)
12:30 - 12:45	Closing Remarks - John Townsend, Population Council.
12:45 - 2:00	CONFERENCE LUNCH
2:00 - 5:00	MEDIA WORKSHOP - A selected panel of program planners, policy makers, womens representatives and journalists discussing key issues from the meeting.

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