

Family Planning Service Expansion & Technical Support

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SEATS

**Family Planning Service Expansion and Technical Support (SEATS I) Project**

**Final Report**

Contract # DPE-3048-Z-00-9011-00

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## EXECUTIVE SUMMARY

The Family Planning Service Expansion and Technical Support (SEATS I) Project (Contract # DPE-3048-Z-00-9011-00) was designed to "expand the development of, access to, and use of quality family planning services in currently underserved populations." Awarded to John Snow, Inc. (JSI) in July 1989, the Project operated for six and a half years, with a total budget of \$51,230,378. SEATS I worked in 23 countries of sub-Saharan Africa, Asia, the Near East and the South Pacific and met or surpassed all of the objectives set by the United States Agency for International Development (USAID) in the contract.

SEATS I was unique and effective in many ways. In a departure from past family planning initiatives, the Project focused on the development of national family planning programs (as opposed to unrelated subprojects). Its scope was broad and included service delivery, institutional development, technical and programmatic innovations, and multi-disciplinary technical assistance. Above all, the systematic application of a strategic approach distinguished SEATS I from other projects and greatly contributed to its achievements. The SEATS I strategic approach was characterized by strategic analysis and planning, flexibility in design and resource allocation, collaboration with other agencies, and decentralization of decision making. In each country where SEATS I worked, a unique portfolio of subprojects, special initiatives and intensive technical assistance contributed to the establishment of broad, far-reaching national programs with the potential for sustained, long-term impact.

SEATS I activities generated 1.5 million couple years of protection (CYP), almost 50 percent more than the contractual deliverable. Forty-three subprojects in 14 countries provided services at 1,460 sites. More than 80 training sessions were conducted in areas as varied as clinic management, long-term and permanent contraception, information, education, and communication (IEC), community-based distribution, and continuous quality improvement. Eight training manuals were produced. A project-wide management information system was developed. More than \$4.2 million of equipment was procured for subproject partners. None of this would have been possible without the intensive, directed and timely technical assistance provided by 16 resident advisors (RA) and a multi-disciplinary team of professionals with expertise in strategic program development and planning, clinical training, monitoring and management systems development, program evaluation, training, IEC, and financial management.

SEATS I subprojects demonstrated the viability of a variety of service delivery mechanisms in countries where family planning services had been limited to clinic-based sites. Community-based distribution (CBD), workplace-based services, peer counseling, and incorporation of family planning into existing networks, such as mission health services and social security systems, were implemented. In several countries, SEATS I placed RAs to provide on-going technical assistance to strengthen institutional capacity for strategic planning and management of national programs. In others, SEATS I played a "bridging" role, supporting activities while bilateral programs were being developed.

Encompassing all of SEATS I service delivery efforts was a commitment to introducing and maintaining technical innovations. The Project introduced long-term and permanent family planning methods widely, traditionally a strategy mainly for mature family planning programs. The lactational amenorrhea method (LAM) was also advanced in several SEATS I countries. Taking a grassroots approach to quality of care, SEATS I developed and introduced a clinic-based method of continuous quality assurance that provides staff with the tools to identify problems and design low-cost solutions. SEATS I was one of the first cooperating agencies (CA) to have a Women's Health Advisor, who developed strategies to incorporate reproductive health issues into family planning programs. The Project developed two manuals on cost-recovery and user fees for family planning program managers. A multi-country study on urban family planning resulted in strategies to expand services in rapidly growing cities. SEATS I also was a vocal supporter of including family planning and reproductive health services as part of basic health services in refugee situations.

Evidence of the effectiveness of SEATS I strategic approach is found in its diverse country portfolios, rapid realignment of priorities, support for activities in countries undergoing civil strife, and incorporation of new technical initiatives into country programs. The Project responded rapidly to the new USAID Priority Country Strategy, shifting resources to programs in two priority countries--Morocco and Turkey--and solidifying its involvement in family planning activities in other priority countries. The decentralization of technical, administrative and financial functions through two regional offices in Togo and Zimbabwe allowed the project to meet country needs in a timely and appropriate manner. Operational collaboration with at least eight other USAID CAs at the field level facilitated efficient and selective deployment of resources.

John Snow, Inc. and its subcontractor partners, the Program for Appropriate Technology in Health (PATH) and the Center for Population and Family Health (CPFH) at Columbia University, have been pleased to work with USAID both in Washington and in the field to carry out this important endeavor. SEATS I learned a number of valuable lessons which should be incorporated into future national scale family planning efforts. Those lessons include:

- A **broad mandate** is important to provide effective assistance for the establishment of national family planning programs.
- Substantial amounts of direct **technical assistance** can lead to the creation of national programs.
- **Strategic analysis and planning** is needed to make best use of resources.
- **Flexibility** in project design and operation allows rapid and effective responses to changes.

- **Decentralization** of decision making to the regional and local levels facilitates appropriate allocation of resources.
  
- **Collaboration** maximizes program inputs.

## ACRONYMS

ACNM	American College of Nurse-Midwives
AIDS	Acquired Immunodeficiency Syndrome
AVSC	Association for Voluntary and Safe Surgical Contraception
AIDAB	Australian International Development and Assistance Bureau
AMEG	American Manufacturing Export Group
BKKBN	National Family Planning Coordinating Board, Indonesia
CA	Cooperating Agency
CAAWG	Cooperating Agencies Audit Working Group
CAFS	Centre for African Family Studies
CBD	Community-Based Distribution
CDC	Cameroon Development Corporation
CERPOD	Center for Population and Development Research
CPFH	Center for Population and Family Health, Columbia University
CPT	Contraceptive Procurement Table
CQI	Continuous Quality Improvement
CYP	Couple Year of Protection
DBMS	Data Base Management System
DOH	Department of Health
FHS	Family Health Services, Nigeria
FPLM	Family Planning Logistics Management Project (JSI)
FPPMES	Family Planning Program Management and Evaluation System
FPU	Family Planning Unit, Tanzania
GTZ	German Development Assistance
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
INTRAH	Program for International Training in Health, University of North Carolina
IPPF	International Planned Parenthood Federation
IRH	Institute for Reproductive Health, Georgetown University
IUD	Intrauterine Device
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
JSI	John Snow, Inc.
LAM	Lactational Amenorrhea Method
LOP	Life of Project
MAQ	Maximizing Access and Quality
MCH	Maternal and Child Health
MIS	Management Information System
ML/LA	Minilaparotomy under Local Anesthesia
MOH	Ministry of Health
MOL	Ministry of Labor

MOPH	Ministry of Public Health
NFPP	National Family Planning Program, Tanzania
NFWC	National Family Welfare Council, Malawi
NGO	Non-Governmental Organization
PATH	Program for Appropriate Technology in Health
PCS	Population Communication Services, Johns Hopkins University
PNG	Papua New Guinea
PSI	Population Services International
RA	Resident Advisor
SEATS	Family Planning Service Expansion and Technical Support Project
SPAFH	South Pacific Alliance for Family Health
SSK	Social Insurance Health System, Turkey
STD	Sexually Transmitted Disease
TA	Technical Assistance
TQM	Total Quality Management
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development
VSC	Voluntary Surgical Contraception
ZNFPC	Zimbabwe National Family Planning Committee

## INTRODUCTION AND BACKGROUND: WHY SEATS I?

Family planning can reduce fertility as well as infant, child, and maternal mortality rates. Family planning allowed couples to avert approximately 250 million unwanted births in developing countries during the 1980s. Infant mortality rates, which were 74 per 1,000 at the end of the 1980s, would have been nearly fifteen percent higher in the absence of family planning programs.<sup>1</sup> Despite the increase in contraceptive use, world population continues to expand annually at an unprecedented pace. The escalation is most striking in sub-Saharan Africa, which has an annual population increase of three percent and has not experienced declines in fertility as other regions have. In the absence of strong interventions--especially increased access to modern contraceptives--to reduce causes of death related to pregnancy, childbirth, and unsafe abortion, many more women and children may die in the 1990s than in any previous decade.<sup>2</sup> These same countries which suffer from high fertility and mortality rates are also often characterized by weak health infrastructure, poorly trained human resources for service delivery and management, lack of political support for family planning, and public unawareness of contraceptive options.

In response to this situation, the SEATS I Project was designed by the Family Planning Services Division of USAID's Office of Population (USAID/S&T/POP) and awarded to JSI in July 1989 (Contract # DPE-3048-Z-00-9011-00). Specifically,

*"The purpose of the project is to expand the development of, access to, and use of quality family planning services in currently underserved populations; ensure that unmet demand for these services is addressed through the provision of appropriate financial, technical, and human resources."*

The Project began operations under a five-year contract; through a cost-extension, the period of the Project was extended for an additional nine months to April 9, 1995. A no-cost extension was granted until December 31, 1995. The total project budget was \$ 51,230,378. The geographic focus of activities was sub-Saharan Africa and selected countries in Asia, the Near East and the South Pacific.

SEATS I, as envisioned by USAID in its design, was a departure from past family planning initiatives, which often emphasized localized, specialized subprojects. The Project was to be comprehensive in its technical scope, national in its scale within each country, and flexible in its implementation. SEATS I mandate was to strengthen and support family planning in countries with low contraceptive prevalence and to assist these countries in establishing national family planning program capabilities. This unique project configuration served as a "one-stop shopping center" for USAID and its Missions.

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<sup>1</sup>World Development Report 1993: Investing in Health. Washington, D.C.: The World Bank, 1993.

<sup>2</sup>Tinker, A. And Koblinsky, M.A. Making Motherhood Safe. Washington, D.C.: The World Bank, 1993.

JSI, in collaboration with its partners, PATH and CPFH, recognized that fulfillment of the Project's broad programmatic mandate required a strategic approach. SEATS I focused its resources on three major activities: financial and technical support for **service delivery** subprojects; specialized technical assistance for **institutional development** and to USAID Missions for "**bridging**" between bilateral projects and project development; and **technical initiatives** and innovations. While these activities in and of themselves were not novel, the systematic application of a strategic approach to design and implement these activities distinguished SEATS I from other projects and greatly contributed to its achievements. The SEATS I strategic approach was characterized by:

- **Strategic analysis and planning** to assess a country's entire program, identify best options for application of resources and provide country-specific assistance;
- Maintaining **flexibility in project design and resource allocation** to respond rapidly to changing priorities and environments;
- **Decentralization** of decision making; and
- **Collaboration** with other USAID CAs, donor agencies, and developing country partners to maximize technical and financial resources.

This strategic approach resulted in a **unique portfolio of subprojects, special initiatives, and specially configured, multi-disciplinary technical assistance** in each country, which in turn contributed to the establishment of broad, far-reaching national programs with the potential for sustained, long-term impact.

This final report is submitted to USAID under the terms of the SEATS I contract and provides an overview of the Project's achievements, describes the application of its strategic approach and highlights results ensuing from it, and summarizes the lessons learned. Appendix A contains summaries of each country's activities.

## TOWARD NATIONAL FAMILY PLANNING PROGRAMS: AN OVERVIEW OF ACHIEVEMENTS

In the first weeks of the Project, SEATS I identified a number of criteria essential to national-scale family planning programs:

- sizable program
- variety of types of outlets (clinics, CBD, social marketing)
- public and private sector involvement
- full range of contraceptive services
- appropriately trained and equipped staff
- effective contraceptive logistics system
- supportive policy environment
- supervision and evaluation systems

Six and one half years later, JSI, its subcontractors, collaborators, and partners are proud to report that all of these criteria were met in almost every one of the 23 countries in which they worked.

### Contract deliverables

The emphasis on a strategic approach to family planning allowed SEATS I to meet or surpass the objectives set by USAID in the contract. Table 1 presents the deliverables and their achievements.

The primary SEATS I contract deliverable was couple-years of protection (CYP). At SEATS I inception, CYP was one of the most widely used impact indicators to measure service delivery program success. SEATS I activities generated 1.5 million CYP, well beyond the contractual deliverable of a little over 1 million, as shown in Graph 1. These outputs were achieved even though the majority of SEATS I activities were in low-prevalence countries with weak basic health infrastructures, hard-to-reach populations, and international political events (The Gulf War) and local civil strife (Togo, Yemen, Cameroon, Zaire, Madagascar and Rwanda) which delayed or curtailed many projects. Table 2 shows CYP achievements per country.

When compared to the CYP achievement rates for the start-up period when the family planning infrastructure was being developed, Graph 1 shows that strategic planning and the provision of appropriate and directed technical assistance and training can result in substantial impact, although developing national family planning programs in low-prevalence countries is a slow and resource-intensive process. The exponential acceleration of CYP achievement toward the end of the Project is expected to continue well beyond the end of the Project. One of the strengths of SEATS I is **that the rewards will be seen for years following the end of the project.**

<b>TABLE I. SEATS I DELIVERABLES AND ACHIEVEMENTS</b>	
<b>CONTRACT DELIVERABLE</b>	<b>STATUS</b>
1 Million CYP	1.5 Million CYP generated.
40-50 Subprojects in 20 countries	43 subprojects in 17 countries, \$14.9 million, including over \$4 million dollars in non-expendable equipment procured.
Monitoring and TA visits to each subproject	Monitoring visits made quarterly by regional office staff. TA provided on a continuous basis.
40-50 training programs	More than 80 trainings conducted in areas as varied as clinic management, long-term methods, IEC, CBD.
5-8 modules	Eight manuals completed, including CBD, program management, and cost recovery.
MIS developed	MIS developed and functioning.
Subcontracts with in-country and US firms	Procurement contract signed with AMEG; Agreement with ACNM to provide assistance to local midwifery association in Uganda; in Côte d'Ivoire a contract with PSI to expand social marketing of condoms; subcontract with CAFS for technical assistance on the Urban Study activity and production of a CBD Management Manual; Local audit contracts signed in PNG, Turkey.
2 regional trainings	Three conducted: Journalist Seminar for West Africa, CBD training in East Africa, Dissemination of Urban Study results in East Africa.
4-6 long-term TA advisors and 15 policy advisors	The two categories of advisors were combined. 16 advisors placed in 13 countries.
Study tours for 40 participants	More than 40 participants involved in study tours. Examples: Delegation of high ranking Turkish policy makers visited Tunisia and Mexico; Moroccan decision makers undertook a tour of the US to see state-of-the-art activities in quality; PNG and Yemeni family planning specialists visited BKKBN to see first hand how a national family planning program operates.



<b>TABLE 2: CYP ACHIEVEMENTS BY COUNTRY</b>	
<b>COUNTRY</b>	<b>CYP</b>
<i>West Africa:</i>	
Benin	7,626
Burkina Faso	82,036
Cameroon	94,162
Côte d'Ivoire	148,888
Rwanda	42,704
Togo	92,346
<i>East Africa:</i>	
Madagascar	4,158
Malawi	22,353
Uganda	74,770
Zimbabwe	51,510
<i>Asia/Near East</i>	
Morocco	393,589
Papua New Guinea	97,158
Turkey	396,331
Yemen	14,409

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## **Unique portfolio of subprojects, special initiatives, and specially configured technical assistance**

In each SEATS I country, the strategic planning process resulted in a singular configuration of service delivery (CYP-generating) subprojects, special initiatives (such as bridging or institutional development support) and technical innovations. Table 3 provides an outline of each SEATS I country portfolio. Technical assistance was tailored to meet the specific needs of each country portfolio. This combination of activities served as a mechanism to strengthen national family planning programs. For example, in Cameroon, SEATS I placed an RA and developed four service delivery subprojects: one with the Ministry of Health (MOH), two with private mission health service networks, and one with Population Services International (PSI) for social marketing. In contrast, in Madagascar, SEATS I funded a single service delivery subproject, but supported a wide range of training, policy, and institutional development activities through its bridging role, managed by a RA.

### **Service delivery subprojects**

Forty-three subprojects in 17 countries provided services at 1,460 service delivery points. Generally SEATS I funded several mid-size, multi-site subprojects, which combined to form a large country program. Subprojects in both the public and private sectors could better address unmet need. Rarely did a single public or private sector institution possess the infrastructure or absorptive capacity to implement large programs.

In addition to its work with government and parastatal providers, SEATS I expanded the family planning initiatives of private-sector organizations as varied as International Planned Parenthood Federation (IPPF) affiliates (Togo, Côte d'Ivoire, Burkina Faso, Madagascar, Uganda, and Benin), mission health service systems (Malawi, Uganda, Cameroon), nurse midwives associations (Uganda), and private commercial enterprises (Uganda and Zimbabwe).

SEATS I subprojects also adapted and introduced new (for each country) service delivery mechanisms, such as CBD in Malawi and peer counseling in Burkina Faso. The success of these additional approaches demonstrated to countries viable means to continue the expansion of services.

### **Institutional development**

Although capacity building was inherent in all SEATS I activities, some SEATS I country portfolios included intensive, directed technical assistance to strengthen institutional capabilities for strategic planning and management of service delivery. SEATS I assisted the newly-established National Family Welfare Council (NFWC) in Malawi to develop a strategic plan which set forth the mission and five-year goals and objectives of this key parastatal. The NFWC will use the skills learned in developing its own plan to prepare a

strategic plan for the Malawi National Family Planning Program. In **Tanzania**, SEATS I provided management and technical assistance in development of annual workplans and computerizing an accounting system to the Family Planning Unit (FPU) of the MOH. The Project's assistance culminated in assisting the FPU to develop a Five Year Strategic Plan for the Tanzania National Family Planning Programme (NFPP). SEATS I worked with the **Centre for African Family Studies (CAFS)** to enhance its ability to serve as an Africa-wide resource in family planning training and management. With SEATS I assistance, CAFS developed a costing system for its training courses and an international-standard course on the management of CBD services.

### **Bridging**

SEATS I also filled needs not generally managed by other organizations. In several countries the Project provided support to bridge the periods when bilateral programs were being developed. Bridging activities included policy analysis and development, service delivery, research and procurement. This role proved to be one of the most valuable features of SEATS I. It enabled USAID Missions and host country government to gear up programs in advance of the sometimes drawn out process of signing a bilateral agreement and meeting conditions precedents; it facilitated piloting innovative projects at low risk, such as the cafeteria approach tried in Yemen; it provided for pre-project training of staff; and enhanced USAID credibility in countries such as Tanzania and Yemen.

**Madagascar** was one of the first countries in which SEATS I played a formal bridging role between the existing USAID program, which was a series of largely uncoordinated CA activities, and a large bilateral project. During a one-year bridging period, 174 professionals received clinical training, and more than 70 key managers and policy-makers from the Ministry of Population attended workshops in population dynamics and family planning. Three major studies were completed and results of recent population research were disseminated to policy-makers, managers and selected providers. Finally, USAID/Madagascar reported that SEATS I activities contributed to the rise in the contraceptive prevalence rate reported in the Demographic Health Survey of 1993.

In **Burkina Faso** and **Yemen**, SEATS I had formal agreements with USAID Missions to invest central funds in activities that would expand under future bilateral projects. In **Papua New Guinea** and with the South Pacific Alliance for Family Health (SPAFH), SEATS I activities "bridged" to larger activities funded by the World Bank and Australian International Development and Assistance Bureau (AIDAB) respectively. In **Tanzania**, SEATS I placed an RA specifically to help USAID begin the bilateral and later provided support to the program through a buy-in. SEATS I staff also provided technical assistance to USAID Missions for the development of new bilateral programs. In India, Senegal, Mali, and Madagascar, Project staff provided a focus on national service delivery objectives and stressed innovative, strategic opportunities for USAID assistance.

TABLE 3: SEATS I COUNTRY PORTFOLIOS

COUNTRY	SUBPROJECTS				RA	BRIDGING	INSTITUTIONAL DEVELOPMENT	TECHNICAL INITIATIVE
	PUBLIC	PRIVATE						
		NGO	Mission	Commercial Workplace				
<i>West Africa</i>								
Benin		1			Yes	No		CBD
Burkina Faso	3	3			Yes	No		CBD, LTPM
Cameroon	1		2	1	Yes	No		LTPM
Côte d'Ivoire	1	1			Yes	No		
Rwanda	2				Yes	No		LTPM; CBD
Togo	2	2			Yes	No		CBD, RH, LTPM
Zaire		1	1		No	Yes		
<i>East Africa</i>								
Kenya	NA	NA	NA	NA	Yes	No	Yes	CBD
Madagascar	1	1			Yes	Yes	Yes	
Malawi	1		2		Yes	No	Yes	
Tanzania	NA	NA	NA	NA	Yes	No	Yes	NA
Uganda	1	2	1	1	Yes	No		
Zimbabwe	4			1	No	No		
<i>Asia/Near East</i>								
Morocco	1				Yes		Yes	QOC
Papua New Guinea		1			Yes			LTPM
Tonga/Fiji/Solomon Islands/Vanuatu	1				No			
Tunisia		1			No			
Turkey	1				Yes		Yes	LTPM; QOC
Yemen	1	1			Yes	Yes		QOC

## Technical Initiatives:

LTPM- long-term and permanent methods  
 RH- reproductive health interventions  
 UFP- urban family planning

CBD- community based distribution  
 QOC- quality of care  
 REF- refugees

## **Technical assistance**

Establishing credible national family planning programs in countries with weak infrastructures required technical assistance that was extensive in its scope, intensive in its frequency and duration, and timely in its provision. SEATS I invested more than one-third of its budget on direct, hands-on, in-country technical assistance. The Project provided technical assistance in such diverse areas as project development, contraceptive logistics, quality assurance, management information systems, training for service delivery skills (clinical and non-clinical), IEC, health care financing, evaluation, and commodity procurement. The Project utilized a combination of RAs, regional office staff and specialized consultants to assist subproject partners and country programs. This attention and commitment to quality technical assistance were major reasons for SEATS I success.

RAs played key roles in SEATS I. Many of the 16 placed over the life of the project (LOP) were locally or regionally recruited family planning professionals whose long-term involvement in country programs developed the trust, credibility and technical foundations required for sustainable programs.

In many SEATS I countries, health and family planning organizations were so fledgling that RAs served as fundamental components of the management structure. These roles were played effectively by SEATS I advisors in Madagascar, Malawi, Tanzania and Uganda, for example. But even in countries with relatively better infrastructures--such as Morocco and Turkey--RAs played irreplaceable roles in moving family planning programs to national scale. RAs also played more specialized roles. In Kenya, for example, the SEATS I RA contributed to the development of the CAFS as an indigenous training resource for family planning programs throughout the continent. With the assistance of the SEATS I advisor, CAFS was able to strengthen its management training capabilities and to develop long-term plans for its activities.

## **Other achievements**

The achievements described above are concrete, and their existence can be easily determined. However, there are less tangible aspects to building a national scale family planning program, particularly establishing the human resource capacity to conceptualize, plan, manage, evaluate and adjust programs. SEATS I also contributed intangible elements to developing national scale family planning programs. At the most basic level, the simple existence of an effective RA brought an "extra pair of hands" to situations in which an additional experienced professional can be a crucial catalytic factor. RAs worked with host country counterparts to plan strategically and retain focus on the national scope of the project, tying together the numerous programmatic components. The presence of an outside facilitator was often a strong source of encouragement in situations where there were limited incentives. It also provided a force by which a reluctant government could focus on family planning amidst a myriad of programs which competed for inadequate resources. RAs functioned as advocates of the importance of family planning and the need to commit precious resources, such as staff, to essential undertakings.

Procurement activities undertaken by SEATS I were another important factor in the Project's ability to meet its contract deliverables. While not a deliverable *per se*, procurement of equipment was essential to the expansion of family planning services. Over the LOP SEATS I procured more than \$4.2 million worth of equipment--ranging from traditional family planning clinical equipment to vehicles needed to support service delivery activities to audio-video equipment--for its subproject partners in 19 countries. In order to facilitate the procurement process SEATS I engaged, as an agent, the American Manufacturing Export Group (AMEG) to secure medical and other equipment.

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## RESULTS FROM SEATS I STRATEGIC APPROACH

The mid-term evaluation of SEATS I, conducted in 1993, praised the Project for its use of a strategic management approach in developing national family planning programs and subproject initiatives.<sup>3</sup> The SEATS I strategic approach, described in detail below, was a key factor in the project's success.

### Strategic analysis and planning

There was no standard model for SEATS I country programs. The strategic planning process involved examining opportunities in all sectors (public, private non-profit, private commercial) and weighing possible support against potential outputs. In most countries, a multi-disciplinary team conducted a comprehensive assessment. Teams utilized reliable data sources, such as Demographic and Health Surveys, interviews with donor agencies, CAs, program managers, service providers, and clients, and observation to identify greatest needs and missed opportunities. Comprehensive Country Plans that included multi-year budgets allocated over several programmatic areas usually resulted, although in some cases (Guinea, India, Mali, Senegal), SEATS provided only country assessment services to USAID Missions. The selection of appropriate organizations for subproject development in each country was a critical step. Strategic country assessments were conducted in: Guinea, Malawi, Mali, India, Tanzania, Papua New Guinea (PNG), the South Pacific (includes Solomon Islands, Tonga, Vanuatu), Morocco, Uganda, and Zambia.

### Flexibility

Flexibility ensured that SEATS I was able to meet both anticipated and unanticipated needs and provide specialized technical services that fall outside the mandate of other projects. SEATS I diverse country portfolios, rapid realignment of priorities, support for activities in countries undergoing civil strife, and incorporation of new technical initiatives into country programs are among the many illustrations of the importance of flexibility in the strategic approach.

In 1991, two years into the implementation of SEATS I, the Office of Population adopted the "Priority Country Strategy," which aimed to concentrate resources on selected countries with the most significant demand for assistance, based in large part on the current size of their populations and on rapid growth rates. This new strategy was a considerable departure from the priorities under which SEATS I was designed (i.e. an emphasis upon low-prevalence countries mostly in sub-Saharan Africa). The flexibility inherent in SEATS I strategic approach allowed the Project to respond rapidly to the change in USAID's strategy, adapting its approach, which had been effective in low-prevalence countries, to countries with significantly larger populations and more developed mature programs. Thus SEATS I was *de facto* modified to include **both** low prevalence countries (to which USAID wanted

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<sup>3</sup> Midterm Evaluation of the Family Planning SEATS I Project (936-3048).

to decrease, but not eliminate, support) and priority countries. SEATS I shifted resources to programs in two priority countries--Morocco and Turkey--and solidified its involvement in family planning activities in other priority countries such as Tanzania, Kenya, Uganda, and Nigeria. Table 4 outlines SEATS I activities in priority countries.

**TABLE 4. PRIORITY COUNTRY ACTIVITIES: SEATS I**

1.	Committed over 40% of its resources to Priority Countries;
2.	Invested nearly \$2 million to support national institutional development in <b>Tanzania</b> ;
3.	Established a full portfolio of activities in <b>Uganda</b> including four subprojects, a Resident Advisor, and a substantial level of both technical assistance and commodity support;
4.	Responded quickly to requests from <b>Nigeria</b> to undertake specific components of the FHS private sector work in family planning;
5.	Developed and implemented a national family planning program with the Soysal Sigortalar Kurumu (SSK) in <b>Turkey</b> , in up to 100 service sites;
6.	Provided short-term technical assistance which led to <b>Morocco</b> becoming a major country program for the Project, including a buy-in of approximately \$3 million and placement of a Resident Advisor;
7.	Participated in the design of the new bilateral family planning project in <b>India</b> ;
8.	Began work in <b>Zaire</b> , but unfortunately political events did not permit SEATS I to continue its work there.

The political climate in sub-Saharan Africa also changed dramatically in the six years that SEATS I provided assistance in the region. The expansion of democracy and the collapse of regimes which had been in power since independence required SEATS to modify its country plans in order to accommodate local political change. In a number of countries (Togo, Cameroon, Madagascar, Nigeria, Yemen) SEATS I continued to provide assistance to programs even though these countries were undergoing civil strife and serious political upheaval.

### **Decentralization**

The decentralization of technical, administrative and financial functions was another key feature of SEATS I strategic approach which allowed the project to meet specific country needs in a timely and appropriate manner. Two regional offices--one for West and Central

Africa in Togo<sup>4</sup> and one for East and Southern Africa in Zimbabwe--were fully staffed with a wide range of technicians: program development officers, medical practitioners, MIS specialists, IEC advisors, trainers, and financial and administrative managers. (Activities in Asia and the Near East were coordinated from the headquarters office in Washington, D.C.) The majority of regional staff were from the region and well known in their respective fields. The regional offices were responsible for program development, monitoring of country programs, and providing appropriate technical assistance.

Placement of RAs to coordinate day-to-day operations of the Project's portfolio was another means to decentralization. RAs focused activities on national level achievements rather than the outputs of scattered subprojects.

### **Collaboration**

Leveraging technical and fiscal resources was a strategic objective of SEATS I. While the Project was comprehensive, it was neither desirable nor feasible for SEATS I to provide all the assistance needed, particularly in countries where other CAs had an established presence and a specialty technical niche, such as clinical training. From the Project's inception, collaboration with other organizations in project implementation at the field level and in policy and technical initiatives at headquarters in Washington facilitated efficient and selective deployment of resources. SEATS I provided a model of how smaller, specialized projects and larger, broad-based projects can achieve impact through shared resources and collaboration. Examples from the field level include:

- **The Association for Voluntary and Safe Surgical Contraception (AVSC)** International and SEATS I worked together in Rwanda, Madagascar, Malawi, Uganda, Zimbabwe, and Turkey to expand access to long-term contraception. The AVSC/SEATS I relationship was highly complementary; AVSC in many cases would take the technical lead with SEATS I providing assistance in the implementation and day-to-day monitoring of program activities.
- SEATS I signed a subproject agreement with **PSI** to expand social marketing of condoms in Côte d'Ivoire and Cameroon. In Cote d'Ivoire, SEATS I funding resulted in highly successful sales and generated 75,651 CYP. In Cameroon, SEATS I assistance to PSI led to a change in national policy to allow the social marketing of oral contraceptives.
- **The Program for International Training in Health, University of North Carolina (INTRAH)** and SEATS I worked together in Malawi, Uganda, Cameroon and Togo to conduct joint training activities and develop training curricula. In Cameroon, INTRAH trained MOH clinical staff based at SEATS I-supported service delivery sites. In Togo, SEATS I and INTRAH worked closely together to provide MOH clinics with

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<sup>4</sup>The regional office in Togo was relocated to Senegal in 1993 when continued civil strife placed staff in danger and severely inhibited the Project's ability to function.

appropriately trained and equipped staff. In Uganda SEATS I equipped MOH service delivery sites while INTRAH trained staff.

- **Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO)** was also instrumental in providing clinical training for SEATS I subprojects, particularly in Yemen and PNG. The two organizations sponsored joint training of trainers (TOT) for provincial health staff in PNG. In Yemen, JHPIEGO trained SEATS I subproject clinic staff in intrauterine device (IUD) insertion. JHPIEGO and SEATS I also worked together in Zimbabwe, Madagascar, Turkey, and Cameroon to train service providers at SEATS I-supported service delivery sites.
- **The Institute for Reproductive Health (IRH)** at Georgetown University and SEATS I worked together to introduce the LAM into family planning training and service delivery programs in Burkina Faso, Uganda, and Malawi. A training curriculum for providers was also developed.
- **The Family Planning Logistics Management (FPLM) Project** provided in-depth training of SEATS I regional office staff and resident advisors in contraceptive logistics. FPLM and the Project also collaborated in Turkey, Cameroon, and Madagascar to develop national logistics systems and to train local staff in their management. In some countries SEATS I and FPLM worked closely together to complete Contraceptive Procurement Tables (CPT).
- **The Population Council** and SEATS I collaborated on situation analyses in Zimbabwe, Burkina Faso, Madagascar and Turkey and carried out an urban FP study in Malawi. These studies enabled host governments and donors to better determine family planning program needs and develop appropriate strategies.
- **Population Communication Services (PCS)** and SEATS I collaborated in strategic and country-level planning. In Cameroon and Tanzania, SEATS I and PCS worked together on national IEC strategy workshops (organized by SEATS I) and national IEC training workshops (conducted by PCS).

In addition to its work with CAs, SEATS I coordinated efforts in specific countries with other key donors in the family planning arena, including IPPF, United Nations Fund for Population Activities (UNFPA), German Development Assistance (GTZ), AIDAB and the World Bank, as well as regional organizations such as CAFS, Center for Population and Development Research (CERPOD), and SPAFH. This type of collaboration led to effective leveraging of financial resources, access to contraceptives not available through USAID, and a broader strategic approach in individual countries. In Togo, SEATS I and GTZ worked together to produce a film on male involvement in family planning. In PNG, the Asian Development Bank and the World Bank applied the SEATS I approach to program design to successfully expand services.

At headquarters, SEATS I staff were active members of CA committees and working groups. SEATS I worked on Evaluation Project Task forces defining family planning indicators in training, management and reproductive health. SEATS I financial staff were key members of the Cooperating Agency Audit Working Group (CAAWG) which proposed standardized and streamlined CA audit requirements. SEATS I staff participated in committees and working groups of the Maximizing Access and Quality (MAQ) initiative. In addition to providing technical expertise, SEATS I funded a number of local participants to attend the MAQ conference in West Africa and coordinated press coverage.

## TECHNICAL INITIATIVES

Talented, multi-disciplinary SEATS I technical staff ensured that the Project was state-of-the-art by adapting and incorporating new technical initiatives and priorities into activities. At the field level, subprojects were modified as necessary, new subprojects were developed, and counterparts received training. At regional offices, staff refined and adjusted tools, curricula and techniques for transferring these initiatives; at headquarters, staff participated in CA task forces and committees and built the technical resources to provide to regional offices and subprojects. These innovations--ranging from continuous quality improvement to women's reproductive health--contributed to strengthening service delivery and institutional capabilities. Some of the most significant technical initiatives are described below.

### **Expansion of method availability**

SEATS I placed emphasis on the expanded availability of long-term methods to improve method mix and meet unmet demand. Contrary to traditional wisdom which held that nascent programs could not support long-term methods, the Project opted to provide a full array of services from the onset, rather than waiting to establish a program and then progressively add more complex services and delivery systems. SEATS I demonstrated that with well-trained teams, appropriately equipped clinics, and continuous quality monitoring, such programs could be established.

In **Rwanda**, SEATS I collaborated closely with AVSC to expand voluntary surgical contraception (VSC) capabilities by training providers. Activities included a joint SEATS-AVSC Resident Advisor who was an Ob/Gyn specialized in long-term contraceptive methods. In **Turkey**, SEATS I took major steps to expand vasectomy and minilaparotomy under local anesthesia (ML/LA) services and work began with Norplant® and injectables in SSK hospitals. In **Cameroon, Togo and Burkina Faso** service providers were trained and funds provided to establish VSC and Norplant® capabilities in both the public and private sectors.

**Cameroon** is an excellent example of SEATS I success in expanding the range of methods available in a national program. Prior to SEATS I involvement in Cameroon, only sterilization under general anesthesia was offered; even then, it was not considered a viable family planning option. As part of the introduction of ML/LA, 18 doctor/nurse teams and counselors from 11 sites were trained and provided with equipment.

Other key components that resulted from SEATS I inputs included:

- routine quality assurance monitoring by a qualified Cameroonian trainer;
- development of expendable VSC supply kits; and
- introduction of legislation to reduce the cost of sterilization, making it a more economically feasible option for potential family planning clients.

Additional support resulted in the formation of an ML/LA training team and four district training sites to facilitate expansion of ML/LA services throughout the country. Cameroon's national VSC program continued to demonstrate potential for self-sustainable growth as private and semi-private sector organizations began to show interest in ML/LA. The Cameroon Development Corporation (CDC), Cameroon's largest parastatal organization, with SEATS I support, established a pilot VSC project. To ensure the quality of services, the CDC sites were incorporated under the supervisory umbrella of the MOH.

### **Community-based distribution (CBD)**

Community-based distribution (CBD) is a viable program approach to expand access to family planning services and complement exclusive clinical distribution of contraceptives. Moreover, in countries with low contraceptive prevalence, low literacy and/or low status of women, CBD programs also serve as powerful IEC and women's empowerment tools. While CBD may not be a new intervention in the greater family planning community, it was a major innovation for many of the SEATS I countries.

For example, during the assessment process in **Malawi**, SEATS I found that the potential for increasing the availability of child spacing services in rural areas was limited, unless services were expanded through a door-to-door approach. Although the MOH had indicated its intention to initiate CBD services in selected areas of the country, it had not yet done so. With assistance from SEATS I, the Ekwendeni Mission Hospital began CBD of oral contraceptives for the first time. A male motivation component of the project addressed deeply held cultural values in this highly patriarchal region. A referral system and VSC capabilities at the hospital assured that clients had access to the full range of contraceptive methods. The project proved to be very successful, exceeding the CYP target set in the project proposal and establishing a workable model for expanding access to family planning services for hard-to-reach populations.

In addition to CBD service delivery subprojects, SEATS I worked to strengthen regional capabilities in CBD program development through its support to CAFS. CAFS produced Africa's first CBD management training manual and subsequently used it in regional training workshops. The manual was a culmination of CAFS' extensive experience in CBD program development and will serve as a guide for organizations interested in implementing a CBD program. Eventually, SEATS worked with a variety of Malawian NGOs, founded by various clauses, to expand CBD.

### **Quality of care**

A commitment to quality of care encompassed all of SEATS I service delivery activities. The Project's concept of quality of care included client and community perceptions of family planning, comprehensive health services, resources, and the management of these resources as well as conventional clinical quality assurance. Although the SEATS I approach drew on recent thinking about total quality management (TQM) in Western health care, it was practical and grass-roots. It relied on teams of service providers and mid-level managers

responsible for particular sites; it focused on tangible improvements through a process of continuous quality assessment; and it empowered staff to collect and analyze data to identify and implement appropriate, low-cost solutions.

Examples of SEATS I utilization of a field-based, consistent, and site-specific approach to continuous quality improvement (CQI) include:

- In **Morocco**, SEATS I initiatives placed the Moroccan Ministry of Public Health (MOPH) in the forefront of developing countries in implementing quality of care initiatives. Provinces participating in a quality study developed action plans to address priorities. The provincial teams received training in quality improvement methods and a small budget to aid in the implementation of innovative solutions. The preliminary results of this study were incorporated into the follow-on Morocco bilateral project. SEATS I also supported the MOPH's quality efforts by sponsoring the Quality of Family Planning Services Study Tour, which brought four key managers to the United States to learn about CQI as it is practiced in American hospitals and clinics. The Project also helped the MOPH to apply the District Team Problem-Solving Approach to quality initiatives at the service delivery level.
- In **Togo**, nine clinics participated in a pilot project examining the effectiveness of the SEATS I grassroots continuous assessment methodology. Interventions were based on the results of research conducted with users, non-users, service providers and community leaders. Each clinic had a specific quality improvement workplan, and project inputs varied from site to site. The results, in spite of serious civil disturbances, included increased new and continuing clients in most sites, better method mix and more referrals for other methods. The MOH expanded this program to include more than 60 service delivery sites throughout the country.
- In **Burkina Faso**, quality efforts focused on the integration of family planning into ongoing maternal and child health (MCH) activities of the MOH. In order to provide a full range of MCH services (including family planning) throughout each day, the number of services provided per visit to each client was increased. This resulted in improvements of quality of care and a more evenly distributed, less stressful workload for service providers. Two sentinel sites examined the impact of the interventions, which included increased monitoring and supervision, training in clinical skills and counseling, and community education. For both MCH services, such as prenatal care and immunizations, and family planning services, the numbers of new and continuing clients rose. In addition, the process of locally determined objectives and participatory supervision led to greater motivation and achievement by staff in the two sentinel sites.

### **Reproductive health**

SEATS I was one of the first centrally-funded USAID projects to include selected reproductive health interventions as part of family planning service delivery programs. Explicit initiatives were developed to have the greatest impact on quality of care, family

planning acceptance and women's and men's reproductive health. A Women's Health Advisor in Project headquarters developed a reproductive health strategy and coordinated initiatives such as:

- Integration of LAM into programs in **Burkina Faso** and **Malawi** in collaboration with IRH.
- Three post-partum family planning projects in **Zimbabwe**, which strengthened service delivery by integrating a perinatal approach to post-partum contraception and increasing the project partners' ability to offer a wide range of family planning services. These activities generated 43,299 CYP.
- SEATS I and its subcontractor PATH developed the training manual *STD Management in Family Planning Projects: A Five Day Participant Workshop* to serve as a prototype for training family planning service providers and program managers in the management and control of sexually transmitted diseases (STD).
- In **Burkina Faso**, **Uganda**, and **Malawi** SEATS I integrated STD and Human Immunodeficiency Virus (HIV) prevention and counseling into family planning training programs. One of the most exciting undertakings was in **Burkina Faso** where SEATS I collaborated with the IPPF affiliate to introduce a STD and family welfare education program for young adults. Peer educators received training and then educated other adolescents about the prevention of STDs and Acquired Immune Deficiency Syndrome (AIDS), successfully communicating relevant messages to a portion of the population which is often hardest to reach but is at greatest risk.

### Sustainability

Financial issues such as cost-recovery and sustainability were important areas of focus for SEATS I. Throughout the project development process, SEATS I identified host-country partners that could maintain services without continued assistance. The Project made efforts to avoid financial support of recurrent costs, such as salaries, and emphasized support for one-time activities such as equipment procurement, clinic and warehouse renovations, or training which directly strengthened service delivery. In Tunisia, Uganda and Zimbabwe SEATS I expanded upon several of the more successful Enterprise Project subprojects which focused on sustainable workplace-based family planning services.

In **Turkey**, a cost-savings study determined that the SSK could save approximately 66 billion Turkish lira by avoiding 24,000 unintended pregnancies through integration of family planning into its current services. The results of this study convinced SSK management of the benefits of family planning from a sustainability perspective and helped create momentum to add services at more SSK sites.

Developing country health and family planning programs rely increasingly on user-fee systems to recover a portion of the costs. SEATS I developed two manuals to assist family

planning programs to determine appropriate user fees *Designing a Family Planning User Fee System* and *User Fees for Sustainable Family Planning Services*. The manuals were built around two fundamental beliefs: (1) the eventual outcome of cost recovery is to maximize access to and use of high quality FP services; and (2) the design, implementation and/or revision of a user fee system does not need to be a complicated undertaking. Family planning programs will continue to face issues of sustainability, cost-benefit, and cost-recovery well into the next century. These two manuals (available in French and Spanish) provide program managers with easy-to-use tools to assist in efforts to establish more sustainable programs.

### **Management tools**

SEATS I developed tools, procedures and approaches to generate information for program planning and management at several levels. The **Database Management System (DBMS)** served as the project-wide management information system (MIS). Based on information collected from clinic daily journals and other source documents, it enabled regional and headquarters staff to monitor and manage training and service delivery activities, identify issues and efficiently allocate resources. **CYP TARGET** enabled district, provincial, and regional managers to plan family planning service utilization and output, monitor performance against plans, and adjust planned activities to reflect actual results. **The Family Planning Program Management and Evaluation System (FPPMES)** integrated information from the Contraceptive Commodities Management Information System regarding contraceptives dispensed to users, CYP TARGET data and population-based information to estimate changes in contraceptive prevalence and monitor program performance.

### **Urban family planning**

A multi-country study of family planning services in urban areas, conducted in collaboration with CAFS and CPFH, tested the hypothesis that the majority of urban family planning service delivery systems are pushed beyond their current means given the recent increases in urban populations. Conducted in three urban centers in East Africa (Blantyre, Bulawayo, and Mombasa), the research found that:

- Current contraceptive prevalence levels will be difficult to maintain as urban populations continue to grow. Service delivery capabilities need to be enhanced and expanded in order to meet the growing demand for services;
- The private sector, including pharmacies and CBD services, are important means of expanding access to family planning services in urban centers.
- Family planning users rely heavily upon re-supply methods, which puts an extreme burden on programs. Long-term and permanent methods, which would decrease some of the onus on services, are not widely available nor promoted efficiently.

Following the study, program managers from each country met to generate strategies to continue to meet current demand and grow to respond to the unmet demand for services in the rapidly growing cities.

### **Refugees**

There are an estimated 44 million refugees and internally displaced persons globally, most of whom are women and children. Initiatives which address the special contraceptive and reproductive health needs of refugee populations are also required. In the countries surrounding **Rwanda**, on-going conflict has led to hundreds of thousands of people living in camps, uprooted from their homes. SEATS I, in response to the situation in and around Rwanda, became a vociferous advocate of the need to incorporate family planning and reproductive health into health services provided at refugee camps. SEATS I focused the attention of the CA community and USAID on the need to include family planning counseling and contraceptives as well HIV/AIDS prevention in health initiatives in refugee centers. SEATS I also began testing a monitoring and evaluation tool for use in refugee camps.

## LESSONS LEARNED

The focus of SEATS I on the development of national family planning programs was a strategic departure from previous initiatives. The comprehensive nature of SEATS I activities and the support for all components of project design and implementation was unique. Countries in need of broad, multi-sectoral program development were more likely to have their technical and financial needs met by SEATS I. Conversely, countries interested in specific technical support (e.g. training) or small scale projects were more likely to benefit from the services of other CAs, though in some cases it was determined that this presented an important opportunity for SEATS. By building on the experience of previous small subprojects, applying a strategic approach and providing intensive technical assistance, usually by placement of a RA, SEATS I was able to begin the long-term process of building national family planning programs with the potential for significant impact over the long-term. Countries now have established networks of service delivery sites with trained personnel for expanded distribution of information and services. The human resources to plan and manage national programs in the future exist.

The following lessons learned from SEATS I should be considered in future family planning program efforts as they were vital to the Project's success:

- A **broad mandate** is important to provide effective assistance for the establishment of national family planning programs. SEATS I was able to assist countries in a wide range of technical and programmatic areas. Without the broad mandate, SEATS I could not have provided the scope of assistance needed to establish multi-sectoral, truly national programs.
- Substantial amounts of direct **technical assistance** can lead to the creation of national programs. In addition to the commitment of financial resources, SEATS I found early on in the process of project implementation that technical assistance, both day-to-day and occasional, was essential.
- **Strategic analysis and planning** is needed to make best use of resources. Through the comprehensive assessment of a country's family planning program needs, SEATS could weigh possible support against potential outputs and choose those inputs that would have the most impact.
- **Flexibility** in project design and operation allows rapid and effective responses to changes. SEATS I was able to adjust its portfolio to new donor priorities, to incorporate emerging technical issues, and to provide continued assistance in countries disrupted by civil turmoil by constantly adapting new strategies. Flexibility allowed SEATS I to make maximum use of staff and counterparts' creativity and to try innovative approaches to service delivery.

- **Decentralization** of decision making to the regional and local levels facilitates appropriate allocation of resources. The placement of multi-disciplinary staff at the regional level and highly qualified resident advisors at the country level allowed SEATS I to meet programmatic needs rapidly and effectively.
- **Collaboration** maximizes program inputs. Coordination of efforts with local partners, USAID CAs and other donors helped to build an effective national program.

## APPENDIX A

**COUNTRY ACHIEVEMENTS**

The original SEATS project was planned for ten years beginning in 1989. The project was divided into two five year program cycles. Due to two contract extensions, the first cycle came to completion of December 31, 1995 and the second program cycle will terminate in 2000. SEATS II builds upon extensive experience in family planning and reproductive health programming and service delivery and continues the commitment created by the original SEATS Project to building the capacity of developing country partner institutions. SEATS has a track record of successful subprojects and institution-building technical assistance which created an enabling environment for SEATS II activities. In countries such as Uganda, Malawi, Turkey and Zimbabwe activities will continue from the groundwork that was laid under SEATS I. Below are highlights of achievements for all SEATS countries.

***WEST AFRICA*****Benin*****SEATS' Strategy***

Modern contraceptive prevalence in Benin is estimated at below one percent. The lack of adequate health infrastructure, the breakdown of communication systems and general staff demoralization make expansion of services difficult. The Association Beninoise pour la Promotion de la Famille (ABPF) and private health facilities provide family planning services. However, all suffer from weak management, regular contraceptive stock-outs and a total breakdown of the reporting system.

The SEATS I strategy utilized three approaches: assistance to ABPF in the development of a MIS to strengthen management capabilities; a subproject was to expand family planning IEC activities and increase the number of clinics providing family planning to the poor neighborhoods of Cotonou; and initiation of CBD services by training ABPF staff who, in turn, trained community-based field workers. SEATS I invested \$93,644 in technical assistance and subproject costs.

***SEATS' Accomplishments***

- Subproject with the Association Beninoise de la Planification Familiale (ABPF).
- Trained ABPF staff in the financial management and completion of activity reports for the subproject. Staff learned how to develop work plans of activities including plans for needed resources.

- A TOT for 15 ABPF staff (two doctors, three midwives, three educators, one trainer, three managers, two FP program coordinators and an IEC expert) in IEC. The training team is now able to train CBD agents and undertake IEC activities in the neighborhoods of Cotonou.
- Fifty CBD agents selected and trained. A curriculum was developed and all equipment necessary for the CBD training was procured.
- 7,626 CYP generated.

## **Burkina Faso**

### ***SEATS' Strategy***

With a population of 9.1 million (estimated in 1990) and an average annual income of \$190, Burkina Faso is one of the poorest countries in the Sahel. At the same time, its population is expanding at a rate of 3.3% per year. Burkina Faso is considered an emergent country in the area of family planning. While contraceptive prevalence is low, demand is high. Until 1990, Burkina Faso lacked the infrastructure to provide any but ad hoc services.

Building on operations research findings from the late 1980s, SEATS I assisted the MOH in developing a national family planning strategy encompassing both public and private sectors.

Over the life of the project, SEATS expended \$2.1 million in assistance to five organizations, procuring over \$200,000 in clinical equipment, training of hundreds of service providers, and providing a full range of SEATS technical assistance. SEATS' assistance also included the services of a Resident Advisor, a committed Burkinabé physician who was responsible for high level programming.

### ***SEATS' Accomplishments***

With assistance from SEATS I, the Burkina Faso program rapidly progressed from services located primarily in the capital city to a nationwide program. IEC activities attracted national attention, adding to the success of the program.

- Six subprojects: Association Burkinabé de Bien-Etre Familial (ABBEF), Office de Santé des Travailleurs (OST), Direction d'Inspection Socio-Sanitaires (DICSS), Direction de la Santé Familiale (DSF), Association Burkinabé des Sage-Femmes (ABSF) (2).
- Training:
  - 114 service providers trained in FP;
  - 371 persons trained in IEC;
  - 211 were trained in health services management;
  - four persons trained in minilap;
  - 71 persons trained in LAM; and
  - 46 persons trained in data collection.
- 149 clinical sites upgraded; 40 clinics equipped to provide IUD insertion.
- VSC and CBD services introduced; first VSC theater in Burkina Faso established.
- LAM introduced into 13 sites and the MOH training curriculum.

- National family planning training team created.
- National data collection system developed in collaboration with the *Centre du Recherche en matière de Population et du Développement* (CERPOD).
- The Public Sector Integration Project established services in 62 sites, reaching approximately 80 percent of the population.
- The parastatal Worker's Association (OST) integrated family planning IEC and services in 12 work-based sites.
- A second parastatal, DICSS, expanded services to private sector 40 sites.
- ABBEF, the IPPF affiliate, established two full service youth centers, which included family planning and STD counseling and service provision.
- 82,036 CYP generated.

## **Cameroon**

### ***SEATS' Strategy***

The deepening economic crisis in Cameroon has caused the government of the Republic of Cameroon to focus more attention on population and family planning. In 1990, the Government hosted a seminar for donor agencies and MOH officials to lay the groundwork for developing a national family planning policy. SEATS played a lead role in developing the policy and coordinating the seminar at the request of the Ministry of Health and USAID/Cameroon. In 1991, SEATS carried out a needs assessment to determine the existing demand for family planning services.

In the public sector, SEATS worked with the MOH to improve clinic services, IEC, management of contraceptive supplies, management of health MIS, and supervision. In the private sector, SEATS worked with PSI to increase social marketing of contraceptives and to expand the contraceptive method mix and marketing activities. SEATS also worked with mission health services, Ad Lucem and FEMEC, in their health activities: conducting needs assessments, holding IEC promotion meetings with staff, training service providers, and providing essential equipment for numerous clinics. \$2.6 million funds were provided for service delivery and technical assistance.

In November 1991, SEATS placed a health and population program specialist in Yaoundé as Resident Advisor for Cameroon. SEATS WARO staff, subcontractors, and independent consultants traveled frequently to Cameroon to provide technical assistance in training teams in long term and permanent methods; clinical training in IUD insertion; IEC training and counseling; logistics training.

### ***SEATS' Accomplishments***

- Three subprojects: Ministry of Health (MOH), AD-LUCEM, Fédération des Eglises et Missions Evangeliques du Cameroun ( FEMEC)
- 40 MOH clinics equipped and fully operational.
- MOH provided with computers and staff trained in setting up MIS.
- 28 training sessions in IEC, logistics and MIS, VSC techniques, and VSC counseling training techniques.
- National VSC training plan prepared in 1992.
- ML/LA introduced 22 doctor/nurse teams and counselors trained for 11 sustainable VSC sites.
- Routine Quality Assurance monitoring by a qualified Cameroonian trainer,

expendable VSC supply kits, and legislation to reduce the cost of sterilization introduced.

- ML/LA training team formed and four district training sites established.
- The Cameroon Development Corporation (CDC), Cameroon's largest parastatal organization established a pilot program for VSC and plans to include NORPLANT® services into both public and private sector VSC programs.
- 94,162 CYP generated.

## **Côte d'Ivoire**

### ***SEATS' Strategy***

As a testimony to its commitment to family planning practices, the Government of Côte d'Ivoire entered into a bilateral agreement with the Government of the United States. The agreement mandated the development of a two-part national plan: the integration of quality family planning into existing maternal-child health care activities and the promotion of contraceptive use. SEATS' strategy was to make Norplant, IUD, injectable, pill and barrier methods available in 20 government and 3 private-sector sites, and build the management capacity of the Ministry of Health (MOH) and AIBEF so that they were better able to support this expansion of family planning services. To promote contraception, SEATS financed the social marketing of condoms, the training of 185 community social workers in education and communication techniques and the initiation of the practice of postpartum family planning counseling. These efforts were expected to yield a total of 53,000 CYP by the close of the project, with a projected five year CYP of 264,000. SEATS I invested \$1,959,066 in technical assistance and subproject costs.

### ***SEATS' Accomplishments***

- Two subprojects: Association Ivoirienne de Bien-Etre Familial (AIBEF), Population Services International (PSI)
- Operated in twenty government service delivery sites, supplying equipment and providing management and technical training to medical staff. Ten clinics reported full integration of family planning activities and increased contraceptive use.
- Specialized technical assistance yielded better track family planning service needs, quality assessment, and stock levels and to ensure method variety and smooth procurement of commodities.
- Financed landmark media campaign for the marketing of condoms. Generated 20,369 CYP in its first months of operation.
- Overall project efforts generated almost 150,000 CYP.
- Financed Population Communication Services (PCS) training manual for social workers responsible for contraceptive education and promotion. The manual was completed in January, 1993 and PCS trained 20-25 community social workers in Bouake and another 40 in Abidjan in its application.

## **Rwanda**

### ***SEATS' Strategy***

The Government of Rwanda (GOR), dedicated to providing a wide range of contraceptives throughout the country, set liberal government policies in order to promote long term family planning services. In line with these policies, the GOR requested assistance from USAID/Kigali who in turn invited SEATS in 1991 to explore possibilities of assisting ONAPO, the Rwandese National Office of Population, in strengthening its population activities in the country. SEATS developed two subprojects in which \$1.4 million in technical and financial support was invested:

1) with AVSC, SEATS expanded VSC services from 3 to all 10 provinces; 2) SEATS launched a family planning CBD program in 33 communities of Ruhengeri and Kigali provinces as an alternative means of service delivery. SEATS expected to generate a total of 48,000 CYP with these activities. SEATS had to unexpectedly suspend its assistance to Rwanda due to the civil strife that erupted in the spring of 1994.

### ***SEATS' Accomplishments***

- Joint SEATS/AVSC needs assessment was initially carried out in seven of the ten prefectures to determine staff training and clinic equipment needs.
- Developed a VSC activities work plan which included design of a policy/guidelines manual for ONAPO's CBD subproject.
- Placed Resident Advisor, Dr. Marcel Vekemans, to oversee management and implementation of the VSC and CBD subprojects.
- Completed a training curriculum for voluntary CBD workers responsible for IEC activities and the distribution of condoms, spermicide and pills in Kigali and Ruhengeri provinces.
- Contributed, with technical and financial support, to the following accomplishments :
  - trained 4 doctor/nurse teams in minilaparotomy under local anesthesia;
  - organized an observation tour of the national VSC program in Kenya for an additional 3 health professionals;
  - trained of a team of trainers in Senegal in September 1992, who in turn conducted the first VSC training in November 1992, in Mauritius (all subsequent training sessions were to be conducted by this team in Rwanda);
  - procured \$73,131 of equipment to supply 25 health centers in Rwanda.

## Togo

### *SEATS' Strategy*

The installation of a new transitional government in August 1991 brought about positive changes in the MOH (including a name change to the Ministry of Health and Population). The new Minister fully supported family planning and had begun implementing the preconditions to initiation of a World Bank-funded health project. USAID/Lome signed a \$12 million bilateral project with the government which focused on child survival with buy-ins to family planning CAs, including SEATS. Initially, SEATS provided technical assistance to the MOHP in the improvement of management information and contraceptive logistics systems, recommendations for integration of contraceptives into the national strategy for cost recovery in primary health care, and support for an evaluation of the administrative and financial capabilities of the MOHP's Division of Family Health (DSF). SEATS I technical assistance and subproject costs totaled \$2,062,500.

SEATS designed and implemented three subprojects. The first was in the private sector with the Association Togolaise pour le Bien-Etre Familial (ATBEF) to support organizational analysis and administrative improvements and expansion of its community-based distribution (CDB) program. In the public sector, SEATS supported the University Teaching Hospital for the creation of a reproductive health unit and referral and the DSF for voluntary surgical contraception activities. A dynamic Togolese Resident Advisor oversaw the project's in-country activities. Almost from the beginning of SEATS' activities, political strife and civil unrest were prevalent in Togo. By November 1992, a general strike started which lasted well into 1993 rendering subproject activity virtually impossible until May 1993.

### *SEATS' Accomplishments*

- Trained 74 service providers and 3 supervisors in collaboration with INTRAH.
- Provided clinic equipment including VSC kits for 63 health centers.
- Trained 5 teams (of two persons each) in VSC techniques and 17 providers in Norplant techniques.
- Introduced concept of quality assurance first implemented in 9 pilot clinics in Lomé, followed by an additional 60 health centers in 3 regions of the country. As a result, client retention and satisfaction increased, providing positive reinforcement and helping to improve confidence levels of providers.
- Generated 92,346 CYP over the life of the project which was 27% greater than projected.

## **Zaire**

### ***SEATS' Strategy***

SEATS' country plan attempted to respond to USAID/Kinshasa's concerns for bridging activities between two bilateral programs. This proposed \$1.7 million program of assistance included placement of two Resident Advisors for a two year period, a management review of the Association Zairoise du Bien-Etre Familial (AZBEF) and subsequent support, as well as assistance to the Eglise du Christ du Zaire (ECZ) and the Institut Médical Chrétien du Kasai (IMCK). SEATS I invested a total \$54,407 in technical assistance and subproject costs.

### ***SEATS' Accomplishments***

- Activities successfully initiated with IMCK to expand family planning services in three urban centers in Zaire.

Due to civil unrest in Zaire, Americans were evacuated in late September 1991 and the foreign assistance program significantly decreased. As a result, SEATS' program of assistance in the country was suspended indefinitely.

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## ***EAST AND SOUTHERN AFRICA***

### **CAFS**

#### ***SEATS' Strategy***

The Centre for African Family Studies is the leading human resources development institution in Africa. Since it is based in Nairobi and has an office in Lomé as well, it offers technical capacity in both anglophone and francophone Africa. Due to past internal and management difficulties, it has not been able to attain its goal of becoming a broad-based regional resource in family planning training and research in Africa. To address these difficulties and to help CAFS move into the position they envisioned, SEATS placed a Resident Advisor in the headquarters office in Nairobi to assist in institutional development and in the improvement of its training program. SEATS I technical assistance costs totaled \$264,915.

#### ***SEATS' Accomplishments***

- Assistance in institutional development led to the following:
  - Financing the services of a management firm to upgrade the financial management system;
  - Conceptualizing and implementing competitive personnel recruitment procedures;
  - Conceptualizing and implementing a strategy to market CAFS, leading to expanded in-country training and the use of CAFS staff in TA and service provision;
  - Establishing a policy of upgrading and organizing all training documents.
- SEATS RA conceptualized and implemented the upgrading of current training courses in contraceptive technology, communications, and senior and mid-level management for both anglophone and francophone courses.
- The RA researched and, in conjunction with CAFS staff and outside TA, developed and implemented new courses in research/evaluation and in CBD management.

## **Madagascar**

### ***SEATS' Strategy***

The SEATS Plan for Madagascar was based on the scope of work for bridging activities before the implementation of the population bilateral "APPROPOP." The key areas of action under this plan included human resource development, contraceptive logistics, and several discrete research projects. SEATS I invested \$1,846,399 in technical assistance and subproject costs.

### ***SEATS' Accomplishments***

- Provided 12 person months of in-country TA through placement of a Resident Advisor.
- Two subprojects: FISA and Organisation Sanitaire Tananarivienne Inter-Enterprise (OSTIE).
- Inputs included TA in clinical training, IEC training, MIS, materials development and contraceptive logistics. Completed procurement of contraceptives, medical equipment, IEC materials, and the local production of posters and brochures. The first vasectomy program benefited from brochures and other IEC materials that SEATS provided or developed for its use.
- Coordinated several activities relating to the implementation of the Population Policy, including a study examining key areas of legal and regulatory impact on family planning service delivery.
- Trained more than 150 Malagasy professionals in family planning related skills.
- Prepared two original research documents published in 1993
- Provided assistance toward the institutional development of at least 10 Malagasy NGOs.
- Completed a Situation Analysis of the IPPF affiliate; provided support to the 1994 census for FISA and the Ministry of Health.
- Renovated the MOH's contraceptives warehouse.
- Assisted the Association for Malagasy Family Planning NGOs in founding their library; and assisted in opening five new VSC sites around the island.
- Prepared for publication a Population and Family Planning Bibliography detailing over 800 documents, many of them specific to all of Madagascar or certain regions of the island.

## **Malawi**

### ***SEATS' Strategy***

The government of Malawi has historically taken a very conservative stance in regard to family planning, requiring both public and private sector programs to use only the term "child-spacing." SEATS witnessed a transformation in Malawi, however, as the government came to realize that the available land could not support the rapidly growing population. The government called for the formation of a National Family Welfare Council (NFWC). The NFWC was established to coordinate all child-spacing activities in the country. In 1992, the Medical Association of Malawi held its Annual Meeting at which, for the first time, the central theme was population growth and family planning. SEATS I total contribution for subprojects and technical assistance was \$1,407,354.

### ***SEATS' Accomplishments***

- Assisted in the writing of the strategy for the formation of the NFWC, funded three key positions within the council -- the Executive Secretary, the Finance Officer, and a Resident Advisor -- and assisted in the recruitment and hiring of the entire staff.
- Three subprojects: Ekwendenni, Malamulo and the National Family Welfare Council.
- Supported members of the council on a study tour to observe family planning activities in neighboring countries.
- Held a training course in strategic planning, producing a five-year strategic plan for the council and its 1993 work plan and budget.
- Supported private sector activities in CBD as this was first time the government approved door-to-door distribution of oral/hormonal contraceptives.
- Provided TA to the NFWC to revise the National Family Planning Curriculum.
- Funded a small project to support a CBD pilot project at Nkhoma Hospital through NFWC.
- Through institutional development TA, the NFWC developed planning and financial management systems and technical guidelines and capacities which greatly enhanced the organization's consolidation and sustainability.
- Generated 22,353 CYP.

## **Tanzania**

### ***SEATS' Strategy***

SEATS was contracted by USAID/Tanzania, using bilateral funds, to strengthen the management and institutional capacity of the Family Planning Unit (FPU) of the Ministry of Health to manage and coordinate the service expansion activities of the Tanzania National Family Planning Program (NFPP). SEATS' broader role, in relation to USAID, was to provide coordination among CAs.

The specific assignments of SEATS were to design, introduce and institutionalize operating management systems and practices for family planning (FP) programming in the FPU. SEATS achieved this through the development of in-country resources and systems to ensure long-term sustainability of the FP services delivery system in Tanzania. From the outset, the role of SEATS remained confined to the specific requirements of the USAID FPSS bilateral project and the scope of work of the buy-in activities. SEATS I contribution in the areas of technical assistance and subprojects totaled \$2,250,508.

### ***SEATS' Accomplishments***

Major activities undertaken were procurement, management support and management systems development, strategic planning, capacity building, provision of specialized technical assistance, and institutional development for the Family Planning Unit (FPU) and the National Family Planning Program (NFPP). Notable achievements included the following:

- Placement of a Resident Advisor to ensure proper management and service delivery training.
- Procurement of 26 vehicles and a variety of logistical and communications equipment whose impact on the program was instantly felt in the increased effectiveness and efficiency of the FPU and NFPP.
- Institutionalization of systematic, annual and quarterly workplan development at the FPU.
- Provision of fellowships and organized skills development and training programs for a total of 63 NFPP personnel.
- Planning and coordination of preparation of the NFPP Strategic Plan which will guide the implementation of the NFPP from July 1994-July 1999.
- Provision of leadership in the establishment of a fully functioning National Family Planning Advisory Committee (NFPAC) and its sub-committees.
- Preparation of the FPU Management Strategy and job descriptions for all the FPU Staff.
- Coordination of preparation of the NFPP Supervision Guidelines to support family planning supervision and training at all levels.

## **Uganda**

### ***SEATS' Strategy***

The Uganda government recognized the need to include population variables in its national development planning and established a Population Secretariat within the Ministry of Planning and Economic Development. Government policy permitted and encouraged service provision, but government resources, though supplemented by donor aid, were inadequate to meet current needs for clinic-based, outreach and community-based education, services and training programs.

The SEATS strategy was to provide assistance to both the public sector and the private sector and to strengthen and extend the participation of private sector agencies (NGOs) in family planning programs. Private sector organizations such as the Islamic Medical Association (IMA), the Uganda Private Midwives Association (UPMA), the Seventh Day Adventist (SDA) health services division and the Family Planning Association of Uganda (FPAU) provided an ideal venue for SEATS to strengthen and supplement family planning services. In the public sector, SEATS assisted the Ministry of Labor (MOL) in an IEC and service delivery program for commercial and industrial sites. SEATS I invested \$2,786,669 in technical assistance and subproject costs.

### ***SEATS' Accomplishments***

- Collaborated with FPAU to provide technical support and training to public health workers.
- Five subprojects: Islamic Medical Association (IMA), Uganda Private Midwives Association (UPMA), the Seventh Day Adventist (SDA), Family Planning Association of Uganda (FPAU), Ministry of Labor (MOL)
- Trained 27 health professionals, including midwives, registered nurses and health workers in Family Planning and Maternal Health (FP/MH) Basic Clinical Skills
- Designed and installed a management information system for tracking trainees at FPAU. SEATS then donated the only micro-computer serving the needs of the entire FPAU.
- Worked with UPMA and The American College of Nurse Midwives (ACNM) to develop UPMA's institutional capabilities to provide increased access to quality family planning care and information through midwives. Inputs: FP training, training skills and FP program management.
- Revised and field-tested a FP Training Manual.
- Trained 31 Regional Representatives in basic service delivery skills

- Established a personnel and accounting system.
- Developed an IEC strategy and action plan for subprojects.
- Supported equipment and supplies to furnish 2 clinics.
- Trained 13 IMA nurses in clinical practices.
- Facilitated service delivery provision in 5 new sites where FP services had never before been offered..
- Held orientation seminars for religious leaders and IMA members.
- Reached CYP targets: 74,770 CYP.

## **Zimbabwe**

### ***SEATS' Strategy***

The Zimbabwean National Family Planning Council, a parastatal under the Ministry of Health, has an ambitious mandate to act as an advisory body and resource for Zimbabwe in all aspects of family planning. Its programs, although they are well-developed (reflected in the national 43% contraceptive prevalence rate (CPR)) and include an extensive community-based distribution program, rely disproportionately on oral contraceptives.

In addition to assisting the ZNFPC in meeting its long-term goals, SEATS worked in several areas that had been identified as weak by the bilateral: post-partum intervention, VSC, work-based service delivery and method diversification. SEATS inputs included strengthening training capabilities, expanding and improving service delivery, enhancing management information systems, and institutional development TA for the Zimbabwean National Family Planning Committee (ZNFPC) and support to operations research and specialized monitoring and evaluation systems. SEATS I technical assistance and subproject costs were \$840,783.

### ***SEATS' Accomplishments***

Working with ZNFPC:

- Strengthened the ZNFPC training department through curriculum planning and revision and strengthened the training staff through Training of Trainers.
- Authored Policy and Standards service protocols and a Clinical Procedures Manual.
- Provided technical support to the 1991 Situation Analysis in collaboration with the Population Council.
- In collaboration with FPLM and Columbia University, developed and implemented the Family Planning Monitoring and Evaluation System (FPPMES) in Zimbabwe, which is used by ZNFPC and USAID for ongoing FP program monitoring.
- Developed a computerized training MIS for ZNFPC.
- Provided TA in the development of an organization-wide supervision system for ZNFPC, linked quality improvement training.
- A ZNFPC cost recovery assessment focused on restructuring of the training fee schedule provided through SEATS.

- Carried out five subprojects in addition to providing technical assistance to ZNFPC: Harare Postpartum, Doma (commercial farmers CBD support), Mutasa-Chitepo District, Chitungwiza Urban FP project, and Union Carbide. Through these subprojects, SEATS provided funding to service delivery activities in post-partum intervention, VSC, work-based family planning, and CBD.
  
- Generated 51,510 CYP.

## ASIA/NEAR EAST

### Morocco

#### *SEATS' Strategy*

The Morocco health and family planning program has benefited from long-standing donor support. Since 1976, USAID/Morocco has invested over \$50 million in population and health in Morocco. The success of the program is made possible by high-level public support from the King. Morocco continues to be a priority country for USAID.

In April of 1992, SEATS participated on a team which reviewed USAID and USAID-supported population and health programs in the country. The team drafted and finalized edits of the Morocco Implementation Plan for USAID Assistance in Population and Health, 1992-1996. USAID/Morocco awarded a buy-in to SEATS in May 1992 and a senior Resident Advisor was secured. SEATS remained flexible to the needs of the Ministry of Health and USAID/Morocco and implemented a wide range of activities-- specifically those which promoted a wider choice of contraceptives in a wider geographic area. In addition, SEATS worked closely with the Ministry of Health in developing their institutional capabilities. SEATS I invested \$3,062,000 in technical assistance and subproject costs.

#### *SEATS' Accomplishments*

- Promoted accessibility of a wider choice of contraceptives, by supporting counseling training, preparatory seminars and meetings; and by developing, testing and reproducing forms and education materials for a follow-up training of MOPH staff trained in NORPLANT insertion.
- Placed Resident Advisor in-country to provide long-term TA, supported by a local staff of three professionals.
- Arranged the second printing of a family planning manual in both French and Arabic.
- Worked to improve the quality of family planning services by undertaking a quality assessment of services in five provinces, with the assistance of a local research firm. The data was then used in analysis of family planning program options.
- Trained the Director of the National Institute of Health Administration (INAS) in quality assurance/total quality management of the broad range of family planning and health programs.
- Generated 393,589 CYP.

## **Papua New Guinea**

### ***SEATS' Strategy***

Papua New Guinea, with a population of approximately four million, is the second largest country in the South Pacific region. Although PNG had an integrated nationwide family planning programs until 1982, both funds and expatriate-supplied technical expertise diminished and the family planning program almost came to a standstill, resulting in a very low contraceptive prevalence rate.

The SEATS program in PNG, designed to initiate a national family planning program, included (1) integration of family planning into the existing health facilities by way of training service providers and improving and equipping selected clinics, (2) involvement of the private sector, (3) improvement of the management system by way of training managers, and (4) establishment of logistics management and management information systems. In addition, IEC programs have been designed to educate people about family planning. The program was implemented in five provinces and the national capital district, covering more than 40% of the country's population. SEATS I contributed \$2,001,442 to the areas of technical assistance and subprojects.

### ***SEATS' Accomplishments***

- Built the foundation for a national family planning program in PNG.
- Two subprojects: MOU, Eastern Highlands Women's Council.
- Provided two Resident Advisors (consecutively) to provide TA and to oversee program activities.
- In collaboration with JHPIEGO, provided training of trainers to 20 senior nurses and developed a curriculum for training of service providers. With SEATS support, these nurses trained about 1,400 service providers, who provide family planning services through 600 health facilities.
- The project generated 97,158 CYP.
- Five clinics, four in provincial headquarters and one in the national capital district, were renovated and equipped to enable them to provide a wide range of contraceptive services, including voluntary sterilization.
- Developed a community based service delivery program with the National Women's Council, in Eastern Highlands province. This project provided family planning counseling and services through 200 village chapters of the council.
- Trained about 150 male and female volunteers in family planning counseling and

contraceptive distribution. This project established the critical link between the community and the clinics, which facilitated promotion of family planning.

- Worked with local groups to develop IEC materials in family planning, consisting of posters, pamphlets and radio spots as well as develop local capabilities to continue these activities.
- Provided more than 450,000 cycles of oral pills, two million pieces of condoms, and 1,600 CuT IUDs to the Department of Health (DOH), to ensure regular supply of contraceptives, and helped to design a logistics management system.
- Helped to develop the program management capability of the DOH to ensure sustainability of family planning services. Activities included:
  - (1) an orientation trip to Indonesia for seven senior managers of the DOH and another orientation trip for a representative of the National Women's Council to Indonesia and Thailand;
  - (2) training of 30 mid-level managers of the selected provinces;
  - (3) designing and implementation of logistics management and management information systems;
  - (4) assistance to the national and provincial health officials to develop plans for implementing family planning programs;
  - (5) training two managers of the Family Planning Association of PNG in Kenya on community based family planning service management; and
  - (6) extensive technical assistance in the areas of Quality of Care, improving the supervisory system and strengthening the coordination of family planning activities of different organizations and donors.
- Assisted SOMARC in launching the social marketing program and in managing their activities.

## Tonga/Fiji/The Solomon Islands/Vanuatu

### *SEATS' Strategy*

The South Pacific Alliance for Family Health (SPAFH) was developed through a USAID initiative in the mid 1980s to help develop family planning service capabilities in the South Pacific region. SPAFH conducted assessment surveys in several countries in the region and identified a number of common problems in regard to family planning. These include a low level of awareness about family planning, lack of training of service providers, poor planning, management and monitoring, lack of meaningful and functional management information systems, lack of standard operating procedures in family planning to guide and inform service providers, weak public information, education and communication programs and very little involvement of the private sector in family planning service delivery.

SEATS collaborated with SOMARC and AIDAB (Australian International Development Assistance Bureau) in funding and implementing Project EXCEL (Expanding Country Efforts at All Levels) which was intended to address these problems and increase family planning use in the South Pacific region, as well as to develop institutional capabilities of SPAFH, which managed the project.

The total budget for the 5-year program was \$3,240,000, of which SEATS contribution was **\$400,000** and AIDAB contribution was \$2.5 million. SEATS provided family planning program support and technical assistance and SOMARC provided support of social marketing.

### *SEATS' Accomplishments*

- One subproject with SPAFH.
- Through SEATS support SPAFH has IEC and service delivery programs in these countries.
- In Tonga, provided assistance to the Ministry of Health to strengthen the capability of the central general hospital and train outreach workers in family planning.
- In Fiji and Vanuatu, provided assistance to the public as well as private sectors including renovating and equipping clinics and training staff. Three nurse midwives of the Ministry of Health of Vanuatu were sent to the Philippines for training on IUD insertion in the JHPIEGO training program.
- In the Solomon Islands, provided assistance to the IPPF affiliate, Solomon Islands Planned Parenthood Association, to strengthen its clinical service as well as IEC program.

## **Tunisia**

### ***SEATS' Strategy***

SEATS I provided assistance to the **ONFP** in Tunisia to strengthen the organization's ability to train and develop private sector family planning initiatives. In all instances where SEATS I provided assistance, the Project combined both technical and financial support to ensure a consistency of objectives, simplified program logistics and improved accountability. SEATS I invested \$145,902 in technical assistance and subproject costs.

### ***SEATS Accomplishments***

- ONPFP conducted a survey of private institutions in Tunisia and their willingness to co-finance family planning services.
- A multi-industry orientation workshop on family planning service delivery at the worksite was conducted; selected worksites were provided with IEC materials and clinic equipment.
- SEATS' inputs assisted in changing the ONFP's policy orientation away from subsidized family planning at worksites toward a cost sharing entrepreneurial mode of collaboration with the private sector.

## **Turkey**

### ***SEATS' Strategy***

The overall goal of SEATS in Turkey was to assist the SSK (Social Insurance Institution under the Ministry of Labor) to provide family planning services throughout its existing widespread network of hospitals, dispensaries, and health centers. The SSK serves approximately one third of the population of Turkey and has approximately 400 service delivery sites. The contribution by SEATS I in the areas of technical assistance and subprojects totaled \$2,831,758.

The SSK Family Planning Project has been a landmark project. Through careful planning, innovative design and quality technical assistance when necessary, the family planning project has led SSK toward commitments not only to family planning services, but to embracing preventive health services. High quality, sustainable, family planning services are rapidly moving towards institutionalization into all sectors of the SSK health system..

### ***SEATS' Accomplishments***

- Reached approximately 80 SSK health facilities, generating approximately 40,000 CYP per month.
- Developed a poster and logo campaign, and method-specific brochures.
- Carried out a costs savings analysis which assists SSK policy decision-making, clinical training in family planning, provision of appropriate equipment, assistance in management, program development, monitoring, and contraceptive logistics management.
- Established six family planning training sites through training trainers, equipping sites, and providing contraceptives and training materials as well as technical assistance. The training sites are now fully functional and are sustained entirely by SSK resources -- including the procurement of contraceptives. The SSK family planning training centers have reached a level of excellence where they not only serve as a model for family planning training in Turkey, but host other organizations and institutions for training in family planning.
- Supported significant progress at the policy level of SSK, as demonstrated by the actual integration of preventive services into the SSK health system, which is heavily curative-based, and by the strong commitment to family planning now seen at the highest level of SSK management.

- Supported policy activities:
  - study tour to Mexico and Tunisia to observe the Mexico Social Security System (IMSS)
  - Tunisia National Family Planning Bureau (ONFP) and the Tunisia Social Security General Directorate
  - kick-off conference and subsequent family planning meetings
  
- Began the implementation of quality strategy, which includes education and training in quality issues, as well as the implementation of practical tools for quality improvement.
  
- Introduced the elements of quality of care and quality management, not only for family planning programs, but also for quality management in all health sectors of SSK.

## **Yemen Arab Republic**

### ***SEATS' Strategy***

Yemen, composed of rugged and mountainous terrain dotted by villages, is very conservative in general, particularly in the northern region. In 1992, family planning was still largely taboo, although more people were expressing interest. The DHS found a contraceptive prevalence rate of 6.7% and an unmet need of 35%. Family planning services were offered by a few government and NGO clinics and contraceptives were available through pharmacies in the cities. Although an extensive network of health facilities existed (300 primary health care units and more than 1,200 physicians), contraceptive options were very limited; injectable contraceptive were illegal and VSC was offered only in the capital city in a limited scale.

SEATS I invested \$2,359,354 in technical assistance and subproject costs.

### ***SEATS' Accomplishments***

- Stressed legitimization of family planning services as a "right" of the public and as an integral part of government health services.
- Two subprojects: Clinic Improvement (CIP) and Yemen Private Practitioners' Union (YPPU).
- Developed a model whereby family planning can be provided at the health center level and supported from the MOPH and government health offices.
- Provided assistance to the government in establishing the National Population Council (NPC) and in the strengthening of its secretariat, a vital portion of the legitimization process. In addition, aided the secretariat in developing its institutional capabilities through extensive TA.
- Helped to create a well-informed leadership in family planning within the MOPH, both at headquarters and governorate levels.
- Negotiated successfully with the MOPH to designate a family planning project director in the national headquarters and to establish a national family planning coordinating committee and project steering committees.
- Special study tours were conducted for five senior officials on logistics management and community based services in Bangladesh, Thailand and Indonesia.
- Three senior officials of the NPC were sent to international conferences. Two MOPH officials were sent for training in the International Training Program (ITP) of BKKBN/Indonesia and two Directors General of Health from two governorates were

sent to Tunisia for training on Norplant insertion.

- Provided training to more than 100 private physicians.
- Assisted the MOPH in expanding family planning services by renovating and equipping 23 clinics and training 122 service providers (physicians, nurses and primary health care workers).
- Assisted the MOPH in developing IEC materials such as posters, pamphlets and videos that can be used by the clinics to educate people in family planning.
- In collaboration with UNICEF, AVSC and Yemen Family Care Association (YFCA), produced a flip chart to aid the service providers in educating and counseling clients.