

*Changing lives  
Saving lives*

**FAMILY PLANNING  
Service Delivery Project**

Pathfinder International  
Africa Regional Office End-of-Project Report

*1992—2000*

# Pathfinder International

Pathfinder International is a U.S.-based private voluntary organization that provides technical and financial support to reproductive health projects in 22 countries in Africa, Asia, and Latin America. Pathfinder International's mission is to improve access to the fullest possible range of quality information and services to enable individuals and couples to make reproductive health choices. For over 40 years Pathfinder has evolved as a technical organization to keep pace with the most recent developments in the field, responding to a changing environment for population and development work and providing technical leadership to meet emerging reproductive health needs in developing countries. Pathfinder focuses on three core areas:

- Improving access to services,
- improving service quality, and
- strengthening institutional capacity



This report is dedicated to the millions of women, men, and their families—  
together with adolescents across the continent—  
who have been a vital part  
of the Family Planning Service Delivery Project.

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**Changing Lives, Saving Lives: Family Planning Service Delivery Project  
1992-2000 - Pathfinder International Africa Regional Office End-of-Project Report**

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**Compiled by:** Elizabeth Lule, Sophia Ladha, and Margaret Crouch

**Edited by:** Margaret Crouch

**Cover design and layout by:** Winnie Oyuko

**Photos by:** Richard Lord, Betty Press, and Pathfinder staff

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# List of Abbreviations and Acronyms

ACK	Anglican Church of Kenya
AIDS	Acquired immune deficiency syndrome
AIBEF	Association Ivoirienne pour le Bien-Etre Familial
ASBEF	Association Senegalaise pour le Bien-Etre Familial
BCC	Behavior change communication
CBD	Community-based distribution/distributor
CBRH	Community-based reproductive health
COFAP	Consortium of Family Planning Organizations of Ethiopia
COPE	Client oriented and provider efficient
CYP	Couple year of protection
EARHN	East African Reproductive Health Network
ECP	Emergency contraception pill
FLE	Family life education
FLEP	Family Life Education Program
FP	Family planning
FPSD	Family Planning Service Delivery Project
GMP	Group Medical Practitioners
HBC	Home-based care
HIV	Human immunodeficiency virus
HRC	High Risk Clinic
IDP	Internally displaced person
IEC	Information, education, and communication
IP	Infection prevention
IUD/IUCD	Intrauterine device/Intrauterine contraceptive device
KNH	Kenyatta National Hospital
MCH	Mother-child health
M&E	Monitoring and evaluation
MIS	Management information system
MOH	Ministry of Health
MSO	Muslim Sisters Organization
MYWO	Maendeleo ya Wanawake Organization
NGO	Non-government organization
NMTN	Nigeria Management Training Network
OTTU	Organization of Tanzania Trade Unions
PAC	Post-abortion care
PLWHA	Person(s) living with HIV/AIDS
PPASA	Planned Parenthood Association of South Africa
QA	Quality assurance
QOC	Quality of care
REDSO	Regional Economic Development Support Office
RH	Reproductive health
SDA	Seventh-Day Adventist Church
STD/STI	Sexually transmitted disease/Sexually transmitted infection
SUWATA	Shirika la Uchumi la Wanawake Tanzania
TASO	The AIDS Support Organization
TOHS	Tanzania Occupational Health Services
UNAIDS	United Nations Joint Program for HIV/AIDS
UNFPA	United Nations Population Agency
USAID	United States Agency for International Development
VCT	Voluntary counseling and testing
WHO	World Health Organization

# THANKS

## Acknowledgements

It was an amazing eight years. When Pathfinder started the Family Planning Service Delivery Project in the Africa region in 1992, the regional program consisted primarily of an assortment of small, scattered projects, with a total budget of US\$2.1 million. Over the course of the next few years most of the scattered projects were consolidated into focused programs in 13 countries. The Kenya country office was established in 1994, Ethiopia in 1995, Tanzania and Uganda in 1996, and Mozambique in 1997. The already existing project office in Nigeria was strengthened. The regional budget increased sixfold, with leveraged funding from local USAID missions, private foundations, the private sector, and other national and international organizations. This enabled the Africa Regional Office, through the country programs, to enhance the effectiveness of efforts to meet the objectives of the FPSD project: increasing access and improving the quality of reproductive health services and developing local capability to deliver services.

The increased regional capacity also permitted the wider focus on regional initiatives in areas of urgent concern—reaching adolescents, improving services in urban slum communities, initiating programs to provide post-abortion care and emergency contraception. Preventing the further spread of the HIV/AIDS epidemic was a major concern. In the course of the FPSD project, Pathfinder and its regional partners were able to move the integration of STD/HIV/AIDS services with MCH/FP programs from boardroom debates to clinics and community service delivery mechanisms. At the end of the day, the purpose of these efforts was to improve the reproductive health of women, men, and young people across Africa.

Such a far-flung program over such an extended period of time naturally involved the efforts and commitment of a great many people and organizations, to say nothing of the funding support that made the activities possible. The contribution of all of these was critical to the success of the project and is most appreciated. In particular, Pathfinder recognizes our primary donor partner, the U.S. Agency for International Development, through the Africa Bureau, REDSO, and the many local missions, for sustained support and confidence over the period of the FPSD project. We appreciate as well the encouragement of numerous individual USAID and REDSO staff members.

Financial assistance also came from a wide array of other sources. The UK's Department for International Development, the European Union, UNAIDS, UNFPA, and the World Bank were important supporters. Many private foundations also provided assistance to the Africa regional program over the years: Bill and Melinda Gates Foundation, Brush Foundation, Cabot Family Foundation, Compton Foundation, Flora Family Foundation, Ford Foundation, Rockefeller Foundation, Summit Foundation, and William and Flora Hewlett Foundation. From the private sector, the Africa region attracted the support of Air Zimbabwe, Barclays Bank, British Petroleum, Gideon Richter, Shell, UPS, and Western Union. Notable among individuals was Paul Todd, who supported the Kenya university-based programs. To all of these, we express our deepest gratitude.

Nor would the work of the FPSD project have been possible without our local partners throughout the region—there were nearly 80 of these, and they are cited in the pages of this report. We thank them all for their dedication, their willingness to learn and apply new approaches, and their cooperation throughout the project. We worked and learned together. We also appreciate the support and cooperation of many other international and regional organizations: Abt Associates, Association for Voluntary Safe Contraception, Centers for Disease Control, Family Health International, Family Planning International Assistance, Family Planning Private Sector, the Futures Group, John Snow Incorporated, Johns Hopkins University/Population Communication Services, JHPIEGO, International Planned Parenthood Federation, International Program for Training in Health, Ipas, Management Sciences for Health, the Population Council, Population Services International, Program for Appropriate Technology in Health, and many others. Other



regional partners were Centre for African Family Studies, Centre for the Study of Adolescence, East African Reproductive Health Network, Forum for African Women Educationalists, Kenya Association for the Promotion of Adolescent Health, Media for Development Trust, and Population Communication Africa. And, of course, the Ministries of Health in all the countries and often Ministries of Education were long-time allies, collaborators, and agents of change; their cooperation was essential and is appreciated.

**P**athfinder staff in the Africa Regional Office, the country offices, and headquarters must be saluted for their role in carrying out this complex program. In the regional office, particular thanks go to: Yirga Alem, Regional Financial Director; Dr. Wilson Kisubi, Senior Regional Technical Adviser/RH; Paul S.S. Shumba, Associate Director/Evaluation and Information Systems; Fran Farmer, Associate Director/Institutional Development; Dr. Ezra Teri, Associate Director/Service Delivery; Peter Kibunga, Regional Technical Adviser/MIS; Charles Omondi, Regional Associate/RH; Pamela Onduso, Program Officer and Regional Coordinator/Youth Programs; Rosemary Kamunya, Regional Clinical Services Associate; Rebecca Otachi, Regional Program Administrator; George Gachoki, Systems Manager; and Anastasia Saito, Executive Assistant to the Regional Vice President. We also recognize the work of former ARO staff members, Hammouda Bellamine, Peter Savosnick, and Celina Ogutu, and the contribution of Florence Odwako for the post FPSD transition.

Jodi Ansel was the headquarters project administrator throughout the life of FPSD, with the assistance of program officers Julie Ravesi and Sandra Kong; their efforts and encouragement are deeply appreciated. Special thanks also go to Tom Fenn, who was the deputy to the Regional Vice President from 1992 to 1996, and who remained a staunch ally of the Africa program when he returned to headquarters as the Vice President for Technical Services. And it almost goes without saying that the leadership and unflagging support of Pathfinder President Dan Pellegrom were invaluable. We also acknowledge the support of John Dumm, Pathfinder's Senior Vice President.

In the country offices, we recognize the contribution of Pathfinder country representatives Tewodros Melesse, Ethiopia; Charles Thube, Kenya; Dr. Diana Silimperi (1997-1998), Karen Waltensperger (1998-1999), and Rita Badiani (2000-present), Mozambique; Mike Egboh, Nigeria; Nelson Keyonzo, Tanzania; and Joy Mukaire, Uganda. The support staff throughout the region were the foot soldiers, without whose efforts we could not have succeeded; though too numerous to list here, we thank them for their efforts and note that a full list of ARO staff is included in this report.

**O**thers whose contribution to the project must be recognized include consultant Sophia Ladha for her assistance with organizing the two Setting the Africa Agenda conferences in 1995 and 1998, as well as the FPSD end-of-project conference in 2000. We are also indebted to Margaret Crouch, who worked as a publications consultant from 1994 to 2001, transferring writing skills to the staff as she edited, wrote, compiled, and produced many high quality program and conference materials for the regional program, including the end-of-project conference report. She also contributed to Pathfinder's fund raising efforts through proposal development and was responsible for compiling and editing this report of the FPSD project. Finally, Pathfinder thanks Winnie Oyuko, graphics designer, for her work on this report and many other publications and conference materials.

It should be noted that nearly all of the staff and consultants who were part of the FPSD project in Africa are Africans, which means that even as the project closes the capacity it has built remains behind, in Africa, where it belongs. This is a singular, enduring legacy. Moreover, as a result of the leveraged funding from many sources, the country offices in Ethiopia, Kenya, Mozambique, Nigeria, Tanzania, and Uganda also remain as functional units, with program support that will hopefully continue long after the closure of the FPSD project.

It truly was an amazing time, and we thank you all for your contribution.

*Elizabeth Lule*  
Regional Vice President

# FPSD

## Overview

"Changing lives, saving lives" was the theme of the Family Planning Service Delivery Project implemented by Pathfinder International from 1992 to end September 2000. Funded by the U.S. Agency for International Development, in a broad cooperative agreement that permitted programmatic flexibility to meet the needs of local contexts, the project operated in nearly 30 countries around the globe, providing technical assistance, training, information, equipment, and financial support to a wide variety of partners. In sub-Saharan Africa, through its Africa Regional Office, Pathfinder worked with some 76 local partner organizations and five regional initiatives to inform 31.5 million people in 13 countries about reproductive health issues. The project introduced 2.6 million women and men in the region to modern family planning methods, and provided information about reproductive health choices to 1.4 million adolescents. In addition, Pathfinder collaborated closely with other cooperating agencies working in reproductive health in the region and the respective countries.

Initially the FPSD project focused on family planning issues, with the aim of lowering fertility and enhancing the freedom of individuals to choose the spacing and number of their children. Over the years the service concept was expanded to incorporate the new vision of reproductive health articulated at the UN Conference on Population and Development held in Cairo in 1994, as well as a major emphasis on prevention of HIV/AIDS.

The overall goal of the Family Planning Service Delivery Project was to meet the growing demand for family planning and reproductive health services around the world. An important component of that goal was to build capacity to create and improve access to the fullest possible range of quality information and services. Specifically, the project had the following strategic objectives:

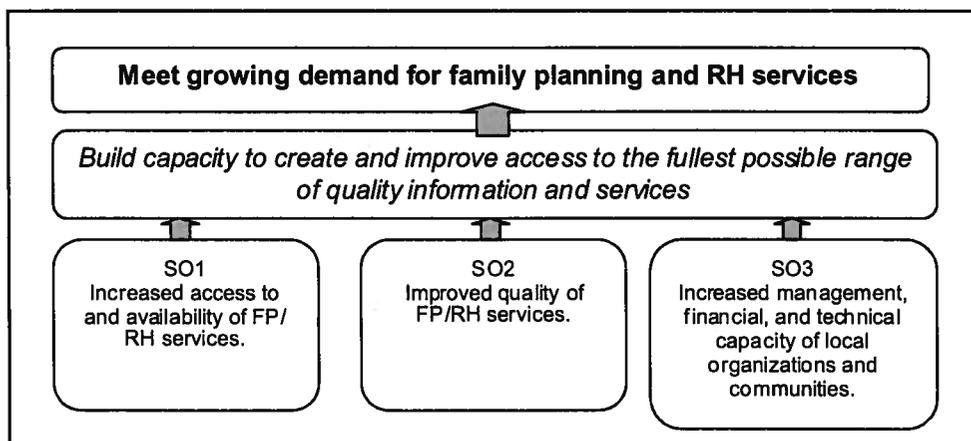
- I. Increased access to and availability of family planning and reproductive health services, through better service delivery systems and infrastructure, and outreach to underserved groups.
- II. Improved quality of FP/RH services, by among others ensuring voluntary and informed choice, ser-

vice provider competence, an enhanced constellation of FP/RH services, and improved quality assurance and quality management systems.

- III. Increased management, financial, and technical capacity of implementing partners, including strengthened program management capability, improved financial sustainability and technical capacity, and enhanced community resources.

Each of these objectives, in turn, had its own set of anticipated program outcomes. This report covers FPSD in sub-Saharan Africa, where Pathfinder's portfolio included service delivery projects in ten countries. In six of those countries the programs were supported by local country offices (Ethiopia, Kenya, Mozambique, Nigeria, Tanzania, and Uganda). The Africa Regional Office supplied managerial, technical, and program support for the entire portfolio, as well as for the regional initiatives: post-abortion care, integration of STD/HIV and MCH/FP services, adolescent outreach, urban initiative, and emergency contraception.

### Goals and Objectives of the Family Planning Service Delivery Project





The report is structured around the overall objectives and outcomes. This overview section summarizes the individual country programs in sub-Saharan Africa, and, as well, highlights the lessons learned from these experiences. The next section focuses on service access and the third looks at service quality. The regional initiatives are treated in the fourth section. All of these sections contain case studies of selected local partners to highlight some of the distinct lessons and best practices of the regional program. The idea is to present the rich diversity of organizations, experiences, and accomplishments in the Africa region. A series of annexes provide supplementary material, including the end of project conference report (see Annex A).

Besides the stated objectives, the FPSD project enabled Pathfinder to leverage funding from other sources to implement activities in a variety of areas, especially including those focused on young people and on capacity building. A key example of this is the African Youth Alliance (AYA) program, which is now being carried out with private support in Botswana, Ghana, Tanzania, and Uganda. These and other leveraged monies mean that Pathfinder objectives will continue throughout sub-Saharan Africa long after the closure of the FPSD project.

**Sub-Saharan Africa - A continent in need**

Total population	657,000,000
Population doubling time	27 years
Young adult population (>15)	44%
Population living in urban areas	29%
Life expectancy	M = 48; F = 50
Total fertility rate	5.8
Contraceptive prevalence rate	13%
Infant mortality rate (deaths per 1,000 live births)	94
Maternal mortality rate (deaths per 100,000 live births)	400-700
HIV/AIDS prevalence rate (adults 15-49)	7.1%

It should be noted that in almost all cases the averages mask wide variations across the region.

Population Reference Bureau Data Sheets, 2000

**Pathfinder in Africa**



Africa FPSD Countries  
 ■ Current 2000  
 ■ Past (1993-1999)  
 □ Non FPSD



## Pathfinder International in Africa

Africa is diverse, dynamic, and challenging. In evolving beyond a more strictly family planning (FP) focus to the broader concept of reproductive health (RH), Pathfinder's work in sub-Saharan Africa has, of necessity, addressed the dual dilemma facing most African countries and communities: a substantial unmet need for modern family planning coupled with the ravages of spiraling rates of sexually transmitted disease (STD) and HIV transmission. There has been substantial progress in some areas in some countries. In Kenya, Zimbabwe, and Botswana, total fertility rates have plummeted and use of modern contraceptive methods has increased by almost 50 percent during USAID's funding of the Family Planning Service Delivery Project.

At the same time, Africa still has the highest rates of unmet need for family planning; it is estimated that as many as one-quarter of married African women—some 22 million—want to space or limit births but are not using modern contraception. Africa has the world's youngest population, with approximately 45 percent of its people under the age of 15. And, Africa is the epicenter of the HIV/AIDS pandemic, with 67 percent of the world's people living with HIV, 98 percent of the world's AIDS orphans, and the most rapid increases in HIV/AIDS prevalence worldwide (UNAIDS, 2000). AIDS has also had a severely negative impact on development and lowered life expectancy in many countries, inflicting a disproportionately high rate of infection in the age group between 15 and 24 years of age and affecting more women than men.

Pathfinder learned, and applied, many lessons that reflect the unique contexts and characteristics of programs, communities, and participants throughout Africa. But some lessons have broad applicability and significant implications for the future. Increasingly, for example, Pathfinder sought to address the gap between

widespread knowledge of modern family planning methods, benefits, and resources, and their relatively low use throughout the region. Similarly, gaps between almost universal knowledge of the causes and prevention of STD/HIV/AIDS and the commitment to sustained behavior change must be addressed using a variety of locally appropriate approaches and strategies and working through and with local implementing partners who understand how and what to communicate. Underlying these lessons is the recognition of the importance of strong, locally appropriate behavior change initiatives and information, education, and communication (IEC) campaigns

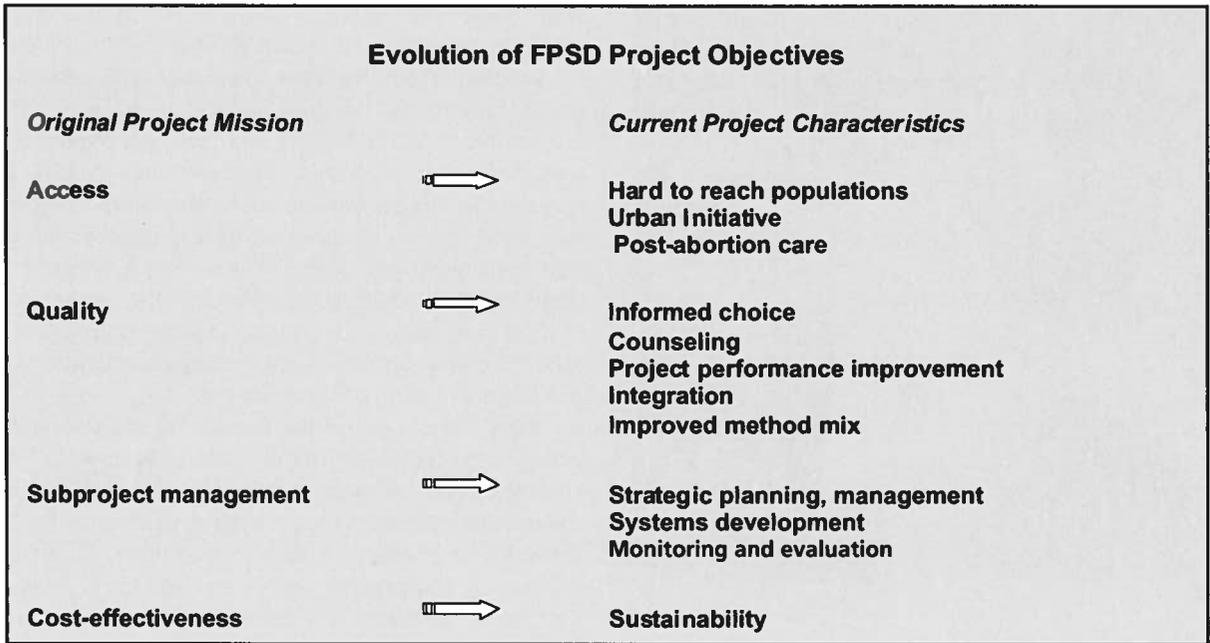
Over the period of the Family Planning Service Delivery Project, Pathfinder collaborated with 76 different partners ranging from church networks or universities to public sector agencies, national NGO networks, or private practitioners (see Annex B). After conducting assessments and preparing country-wide strategies, Pathfinder worked in 10 countries (Kenya, Nigeria, Uganda, Tanzania, Mozambique, Ethiopia, Côte d'Ivoire, Zambia, Senegal, and South Africa) and implemented several regional initiatives. One of the primary lessons learned was that to achieve greater impact and make better use of diminishing resources, it was necessary to shift the emphasis of the Africa regional program from a portfolio of numerous small projects at the beginning of the project to large service delivery projects within comprehensive country programs. Pathfinder was also able in several instances to leverage USAID funding and expand resources available to its programs and partners from other diverse public, private, bilateral, and multilateral sources.

In keeping with its organizational and project goals, Pathfinder's Africa program *increased access to FPI/RH services* through numerous service delivery modes and strategies in order to reach underserved and at-risk groups such as adolescents, men, urban dwellers, and the indigent. Innovative approaches such as community-based, workplace, and marketplace service delivery efforts complemented facility-based services, with specific program activities tailored to address the region's most pressing FP/RH needs.

### FPSD in Sub-Saharan Africa

Countries: 14 (Benin, Burkina Faso, Côte d'Ivoire, Ethiopia, Kenya, Mozambique, Nigeria, Senegal, South Africa, Tanzania, Togo, Swaziland, Uganda, Zambia)

Local partners: 76  
 New family planning users: 2.6 million  
 Couple-years of protection: 1.9 million  
 People trained: 28,000  
 People informed: 31.5 million

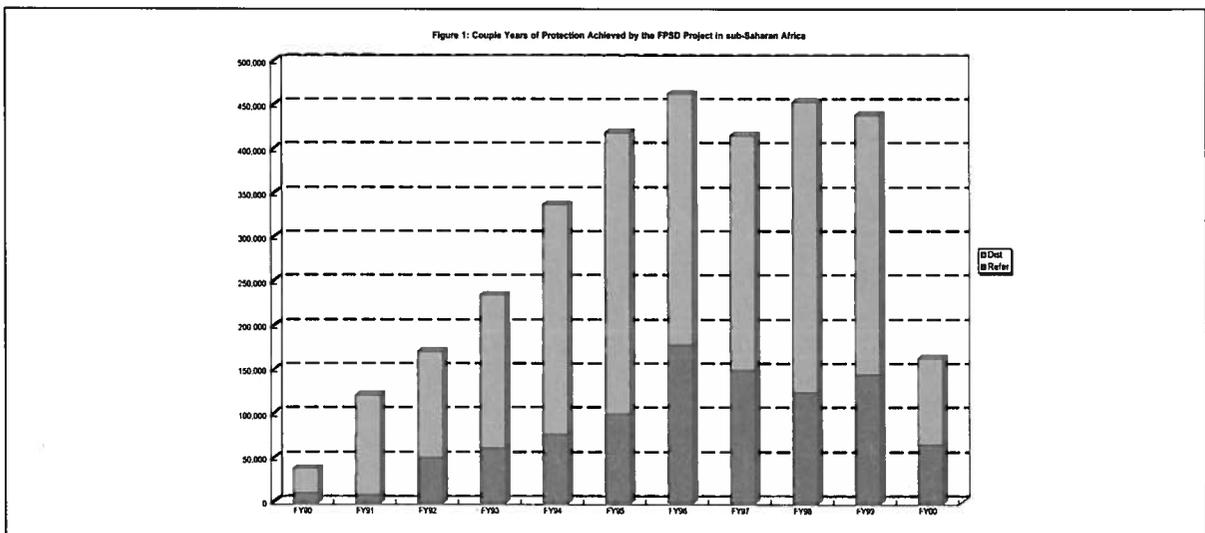


Pathfinder also *improved the quality of services* by working with local organizations in the public and private sectors to improve care, train service providers, and offer an appropriate constellation of RH services. With these programs in place, Pathfinder *built institutional capacity* of partner organizations by developing long-range strategic plans to make their programs more cost-effective and sustainable, and by strengthening their capacity to manage the services they provide.

The project objectives evolved over time in keeping with the learning process. As shown in the box above, this involved including, for example, hard to reach populations and post-abortion care as elements of access, and such aims as informed choice, counseling, and integration as part of quality. Subproject management broadened to institutional development, with a focus on strategic planning, systems development, and monitoring and evaluation. Cost-

effectiveness became more specifically sustainability. Moreover, in keeping with the Cairo vision, there was a shift from strictly demographic goals to the needs of individuals and families and the empowerment of women.

Under the project, Pathfinder and its African partners served almost 2.6 million new users, provided 1.9 million couple years of protection (CYPs), and referred clients for services contributing another 695,000 CYPs (see Figure 1). It trained nearly 30,000 physicians, nurses, clinical officers, community-based workers, program supervisors, and managers, and informed nearly 32 million persons about FP and RH services and issues. Working with key partners, Pathfinder also facilitated a fourfold increase in the number of partners with strategic and sustainability plans and helped a majority move upwards along the continuum of institutional development and self-sufficiency. Through country and regional workshops,





on-site technical assistance (including linkages with other organizations such as the innovative collaboration on financial management and sustainability with Abt Associates), and materials development, Pathfinder helped improve partners' financial management, planning, monitoring and evaluation, and management information systems (MIS). Cost-effectiveness was an important aim, for example, in steadily decreasing the cost per CYP, as illustrated in Figure 2.

To complement the individual country programs, Pathfinder facilitated several regional initiatives that reinforced technical leadership in the region. These initiatives promoted exploration and replication of innovative approaches, models, or activities. They include Pathfinder's pioneering work in *integrating mother-child health (MCH)/FP with STD/HIV/AIDS services*, protocols, and information, its groundbreaking work with *adolescents*, which featured youth-friendly services, peer education, and life planning skills, and its efforts to address a region-wide tragedy—unsafe or incomplete abortions through *post-abortion care (PAC)*. Other regional efforts were the *Urban Initiative*, which attempted to alleviate high rates of STD/HIV transmission and unintended pregnancy in urban slums, and *emergency contraception*, which promoted the use of special dosage pills in the event of unprotected sexual encounters. A variety of region-wide training programs, including infection prevention, quality control, post-abortion care, and counseling rounded off the regional initiatives.

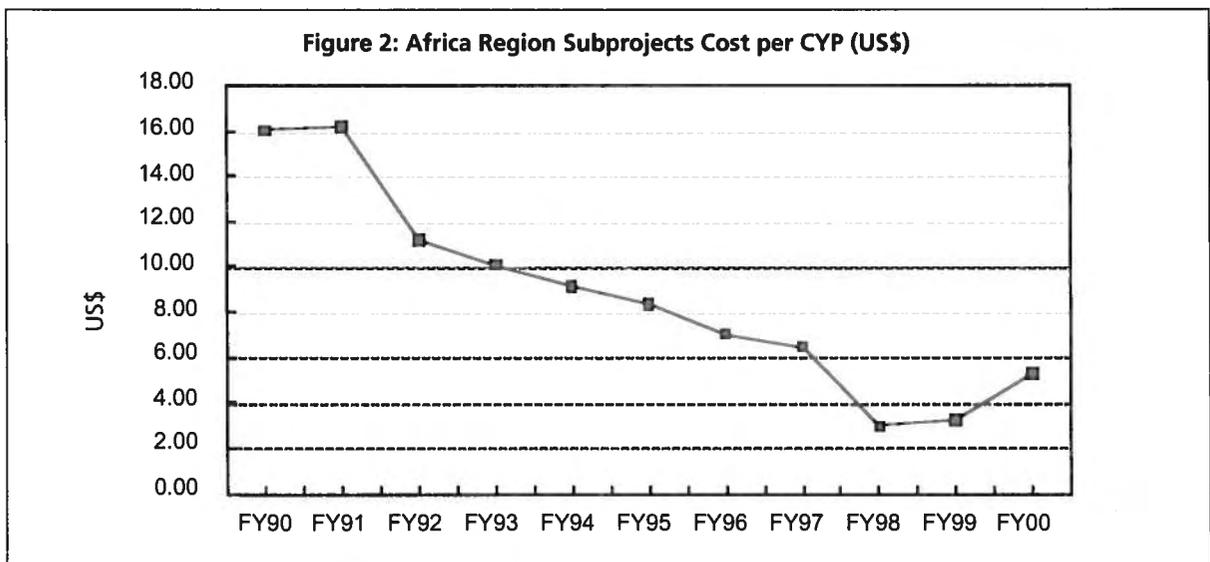
Monitoring and evaluation play a critical role in all Pathfinder activities. Accurate data and information are indispensable to the effective implementation of its own and its partners' reproductive health programs. Pathfinder has approached monitoring and evaluation in three important ways: a) assisting partners to strengthen their own systems for data collection, analysis, reporting, and use; b) bolstering partner skills in monitoring, supervision, and implementation of performance standards; and c) documenting progress

**Regional Initiatives and Training**

- Setting the Africa Agenda I & II – regional conferences to document HIV/AIDS–MCH/FP integration
- Urban Reproductive Health Initiative
- Integration of STD/HIV/AIDS prevention with MCH/FP programs
- Increasing access to post-abortion care services in the Africa region
- Emergency Contraception Regional Initiative
- Operations research workshop: FP situation analysis study
- Lactation management education program
- Study tour to CBD programs in Kenya
- CBD study tour for Zambia officials
- ARH study tour to Zambia and South Africa for EARHN policy members
- Training of trainers: Infection prevention, quality of care, counseling, post-abortion care
- Other regional training: Financial management, monitoring and evaluation, Family Planning Association executive directors management seminar, management of CBD for managers and supervisors, strategic planning with EARHN

and disseminating useful information, models, best practices, and materials. Evaluation techniques over the course of the project included community level surveys, client exit interviews, provider surveys, client/provider interaction studies, community diagnostic studies, focus group discussions, situation analyses, and facility assessments.

Evaluations also assisted Pathfinder to improve its own program designs, such as the use of assessments of its clinical infection training and the impact of community-based distribution (CBD), dual method use,





and male involvement programs. For FPSD in Africa, Pathfinder conducted two regional workshops on monitoring, evaluation, and management information systems for a total of 36 representatives of partner organizations in eight countries and Pathfinder's regional and country office staff (see Annex C). Worldwide, the evaluations conducted under the FPSD project numbered 13 needs assessments, 28 baseline studies, 123 mid-term studies, and 18 end-of-project studies. Intensive on-site technical assistance and efforts to sharpen and streamline data collection procedures and formats while linking them to Pathfinder's global Program Support System (PSS) were also a major emphasis during the FPSD project.

The PSS is a client-server database system that automatically replicates itself in all Pathfinder offices using economical internet-based electronic mail. The system permits worldwide organizational management and sets new standards in open communication, financial and programmatic accountability, and data integrity. All transactions are logged by individual users with a time stamp and all documentation and records are backed up in every office and headquarters. PSS captures standard service delivery data as well as training, institutional development, and quality of care indicators. It also automatically compares budgets and quarterly financial reports and documents payment requisitions, commitments, and disbursements. The key features of the system are accountability, openness, and a focus on results. All data can be observed by all projects around the world.

## Country Program Highlights

Under the Family Planning Service Delivery Project, Pathfinder established or continued to support ongoing country-level programs in several African countries. Project funding ensured the continuity of a cohesive, practical, and strategic approach towards developing comprehensive reproductive health programs. The success of the activities also enabled Pathfinder to diversify and expand its funding base in nearly all cases, leveraging funds from the private sector, foundations, and others.

### Ethiopia

Pathfinder was among the first international private voluntary organizations to support Ethiopia's family planning activities in the early 1960s. Under the FPSD project, Pathfinder established its Ethiopia country office in 1995. The program in Ethiopia has provided several regional models, including support and collaboration for family planning/reproductive health services among the Government of Ethiopia, NGOs, and multi-sectoral agencies, assistance to private practitioners, and increased demand for and access to quality family planning and reproductive health programs.

Working through an innovative NGO consortium (COFAP) that has increased its membership from 5 to 38 organizations, Pathfinder/Ethiopia seeks to improve the institutional capacity of Ethiopian private and public organizations and assist them to share information, tools, and resources more effectively. Key accomplishments under the FPSD project include:

- Evolving from a few small projects to a full-fledged country program. With FPSD project support, the project attracted major funding from private foundations and other USAID sources. The number of local organizations supported by Pathfinder increased from one in 1995 to 15 by 2000. In collabo-

#### FPSD Partners in Ethiopia

Consortium of Family Planning NGOs of Ethiopia  
Ethiopia Evangelical Church Mekane Yesus  
Family Guidance Association of Ethiopia  
Good Shepherd Family Care Services  
Private Sector Franchise Initiative Program  
Marie Stopes International/Ethiopia  
Ministry of Health

ration with country partners, the Pathfinder country program encompasses 31 clinic sites, 34 CBD areas, one marketplace, seven workplaces, and adolescent RH.

- Improving quality of care through training, expanded method mix, integration of STD/HIV/AIDS in service delivery, and building the management capacity of service providers.
- Establishing the Consortium of Family Planning NGOs of Ethiopia (COFAP). The organization's mission is to coordinate and standardize family planning and reproductive health activities in the NGO sector so as to promote sharing of information. Further, these networking efforts enhance collaboration, facilitate open dialogues, minimize duplication of efforts, and maximize limited resources.
- Supporting the development and use of nationally endorsed tools. These include community-based reproductive health protocols and training curricula; a master sustainability plan; a cost accounting and financial management procedures manual; a community-based reproductive health supervision manual; clinical standards of practice; clinic-based service training curriculum; monitoring and evaluation instruments; and an infection prevention manual. The Ministry of Health adapted the Pathfinder home-based care training curriculum to the Ethiopian context, and adopted it as its own.



#### FPSD Partners in Kenya

Anglican Church of Kenya, dioceses of  
Maseno West and Eldoret  
Egerton University  
Kabiro Kawangare Health Trust  
Kenya Medical Association  
Kenyatta National Hospital/University of Nairobi  
Kenyatta University  
Maendeleo ya Wanawake Organization  
Mkomani Clinic Society  
Nairobi City Council  
Ministry of Health  
Ministry of Education

### Kenya

Pathfinder has worked in Kenya for over three decades in collaboration with more than 40 local partners, government agencies, and other organizations. As one of its more mature country programs in Africa, the Pathfinder Kenya program has been instrumental in ensuring access to family planning/reproductive health services for the majority of Kenyans, including high-risk and hard-to-reach groups. In part due to the initiatives of Pathfinder and its partners, Kenya is recognized as one of the outstanding family planning success stories on the continent, if not the world. Kenya's population growth rate has fallen faster than almost any country in the world, from nearly 4 percent in the early 1970s to 2.1 percent at the close of the 20th century (KDHS, 1999). To achieve this objective, Pathfinder and Kenyan partners pioneered community-based and other innovative modes of service delivery. Pathfinder also invested its technical and financial resources to bolster the institutional capacity of Kenyan organizations and was able to leverage other funding to expand support for youth-friendly services.

The creation of the High Risk Clinic (HRC) at Kenyatta National Hospital was an important, farsighted element of Pathfinder support. The HRC specializes in providing post-abortion and postpartum services to women under 25 years of age. It trains service providers in PAC counseling and service delivery for young women and their partners. The program has incorporated emergency contraception into its service mix and has integrated STD and HIV/AIDS information, care, and prevention services. The HRC model has been replicated in rural and other urban areas of Kenya and serves as a model for PAC and postpartum services throughout the region.

Pathfinder initiated, scaled-up, and then went beyond community-based distribution (CBD) services in Kenya. Under the FPSD project, Pathfinder expanded awareness of and access to family planning services through its long-term projects with several local partners. From its strong CBD base, Pathfinder expanded

its service delivery mechanism to include a more efficient depot approach. Further, CBD agents were trained to offer some integrated services and, with the Pathfinder home-based care training curriculum, are being groomed to provide training in home-based care to household members of people living with HIV/AIDS.

In similar fashion, Pathfinder provided resources to many long-term local partners to develop their institutional capacity and become more independent, both technically and financially. Due in large part to technical assistance provided under the FPSD project, organizations such as Maendeleo Ya Wanawake Organization, Kenya's largest women's organization, developed and are using strategic plans, formal human resource management plans, and computerized management information and financial management systems. Additionally, these organizations have developed creative financing plans to generate income and market services, better manage the money they do have, and diversify donor bases.

### Mozambique

As Mozambique recovers from civil war and makes the difficult transition from relief to development services, Pathfinder has committed its resources to establishing a full-fledged family planning/reproductive health program. Funds from the Family Planning Service Delivery Project were combined with other USAID monies to design the FP/RH program. This also allowed leveraging of UNFPA funds for adolescent-focused activities. The program strategy comprised five main elements: a) policy advocacy and technical support to Ministry of Health and local NGO partners to improve access, availability, use, and quality of MCH/RH services; b) technical assistance to expand and improve RH and MCH interventions by private voluntary and international non-government organizations; c) sustainability through organizational development and capacity building of two NGO partners; d) focus on adolescent RH; and e) use of multi-sector approaches to strengthen program implementation and increase coverage.

Pathfinder initiated national and provincial mechanisms to strengthen coordination between local and international private voluntary organizations and to improve public sector capability to effectively use NGOs. Pathfinder provided essential leadership in

#### FPSD Partners in Mozambique

AMODEFA (Family Planning Association of  
Mozambique)  
Salama Reproductive and Community Health  
Services Project  
Ministry of Health  
Ministry of Youth and Sport  
Ministry of Education



promoting communication among donor agencies, fostering an open, collaborative environment, and advocating for local partner support.

Pathfinder successfully piloted community-based service initiatives in Niassa, Nampula, and Zambezia provinces in partnership with two national NGOs (AMODEFA and Salama) and in close collaboration with MOH at provincial and district levels. Pathfinder trained trainers, elementary nurses, MCH nurses, and *activistas* (CBD agents) to improve quality at various levels of FP/RH service delivery. Training and IEC materials, along with service standards and guidelines, were developed in collaboration with local counterparts and have been adopted for use as required.

Pathfinder conducted strategic planning exercises with both local NGO partners. These exercises produced usable, practical plans that have since been implemented and revisited.

### Nigeria

Nigeria, the most populous country in the region, enjoyed a very successful nationwide family planning program supported by USAID in the late 1980s and early 1990s. Program gains could not be maintained, however, because of donor withdrawal as a result of the country's aid de-certification. Although USAID funding for Nigeria was not available for several years during the course of the FPSD project, Pathfinder was able to diversify its

#### FPSD Partners in Nigeria

Alfar Clinic and Maternity  
 Alpha Clinic and Maternity  
 Civil Liberties Organization of Nigeria  
 Crown Hospital  
 Group Medical Practitioners Limited  
 Hope Hospital and Maternity  
 Iyi-enu Mission Hospital  
 Katsina Nursing Home  
 Medical Women Association of Nigeria  
 Muslim Sisters Organization  
 National Association of Nurses and Midwives  
 Ogoju Women Multi-Purpose Development Association  
 Omotola Clinic and Maternity  
 Oturkpo Multipurpose Cooperative Women Society  
 Planned Parenthood Federation of Nigeria  
 Private Nurses and Midwives Association  
 St. Anthony's Hospital  
 Ministry of Health

funding base and focus on institutional capacity building, reaching out to hard-to-reach populations, and prevention and management of STDs/HIV/AIDS. When limited project funding from USAID was made available, several small projects with private sector partners were developed and implemented to expand access to services. Accomplishments using project funds included:

- > Improving access by bringing services to hard-to-reach populations including adolescents and males, in selected areas throughout the country. Pathfinder offered family planning and RH services through multiple service delivery systems, namely clinics, hospitals, private sector providers, and a variety of innovative community-based approaches (marketplaces, hotels, motor parks).
- > Sponsoring a series of advocacy workshops for project directors/coordinators and supervisors. Pathfinder also continues to work with community and traditional leaders to increase their knowledge of modern family planning/reproductive health, cultivate their support for programs, and gain their influence in project implementation.
- > Maintaining use of local technical resources by contracting with members of the Nigeria Management Training Network, an organized group of experts formed by Pathfinder under the Nigeria Family Health Services Project, to provide technical assistance in various aspects of management, MIS, training, quality improvement, etc. All of the sub-projects funded through the project have benefited from their technical contributions, while the Network has benefited from the additional experience and lessons learned.

### Senegal

Supported solely with FPSD project funds and managed from its Regional Office in Nairobi, Pathfinder's program in Senegal supported the Association Senegalaise pour le Bien-Etre Familial (ASBEF), the only organization in the country besides the Ministry of Health that provides reproductive health services. Over Pathfinder's five-year association with ASBEF, significant progress was made in improving the availability of quality family planning services. Pathfinder and ASBEF worked on institutional capacity building, with the former providing intensive technical assistance in financial management, management information and other management systems, and quality of care. Highlights of Pathfinder achievements include:

- > Improving access by establishing new clinics in St. Louis and Kaolack, Senegal's second and third largest towns, respectively. These clinics served as a base for CBD services, the first to be offered in the country.
- > Improving quality of services by expanding the method mix. The project initially offered only pills, condoms, and spermicides. Method choice was augmented by the addition of longer-term methods including injectables, intrauterine contraceptive devices (IUDs), and Norplant. In addition to family planning services, ASBEF integrated a wider range



of RH services such as gynecological, prenatal, and pediatric services, along with STD and HIV/AIDS prevention.

- Strengthening institutional capacity. Pathfinder provided extensive technical assistance to help ASBEF develop a five-year strategic plan. This plan was not only used as an operating guide by the organization, but also to help market the organization to other donors after Pathfinder completed its funding commitment. Additionally, Pathfinder included ASBEF in a series of financial sustainability workshops conducted in collaboration with Abt Associates. This intervention led to South-to-South exchanges with FLEP, one of Pathfinder's partners in Uganda.

### South Africa

Pathfinder's work in South Africa concentrated on increasing the institutional capacity of its local partner, the Planned Parenthood Association of South Africa (PPASA), which serves as a vital technical resource to both government and private sector on reproductive health issues. Pathfinder also worked with PPASA to raise funds and diversify its funding base, and provided support for a growing regional conference, sponsored by the RH Research Unit at the University of Witswatersrand and entitled the RH Priorities Conference.

Specific program highlights are as follows:

- Assisting PPASA with strategic planning as well as development of new program planning guidelines and procedures. These interventions strengthened program design and implementation. As a result, PPASA staff members, from service providers to senior managers, are now thinking strategically. They understand how their work fits into the organization's mission and how they contribute to it. This has resulted in streamlined programs and more effective implementation.
- Using the FPSD project to leverage funding from private foundations to support Working for Waters (WfW), a unique environmental and public works program that provides jobs in disadvantaged communities. These jobs are environmental, focusing on removing non-native plant species that are depleting the country's fragile groundwater reserves. Because the Department of Water Affairs takes a holistic view of development, PPASA will incorporate a community-based reproductive health component into the WfW program. This approach will strengthen services for adolescents, who still lack accurate information about RH and have great unmet need for access to FP/RH services.

#### FPSD Partners in South Africa

Planned Parenthood Association  
of South Africa  
RH Research Unit, University of Witwatersrand  
Working for Water Project

### Tanzania

The Family Planning Service Delivery Project made possible Pathfinder's establishment of a Tanzania country office in 1996. Pathfinder's role in Tanzania complemented the government's efforts to improve the country's overall health status by increasing accessibility, quality, cost effectiveness, and management of integrated reproductive health services. Pathfinder's work with major faith-based groups provided entry points into communities across the mainland and in Zanzibar. Besides designing a national CBD program for the Ministry of Health, other project activities included:

- Promoting male responsibility through "male-friendly" activities. These include male-focused promotional materials on family planning and STD/HIV/AIDS prevention, male-only clinic hours, and advocacy and awareness meetings and orientation seminars with local leaders to promote male motivation.
- Increasing access to integrated services for industrial workers and their families. Pathfinder advanced workplace-based service delivery using the existing clinics and community-based distributors of two local grantee organizations, Tanzania Occupational Health Services (TOHS) and Organization of Tanzania Trade Unions (OTTU).
- Expanding the range of contraceptive methods through pilot-testing and successful promotion of "CARE," a female condom. CARE has become a method of choice for many couples.

#### FPSD Partners in Tanzania

Family Planning Association of Tanzania (UMATI)  
Organization of Tanzania Trade Unions  
Seventh-Day Adventist Church Health Services  
Shirika la Uchumi Wanawake Tanzania  
(SUWATA)  
Tanzania Occupational Health Services  
University of Dar es Salaam  
Ministry of Health  
Ministry of Education



## Uganda

Activities supported under the FPSD project complemented and enriched those funded through the Delivery of Improved Services for Health Project (DISH). Pathfinder's strategy in Uganda is to increase access to and the use of family planning/reproductive health services, to improve quality of service delivery and foster sustainable local institutions, and to change behaviors related to reproductive and maternal and child health in selected districts. Specifically, Pathfinder has worked to increase access to services for internally displaced people in selected areas of Uganda and introduced innovative approaches to support people living with HIV/AIDS, such as home-based care. In part because of Pathfinder initiatives, Uganda is the only country in sub-Saharan Africa to register a downturn in HIV infection rates: from a peak of nearly 14 percent in the early 1990s down to about 8 percent in 2000 (UNAIDS, 2000). The strongest decline has been among 15-19-year-olds.

Other activities during the FPSD project involved:

- Supporting the Family Life Education Program (FLEP) for over eight years. The program has grown from a small community project to registered NGO and a major training resource that offers family planning and reproductive health education and training to reach the most vulnerable populations and hard-to-reach groups. Pathfinder provided technical assistance to build organizational capacity and promote sustainability. Results include improved strategic planning, the ability to provide technical assistance to other NGOs, income generation skills, and a diversified funding base.
- Promoting public-private partnerships and sustainability by assisting programs to prepare and implement sustainability plans and memoranda of understanding between local governments and Pathfinder's local implementing partners so that governments are paying for services provided by these partners and increasing their options for growth and sustainability.
- Serving a population of over 130,000 internally displaced persons (IDPs) living in Masindi and Kasese districts. Pathfinder trained community reproductive health workers to integrate nutrition educa-

tion, breastfeeding, and growth monitoring into village reproductive health services. In addition to offering basic health care, food, and clothing, the projects introduced maternal health, distributed condoms to the army stationed at the IDP camps and men within the IDP camps, and offered other non-prescription contraceptives and STD treatment.

- Supporting projects that increased knowledge about reproductive health and MCH and behavior change through community awareness programs that include a mix of traditional education approaches such as puppet shows, plays, and folk songs, as well as radio and print campaigns. According to a community survey in one of the project areas served, over 90 percent of women knew at least three family planning methods.
- Enhancing and strengthening efforts to provide home-based care to people living with HIV/AIDS through the adaptation and adoption (by the MOH) of the Pathfinder HBC training curriculum.
- Conducting post-abortion care training at both regional and national levels.

## Other Countries

Early in the Family Planning Service Delivery Project Pathfinder also supported large projects in Côte d'Ivoire and Zambia, as well as a few training activities in Benin.

- In *Côte d'Ivoire* Pathfinder worked with L'Association Ivoirienne pour le Bien-Etre Familial (AIBEF) to support clinic and CBD activities in urban areas. The program's achievements include expanding support to clinic- and community-based services that target young people and males, leveraging collaborative approaches between AIBEF clinics and public maternities, expanding method mix by introducing voluntary surgical contraception, and refining systems to manage income generation. Pathfinder also assisted AIBEF to improve the quality and increase the quantity of services at its clinics at the Treichville and Yopougon Hospitals by strengthening the two clinics and assisting in the initiation of pilot community-based activities in Yopougon.
- In *Zambia*, FPSD project funds were used to "bridge" subproject support to three family planning organizations: Makeni Ecumenical Center and two subprojects with the Seventh-Day Adventist Church in Kabwe and Chipata. This support enabled client recruitment and information, education, and communication (IEC) activities through static and mobile clinics, community-based distribution activities, and community mobilization. Additionally, technical assistance was provided in the areas of management information systems review and de-

### FPSD Partners in Uganda

Church of Uganda, dioceses of Bunyoro Kitara (Masindi), Busoga, East Ankole, and South Rwenzori (Kasese)  
 Family Life Education Program  
 Family Planning Association of Uganda  
 Ministry of Health



sign, training for community-based distributors, financial management, and program management and supervision.

- In collaboration with the *Benin* Ministry of Health, 17 health professionals from the MOH and Social Affairs of Benin were trained on how to conduct a family planning situational analysis using various methods of data collection and evaluation and survey techniques.

## Summary of Lessons Learned

### Increasing Access

- ✓ Adolescents are among the most vulnerable, yet least served, Africans. A more holistic approach is required to reach and serve adolescents, and the delivery of information and services must be integrated with advocacy for policy reform, reduction of barriers, and changes in attitudes.
- ✓ Alternative service delivery options must be explored and emphasized to reach at-risk populations, particularly adolescents, rural groups, urban slum dwellers, men, and commercial sex workers.
- ✓ Radio is a very efficient medium for reaching rural residents with health messages. According to a 1997 survey, more than 80 percent of new family planning clients had heard a radio message about family planning. Nevertheless, direct interpersonal communication in the African context is also extremely important.
- ✓ Community-based service projects must continue to evolve into more cost-effective operations such as using depot holders, relying more on social marketing, integrating income-generating activities, and linking with organizations or programs in other sectors to increase coverage and acceptance.
- ✓ Systematic, effective referral networks and medical backup are essential components of community-based approaches to increase client-centered access.
- ✓ Political factors influence programmatic realities.

### Improving Quality

- ✓ Supervisors who train their own staff are ideally positioned to monitor performance and provide assistance as needed. This creates a team approach to supervision.
- ✓ Quality begins with a provider who understands the importance of *service* in RH services, of providing value for the client's time and money, and of respecting client dignity and rights.

- ✓ Core teams of trainers help build institutional capacity of local partner organizations. When partner organizations make a systematic commitment to improving quality services, managers and supervisors, in addition to service providers, must also be trained.
- ✓ Quality means more than technical competence and standards; it requires meeting clients' expectations of quality and establishing mechanisms to obtain regular client feedback and ensure client satisfaction.
- ✓ Institutionalization of a commitment to quality requires rigorous monitoring and supervision at all levels and user-friendly tools to assist providers and managers to assess and improve their own performance.
- ✓ The cascade training approach is an effective way to increase provider competence through its rapid multiplier effect.

### Building Institutional Capacity

- ✓ Organizations that have become sustainable fulfill a more important role than simply providing services in the communities where they work. They become critical models for other NGOs and for the public sector, particularly in the area of generating demand, creating access, and providing high quality services as well as technical assistance and training resources. In this respect, small NGOs can make a significant contribution to improving reproductive health in a country.
- ✓ All three components of institutional development—management, financial, and technical capacity building—must be addressed simultaneously to achieve beneficial synergies, coherent systems or operations, and sustainable programs.
- ✓ When implementing partners feel “ownership” of problems and their solutions, there is a higher degree of commitment to institutional development activities.
- ✓ Since many of Pathfinder's partners in Africa still have fragile management systems or organizational structures, it usually takes longer than originally anticipated to identify the most fundamental problems facing individual agencies and develop tailored programs to address them.
- ✓ Community support is key to sustainable organizations. Assistance in strengthening outreach and using participatory processes systematically must be incorporated into plans for institutional development or capacity building.



- ✓ Monitoring and evaluation can be powerful tools for strengthening programs and increasing institutional capacity, especially when linked with technical assistance and training for managers and supervisors in using data for decision making and program design.

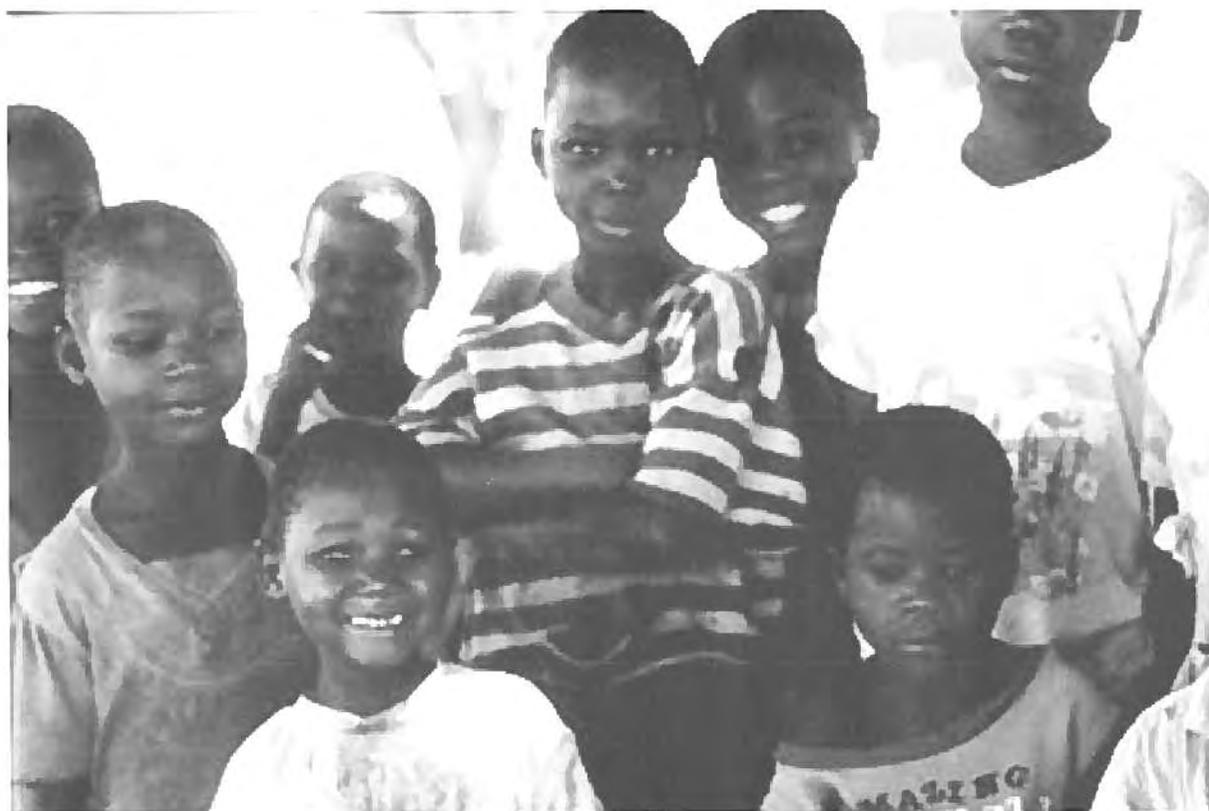
## The Challenges That Remain

Despite the achievements, the challenges to reproductive health in sub-Saharan Africa are enormous. An estimated 59 percent of the demand for family planning remains unmet and some 23 percent of married women need contraception but are not using a method. At least one in five of Africa's huge teenage population has had one or more children or is currently pregnant. Abortion, though illegal in most countries, often results in septic conditions that threaten the health and even the life of the woman and contribute to high maternal mortality rates across the continent.

Looming over all is the deadly shadow of HIV/AIDS, which is a development, public health, and personal disaster of unimaginable proportions. Globally, there are now 36.1 million infected people, the vast majority

in the developing world. In 2000 there were an estimated 5.3 million new infections around the world and 3 million deaths, the highest annual total of AIDS deaths ever. Sub-Saharan Africa is reeling under the impact of the epidemic. Almost 70 percent of adults and 80 percent of children with AIDS are in sub-Saharan Africa. More than 80 percent of the women worldwide and 87 percent of the children infected with HIV/AIDS are in the region, as are 95 percent of the world's AIDS orphans. During 2000 alone, there were an estimated 3.8 million new infections and 2.4 million deaths in sub-Saharan Africa.

It is critical, then, that new and ever more effective means of increasing access, improving quality, and building institutional capacity continue to be identified. The lessons learned from the experiences of nearly a decade must be recognized and best practices replicated. Increased efforts must go into bringing messages and services to young people, men, hard-to-reach populations, and at-risk groups. Service providers need more than ever to listen and counsel, and to have the means to provide the method of choice that best meets each client's needs.



# Strategic Objective I: Increased access to and availability of family planning and reproductive health services

Increasing access to family planning services involves much more than simply putting those services in clinics. Increasing access must include overcoming barriers to use—distance, cost, cultural or religious inhibitions, service provider biases, lack of knowledge about the services, lack of supplies. Pathfinder’s approach to increased access involved addressing all of these barriers.

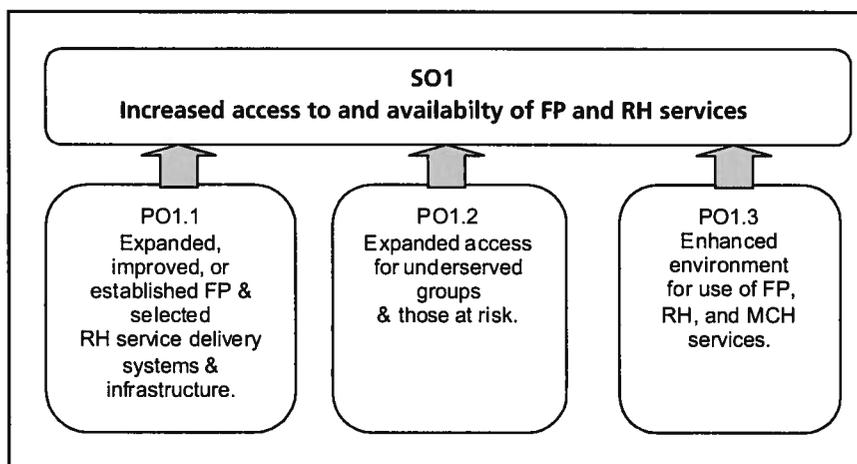
The three projected outcomes of this strategic objective to overcome the barriers and increase access were:

- > Expanded, improved, or established family planning and selected reproductive health service delivery systems and infrastructure through multiple service delivery points, for example community-based, clinic-based, hospital-based, and workplace-based services, as well as social marketing and collaboration with private, for-profit practitioners.
- > Expanded access for underserved groups and those at risk, including young adults, postpartum and post-abortion women, hard-to-reach populations such as displaced persons, men, and people reached by non-health NGOs, for example in environment or development.
- > An enhanced environment for the use of family planning and reproductive health services through selected behavior change, IEC, research, and advocacy interventions, community-level participation, and outreach to underserved/at-risk populations, all supported and documented by impact surveys, focus groups, evaluations, KAP studies, and other research.

Pathfinder has recognized that increased community participation not only boosts access, appropriateness, and innovation in service delivery, it is also key to sustainability. As more of Pathfinder’s partners implement sustainability plans and options, the communities they serve become integral parts of program design and execution, thus bringing services out of static facilities or areas and into the places of greatest need. This is particularly true for so-called “high transmitters” or high-risk groups.

High transmitters and those at high risk of RH problems (STIs, HIV/AIDS, unintended pregnancies, and unsafe or incomplete abortion) must receive messages and services tailored to their unique perspectives and needs if their health seeking and sexual practices or behavior are to change. This has prompted an increased focus on primary prevention, condom or dual method promotion, and behavior change interventions. It also means that the definition and treatment of “clients” or “target groups” has increasingly diversified to include men, commercial sex and transportation workers, adolescents, young mothers and teenage fathers, slum dwellers, and plantation or farm workers.

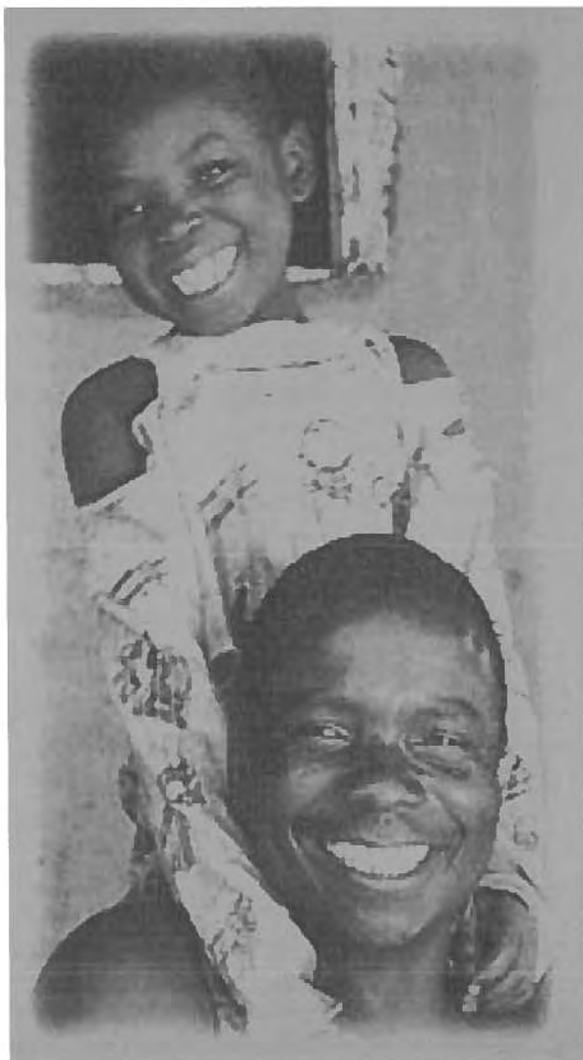
## Strategic Objective I and Program Outcomes





In sub-Saharan Africa under the FPSD project Pathfinder undertook the following activities to increase access:

- Implemented regional initiatives on emergency contraception, post-abortion care, and urban slum dwellers in Kenya, Ethiopia, Tanzania, and Mozambique to reach more people in high-risk groups.
- Increased the number of public and private sector service delivery points and community-based distribution sites.
- Increased efforts to reach high transmitters and provide appropriate IEC messages and behavior change interventions through adolescent RH, integration, and the Urban Initiative.
- Developed and distributed the film *Yellow Card* throughout the region.
- Conducted needs assessments to identify gaps in post-abortion care services and used the findings to expand the number of sites offering such services



- and increased community outreach on the issue.
- Reviewed, adapted, and disseminated participatory community-based planning, monitoring, and advocacy models and methodologies.
- Used surveys/evaluations to measure trends in access among target populations while applying findings to the review and redesign of projects.

## Taking Services to the Community

In rural areas and among other underserved populations, Pathfinder has long supported the creation of sustainable community networks through which people would be motivated to take up and maintain family planning. Community-based distribution has over the years proved to be an effective mechanism for change. Trained service providers—members of the communities they serve—literally go from door to door to raise awareness, distribute contraceptive commodities, and make referrals for other services. As the FPSD evolved, these community-based distributors added HIV/AIDS awareness messages to their usual family planning repertoire.

Maendeleo ya Wanawake Organization (MYWO) of Kenya and Shirika la Uchumi la Wanawake Tanzania (SUWATA) are two of the most successful of Pathfinder's community-based partners in the Africa region. Both organizations have also augmented their CBD operations with other activities specifically targeting hard-to-reach populations, especially including men.

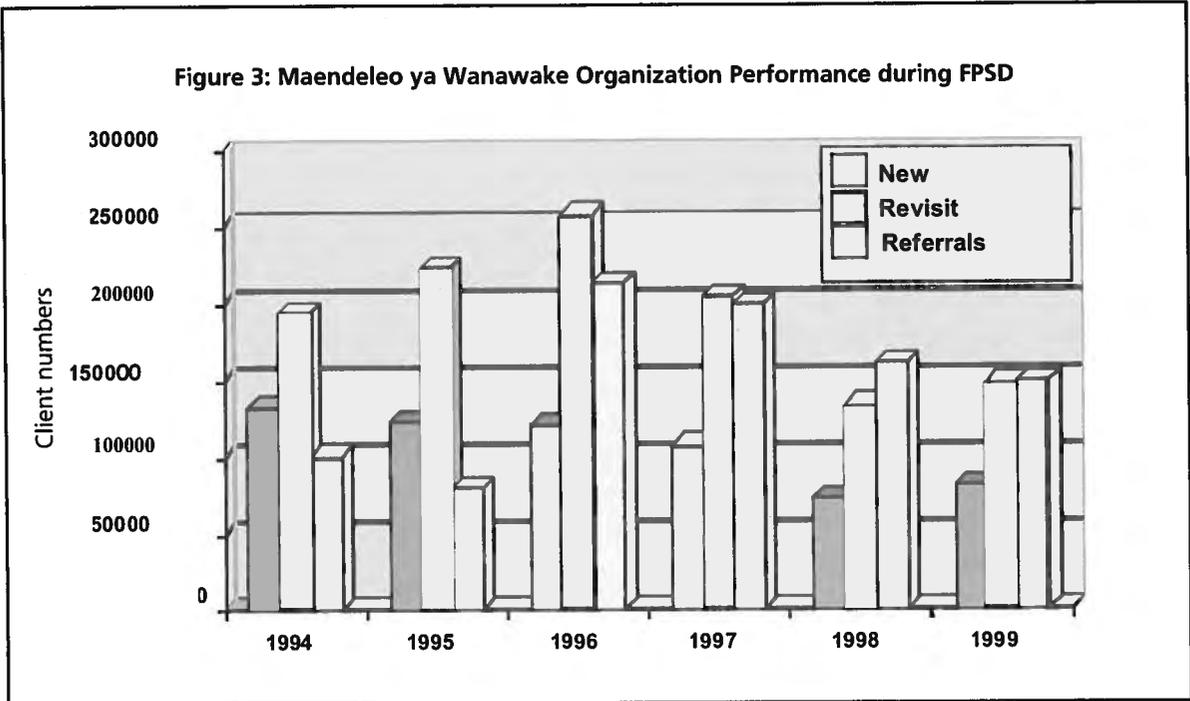
### Maendeleo ya Wanawake Organization

Kenya is a country where Pathfinder supports almost every type of service delivery mode to reach those in need. Delivery mechanisms range from clinic-based services—particularly those targeted at men—at the Nairobi City Council to the Kenyatta National Hospital's High-Risk Clinic for adolescents, to training private practitioners at the Kenya Medical Association and reaching those with no access to static service delivery points through community-based agents. Of particular interest here is the community-based service delivery program of the Maendeleo ya Wanawake Organization, Kenya's largest grassroots women's organization, with 2 million members in 25,000 affiliated women's groups.

Pathfinder has supported the Maendeleo maternal and child health community-based services project since its inception in 1979. The project fills identified gaps in service delivery and expands coverage of target populations with additional services and information. At the outset, the project focused on family planning education and motivation activities, but grew to include the provision of non-clinical family planning methods.



**Figure 3: Maendeleo ya Wanawake Organization Performance during FPSD**



**Achievements**

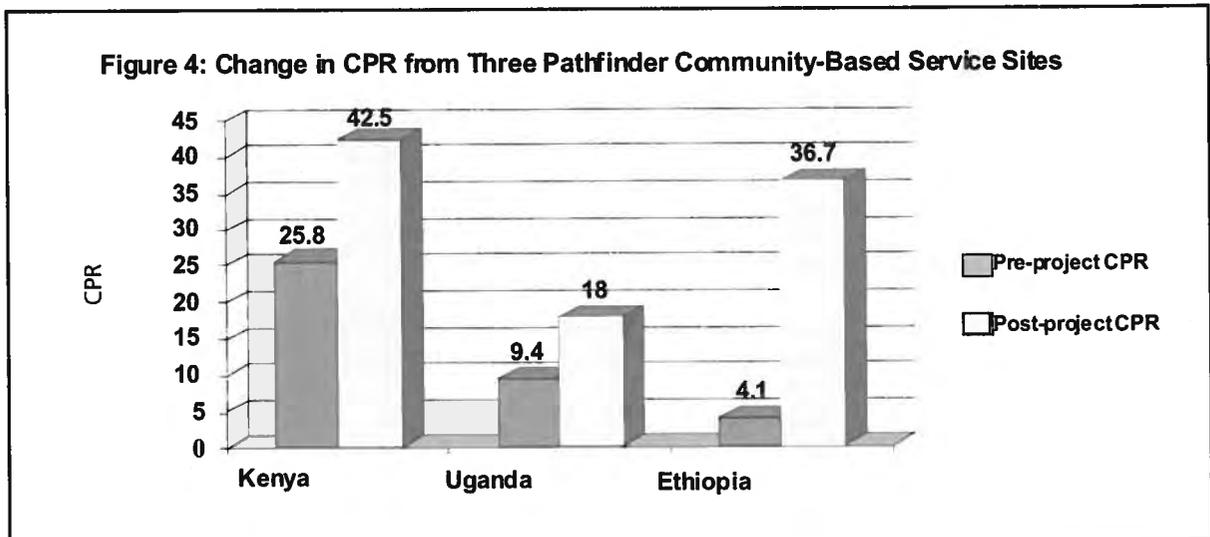
Currently, the CBD project employs 1,238 CBD agents and 57 CBD supervisors. There are also 10,000 volunteers supporting the staff and other employees. The CBD agents visit households in their assigned areas, providing family planning information and education, referrals, and contraceptive methods including condoms, pills, and spermicides. Serendipitously, the CBD program turned out to be an important vehicle for the empowerment of women in project areas. CBD activities improved the status of the women delivering the services and contributed to increased awareness of the need for couples to discuss their reproductive health needs together.

The project has had a considerable impact on contraceptive use in its catchment areas. Between 1993 and 2000, the project served 710,000 new users and

distributed 371,700 couple years of protection. Additionally, the project reached over 10 million people through information and education efforts during the period (see Figures 3 and 4).

A 1997 evaluation of the project showed that overall the MYWO CBD project was very successful in making contraception and family planning information available to rural women and contributed to increased contraceptive prevalence rates (from 18.3 percent in the baseline to 37 percent). Almost all women know about contraception and where to obtain it. However, fertility is still in excess of desired family size, age at marriage is young, and about 33 percent of women who do not want any more children are not using contraception. All these factors pose major challenges to providing women and couples with family planning information and services, especially in rural areas.

**Figure 4: Change in CPR from Three Pathfinder Community-Based Service Sites**





## Lessons Learned - MYWO

As a result of the series of evaluations and findings, MYWO has continued to adapt and expand its services, reaching new clients and developing information materials that specifically address clients' concerns about contraceptive methods and other RH issues. Finally, in response to the low rate of condom use documented in the evaluation study, MYWO increased its condom/dual use promotion and STD/HIV/AIDS awareness activities, increased activities to involve men in reproductive health issues, and incorporated a youth counseling and services component into the CBD program.

## Shirika la Uchumi la Wanawake

Shirika la Uchumi la Wanawake Tanzania (SUWATA) was established in 1987 with the primary aim of empowering Tanzanian women socially and economically. Targeting women was a deliberate entry point for community interventions, but SUWATA soon realized that activities had to be extended to youth and men as well. The organizational strategy is centered around motivation and educational services to low-income groups through community-based distributors, peer educators, and clinical service providers. It also focuses on small-scale entrepreneurship activities.

## Achievements

Pathfinder took on the program in November 1997 and integrated it to include child survival, safe motherhood, treatment of sexually transmitted diseases (STDs), and prevention of HIV/AIDS. The main components of the program were clinic-based services, community-based distribution, community youth services, and promotion of income-generation activities (IGA). Male involvement was an underlying theme that informed all project components. SUWATA was among the first Pathfinder partners to open special clinic services for men, to include men in outreach efforts, and to target men as partners and fathers. SUWATA went to men where they congregated, at taxi parks, markets, and informal sector enclaves, involving community leaders and special messages to put the information across.

## Lessons Learned - SUWATA

- ✓ Integrated service delivery requires strong organizational foundations including committed leadership and staff, and good infrastructure.
- ✓ Cultural hindrances must be taken into consideration when approaching communities.
- ✓ Youth interventions require flexibility.
- ✓ The importance of influential social groups must not be overlooked—they can be crucial to program successes.

- ✓ Continuous assessment and evaluation of progress in implementation is important and should be planned for.
- ✓ Men-friendly services need to be separate from MCH/FP services and tailored to men's work schedules.

## Building Public-Private Partnerships

Much of sub-Saharan African is characterized by centralized, government operated social services, including health care. Pathfinder works closely with governments throughout the region in a wide variety of ways, from training service providers to developing service protocols. Ethiopia offers an illustration of the path such partnerships can take, as Pathfinder develops complementary capacity in both public and private non-profit sectors.

Pathfinder was among the first international NGOs to support family planning activities in Ethiopia. Back in 1964 Pathfinder provided a grant to a courageous group of Ethiopians who began activities that evolved into the Family Guidance Association of Ethiopia. In 1994, Pathfinder was selected by USAID to manage a five-year program to strengthen Ethiopia's reproductive health and family planning service delivery with Family Health International and the Association for Voluntary Surgical Contraception. Among the challenges faced by RH/FP organizations in Ethiopia when Pathfinder started this program in the mid 1990s were:

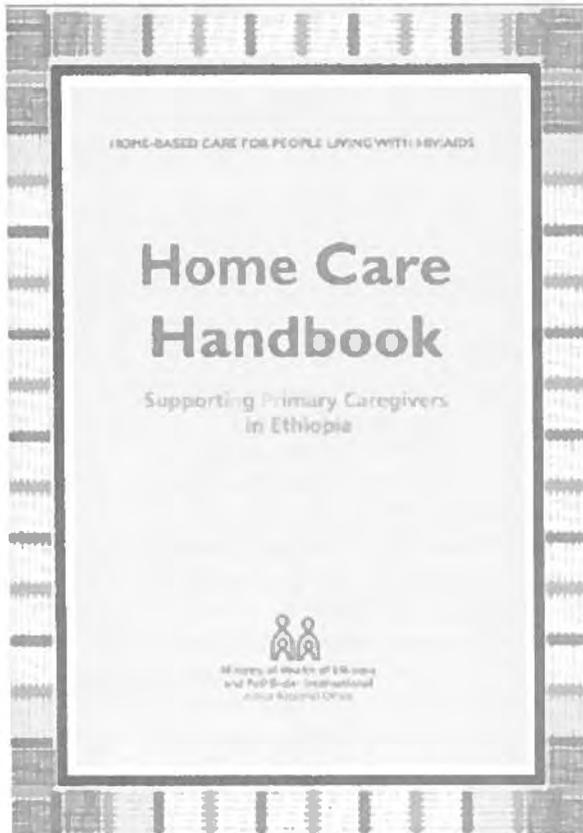
- Lack of coordination
- Limited experience in RH/FP project/program implementation
- Resource limitation
- Lack of standards of practice in service delivery, training, and other RH/FP activities
- Limited trained human resources in RH/FP service delivery and management
- Lack of institutional mechanisms to speak for common goals

The establishment of the Consortium of Family Planning Organizations (COFAP) was one of Pathfinder's strategic moves to address some of these problems.

## Achievements

Major activities and achievements through COFAP since 1996 can be summarized as:

- **Coordination and networking:** The establishment of COFAP, the first organization of its kind in Ethiopia, has proved its worth in creating opportunities for coordinating resource use, promoting networking, and facilitating the sharing of experiences. Further, this initiative has forged strong collaboration between public sector organizations and NGOs.



With the growing importance of COFAP in the sector, its membership has increased from seven in 1995 to its current level of 44.

In relation to this, a technical committee that coordinates and oversees USAID/Ethiopia Funded NGO RH/FP programs was also established. The Technical Committee is composed of the National Office of Population, the Family Health Department of the Ministry of Health, USAID/Ethiopia, COFAP (represented by two members), and Pathfinder International. This committee evaluates and approves project proposals and follows up their implementation. The role of COFAP in this process has been to screen grant applications and select potential NGOs from among its members. It should be noted that only COFAP members are eligible for the USAID grant.

- **Establishing standards of practice:** Among the major gaps in RH/FP program activities in Ethiopia has been the absence of training and service delivery standards of practice in both the public and private sectors. To bridge this gap, Pathfinder through COFAP and in collaboration with the MOH and the National Office of Population has initiated the development of RH/FP curricula, protocols, manuals, and check lists. To this end, Pathfinder has assisted the MOH to develop National Clinical Family Service Delivery and Infection Prevention Manuals; National Community-Based Reproductive Health (CBRH) Training Curricula, Protocols and

CBRH Management and Supervisory Check List; National Family Planning and Selected Reproductive Health Training Curriculum, and the HIV/AIDS Home-Based Care Training Curriculum. Of these materials, the CBRH curriculum, protocols, and the management and supervisory check lists were translated into Amharic to facilitate their use by lower level managers and providers. The home-based care curriculum is also being translated.

- **Building the training capacity of local institutions:** National and regional core teams of trainers were formed and trained in the use of the standardized curricula, protocols, and manuals. A total of 3,225 persons from the public and NGO sectors were trained in various areas of RH/FP through Pathfinder supported projects.
- **Establishing comprehensive monitoring and evaluation:** In order to build the data collection, compilation, and reporting capacity of partner organizations, efforts were made to develop various instruments,<sup>1</sup> provide equipment, and train staff on the use of these instruments. This initiative, undertaken with technical assistance from Family Health International, intends to improve the M&E capacity of partner organizations. Partner NGOs are now institutionalizing the instruments.
- **Developing sustainability plan:** Ethiopian NGOs often lack the management capacity to sustain and expand programs to meet the growing demand for services and have insufficient resources to improve and sustain existing services. In order to address this situation, Pathfinder assisted the development of a sustainability plan to be implemented by partner organizations. Two documents were produced, a sustainability master plan and a cost accounting manual. The cost accounting plan will be pilot-tested by Family Guidance Association of Ethiopia and Marie Stopes International-Ethiopia at selected cost centers. The sustainability plan is expected to be implemented by all partner NGOs in the course of time.

### Lessons Learned - COFAP

The COFAP model has without doubt proved its worth and assisted Pathfinder to achieve its objectives in Ethiopia. The following lessons can be drawn from this initiative:

- ✓ The working relationships established between the public and private sectors through COFAP have cre-

<sup>1</sup>These include: NGO Assessment Form; Service Delivery Point Assessment Form; Family Planning Client Exit Interview Form; Monthly Service Delivery Point Monitoring Form; Catchment Area Sample Survey Male, Female, and Adolescent Questionnaires; and Daily Client Registry Forms.



ated strong coordination and collaborative spirit in project/program implementation. This relationship has also created trust and confidence between the public organizations and NGOs. It has further encouraged the two sectors to share resources and experiences.

- ✓ Establishment of the Technical Committee that oversees USAID/Ethiopia funded NGO RH/FP programs has brought together government, donors, and local NGOs to plan and work for a common purpose of increasing the availability and accessibility of RH/FP services in the country. This collaboration has maximized resource use; minimized duplication of effort, and increased trust and confidence among the various partner organizations.
- ✓ Ethiopia's experience in service delivery training through the establishment and training of core teams of trainers at national and regional levels has shown that this approach is cost-effective, creates a conducive environment for the training of a large number of service providers in a short period of time, and builds team spirit among agencies involved. This approach has also enabled the transfer of knowledge and skills and subsequently built institutional capacity of the partner organizations.

- ✓ The development of standardized community-based reproductive health training curricula and the subsequent series of training programs conducted have increased provider competence, improved the quality of services, and increased demand for RH/FP services.

## Involving the Private Sector

Despite the dominance of public provision of health care, private institutions, particularly those operated by religious organizations, have long been an important element of health care systems in sub-Saharan Africa. Increasingly, and especially with the introduction of cost-sharing measures and reduction of government services, the private for-profit sector has begun to play a more important role, while economic realities mean that even former charitable institutions must try to meet at least some costs, and hopefully turn a profit. These institutions have sought innovative ways to provide services to as wide a range of clients as possible, while still generating sufficient revenues to stay in business. Pathfinder works with many such organizations in the region; an example from Nigeria and one from Tanzania are presented here to illustrate the experiences. The Nigerian organization is itself a profit-making entity, while the Tanzanian group provides services to the private sector.





## Hospital-Based Services

Public and private hospitals are often referral points for CBD agents in urban and peri-urban areas, as well as for clinics with less sophisticated capacity. Hospitals frequently provide an ideal setting for the introduction of postpartum family planning services, particularly in areas where a large proportion of women deliver in hospitals. Moreover, because of the wide range of services available in many larger hospitals, they are excellent venues for reaching beyond mothers to men, as fathers and as partners.

Group Medical Practitioners Ltd. (GMP), a private for profit hospital located in Ibadan in Oyo State, Southwest Nigeria, provides general health services to residents of Ibadan—the largest city in sub-Saharan Africa—and its environs. In particular, GMP serves the predominantly Muslim Hausa population living in the Mokola-Sabo area with a population of 350,940. This community strongly adheres to its traditional religious beliefs, often limiting movement and exposure, especially of women, to the outside world. As such, accessing health care, including FP/RH information and services is difficult. In addition, religious beliefs, based on some interpretations of the Holy Quran as condemning family planning, result in lack of acceptance or public denial of the use of modern methods of contraception, to avoid persecution.

The Reproductive Health Care Project in Ibadan, Sabo community, was designed to increase access, availability, and quality of reproductive health services in Ibadan, through clinic and community-based services. Pathfinder International supported GMP to implement this project between July 1998 and September 2000.

Community relations were strengthened, initially by intensifying ties with male community leaders. This was achieved through advocacy meetings with religious and traditional leaders and sensitization seminars/ community mobilization focusing on male decision makers, without whose approval no activities could be initiated.

A gradual approach and tactful persuasion eventually saw these leaders appropriately informed about the benefits that women and their families can have from education, and access to good quality reproductive health (RH) services.

The project also trained selected women from the community as health workers and peer educators to disseminate FP/RH information and provide non-prescription family planning methods. In addition, service providers at the GMP hospital were trained in family planning and reproductive health care thereby enhancing GMP's ability to provide quality services at



both the clinic and community levels. GMP was also supported with appropriate equipment for the delivery of FP services, data collection, collation and reporting, community-based distributor (CBD) kits, IEC materials, and FP commodities.

## Achievements

The Sabo community is largely a patriarchal society still tenaciously attached to cultural and traditional values. Under these values, it is considered improper for a woman to speak to man. The society further limits the ability of a woman to make decisions, including reproductive health decisions, without due consultation with and approval by her spouse. These factors came together to limit the effectiveness of female CBDs. The project addressed these constraints by training 20 male motivators to complement the efforts of the females, who did not have the authority to inform the males about family planning issues.

At the hospital, women were encouraged to come with their spouses to antenatal and infant welfare clinics for express services to enable them to return to their petty trading businesses without unnecessary delay. Here, the women and children were attended to for growth monitoring, nutrition education, and immunization, at special compressed sessions that lasted for 30 minutes as against the usual 90 minutes. This strategy encouraged the clients to come to the clinic with their husbands, who then received 20-minute talks on FP/RH issues including the benefits of child spacing.



Both strategies produced outstanding results. In the subsequent quarter, the project was able to reach 843 new users and 924 revisits from the community, achieving 1,448 couple years of protection (CYPs)—an increase of over 80 percent from the previous quarter's results.

### Lessons Learned - Group Medical Practitioners

- ✓ In communities such as the Sabo where decision making lies mainly with the men, male motivators should be trained to reach their fellow men with information on family planning and reproductive health services to enable them to empower their women to take up FP services. This training needs to be conducted alongside that of female CBDs to reach women, especially those in purdah, with FP/RH information and services.
- ✓ Since the Hausa communities are heavily dominated by their religious leaders, involvement and approval from them, through advocacy and sensitization meetings using Islamic scholars, is *sine qua non* for the successful implementation of community-based activities in a reproductive health services project.
- ✓ Community workers need to receive adequate compensation for their performance in the form of a performance-based incentive.
- ✓ Cultural acceptability deserves crucial consideration in the design of behavior change communication messages and materials.

### Workplace-Based Services

A key ingredient of outreach to men is to find them where they work. While it is true that increasing numbers of women are joining formal sector employment throughout sub-Saharan Africa, it is also true that the workplace, particularly in the private sector, is still dominated by men. Thus establishing service outlets within places of employment has become an important means of reaching beyond the traditional family planning and reproductive health focus on childbearing women, and involving men in these issues. The Organization of Tanzania Trade Unions (OTTU) is one such workplace institution that offers a variety of services and information to its constituents.

Recently renamed the Tanzania Federation of Trade Unions (TFTU), the Organization of Tanzania Trade Unions (OTTU) is the umbrella organization of the Tanzania labor movement. It was established by an Act of Parliament and in 1996 was formed as an affiliation of 11 trade unions. OTTU's mission is to advocate for workers' concerns by defending, protecting, and promoting the rights and welfare of workers.

Reproductive health is regarded as one of the workers' basic rights. Since the outbreak of the HIV/AIDS epidemic in 1983, Tanzania has continued to be robbed of skilled workers, resulting in the loss of personnel in places of work and threats to the labor market. Employers face a greater burden of health care, death benefits, and pension and other costs. AIDS also causes lower productivity and higher operational costs due to the need to re-train to replace the skilled workers





who have died of AIDS. Yet many employers are still reluctant to address AIDS in the workplace because of its cost implications. As a result, many workers are not reached with timely and appropriate messages to control the spread of the disease.

In 1990, OTTU began a program with the support of USAID through AIDSCOM/AIDSCAP to bring AIDS prevention activities to 29 workplaces in Dar es Salaam. A second phase began in 1994 and enabled the program to expand to clusters in Morogoro, Dodoma, Iringa, Kilimanjaro, Arusha, Shinyanga, Tabora, and Tanga. OTTU used its trainers to train peer educators in these cluster areas. Through the FPSD project, the Pathfinder era also began in 1994 when OTTU initiated family planning services in 22 workplaces and 18 workplace clinics based in Dar es Salaam. Other reproductive health activities at that time were supported by UNFPA.

### Achievements

Some of the major achievements under FPSD were in the areas of advocacy and IEC, including educational sessions, distribution of educational materials, and promotion and distribution of condoms for dual protection. The following are some of the specific achievements in the RH field:

- Training service providers in family planning clinical skills.

- Establishing four clinics providing intrauterine devices (IUDs) and voluntary surgical contraception.
- Training peer educators.
- Implementing family planning in 18 work-site clinics covering a population of 26,000 employees.

### Lessons Learned - OTTU

- ✓ Frequent changing of funding agents and the lack of a strategic plan with a detailed list of activities to be done, clear indications of the sources of funds, and cost of an activity can act as a major hindrance to a project's success. For a project that is solely dependent on donor funds, this could be a major problem, especially during the period of transition between one funding agency and another.
- ✓ It is important to ensure that appropriate resources are available before embarking on an intervention. Relevant and adequately trained personnel have to be in place before the intervention starts. By the same token, expansion of services should not be done without taking stock of existing project capacities.

## Putting Our Faith in Faith-Based Groups

Church-based and other religious organizations have been ideal partners for Pathfinder activities. Many of them provide a variety of educational and health services. They generally have established networks of staff and contacts and are thoroughly familiar with community needs and resources. They are respected by their communities, and they often share the same service ideals that Pathfinder has toward providing quality services to low-income and other under-served populations. Pathfinder has tapped into these networks across Africa, and many projects are carried out through faith-based groups. The following sections briefly illustrate the activities of three such partners.

### Anglican Church of Kenya, Diocese of Maseno West

The Anglican Church of Kenya (ACK) Diocese of Maseno West was established in 1987 and covers the administrative districts of Siaya and Bondo in Nyanza Province. The area has a catchment population of about 500,000. The Christian Community Services (CCS) is a department of the diocese established to improve the standards of living for the poor rural residents within the diocese. Its four major programs are community-based health care, water development, agriculture, and gender training.

The community-based health care component, by far the largest program, provides family planning and



curative and preventive health services to the rural populations through its 9 static and 33 mobile outreach clinics. There are about 400 community-based distribution agents who conduct and facilitate the outreach and motivation activities. Since 1992, under FPSD, Pathfinder has supported the family planning and community-based health care project.

### Achievements

- STD/HIV/AIDS services were integrated into FP/RH related IEC activities of community health workers and in all the static and mobile clinics to ensure quality services.
- Community-based and other reproductive health service providers were trained on home-based care for persons with HIV/AIDS.
- Through both CBD and clinic based service delivery, the project recruited nearly 90,000 new family planning users, served 183,848 revisit clients, distributed over 66,000 CYPs, and informed 1.7 million people about family planning, HIV/AIDS, and other issues.

### Lessons Learned - Maseno

- ✓ Close collaboration with implementing partners and cooperating agencies is vital for project success.
- ✓ Participatory approaches involving all project staff are key to success in implementing project activities.
- ✓ Clear job descriptions are necessary for successful implementation of project activities.
- ✓ CBDs are an essential link between the hard-to-reach communities and the health clinics.
- ✓ Additional training/refresher courses allow CBD agents and health service providers to update their knowledge and discuss client problems especially those previously found difficult to handle.
- ✓ Some form of compensation for CBDs is crucial for boosting their morale and motivating them.
- ✓ Community participation in program implementation helps in creating a sense of project ownership and contributes to program sustainability.
- ✓ Providing integrated services (e.g., curative, laboratory, immunization, theater) is an effective way of increasing access to provision of basic reproductive health services.





- ✓ Resolving management issues in organizations requires the support of both senior management and staff. Both the grantee and the donor must be supportive of each other if management issues are to be resolved and the lessons learned used to facilitate organizational growth and development.

### Seventh-Day Adventist Church

The Seventh-Day Adventist Church Health Services is a private, non-profit unit of the SDA Church in Tanzania. It was founded in 1978 to administer and coordinate all health services owned by the SDA Church. SDACHS has a nationwide network of 48 health centers that provide substantial input to health care delivery in the country. Its health services are mainly targeted for peasants and densely populated areas and are scattered all over the country including Zanzibar. SDACHS is well known for its effective, innovative, and integrated services and highly developed infrastructure.

#### Achievements

Pathfinder support through the FPSD project thus built on over a decade of SDACHS family planning activities. Through its partnership with Pathfinder SDACHS integrated its family planning services with other reproductive health services, hence increasing quality, accessibility, and outreach.

SDACHS also increased the number of people informed, educated, and counseled on reproductive health issues, reached 72 percent of target areas, realized over 100 percent of revisits, improved the logistics management for commodities, and trained trainers of CBD agents. In June 1999 Pathfinder assisted with the development of a five-year strategic plan that will be used by SDACHS to address strategic issues to further ensure its growth, development, and sustainability.

#### Lessons Learned - SDA

- ✓ Project design needs to be reviewed to match the strategic plan with built-in sustainability strategies.
- ✓ The constant availability of commodities is essential for project continuity and effectiveness.
- ✓ Collaboration with other partners is important—it facilitates the exchange of experiences and lessons.
- ✓ The impact of training in enhancing outputs must not be overlooked.
- ✓ Organizational development needs to be across the institution and not limited to just one project within an organization.

### Muslim Sisters Organization

Operating in the predominately Muslim northern areas of Nigeria, the Muslim Sisters Organization was started to cater for the needs of women and particularly to counter, through advocacy, the belief that Islamic

doctrines place women below men. The mission of MSO is to implement a holistic program that meets all community needs. The goal is to emancipate youth and women through advocacy for an interpretation of the Quran that facilitates an environment for improving the roles and status of youth and women in a predominantly Muslim society.

All MSO members are women who have Western education and modern professions. They teamed up to champion the cause and welfare of Muslim women in a very traditional and conservative society. These women also play a critical role as role models for the youth and less literate women. The organization, which is officially registered at both the national and state levels, previously relied on members' monthly contributions to implement programs in the past but no longer does so. It has purchased its own building.

The Pathfinder project has worked through MSO's 13-member health committee, which focuses on integrated health services. MSO has trained 30 traditional birth attendants who were selected with



the help of local committees and introduced to local community leaders after the training. The TBAs are equipped with up-to-date delivery kits, as well as family planning methods that they provide to clients in their localities.

#### Achievements

Besides its family planning and reproductive health services, MSO also conducts the following activities:

- Adult or general literacy campaigns
- Orientation for income-generation activities
- Youth vocational and behavioral skills training
- Democracy and governance education
- Peer health education and counseling training
- Training of women politicians
- Youth focused programs for in- and out-of-school youth
- Preparing young women for entry into university
- Youth camps for out-of-school youth



With Pathfinder assistance MSO now has an appropriate organizational structure and the necessary skills to develop work plans, as well as a constitution that outlines the functions of the executive committee members and patrons. The chair of MSO also participated in a regional monitoring MIS and evaluation course developed, sponsored, and conducted by staff of the Africa Regional Office. Moreover, MSO's monitoring system was upgraded by the acquisition of a vehicle through Pathfinder assistance. This has improved the frequency of supervision and monitoring visits to the field, and enabled appropriate backup to TBAs and transportation of trainees.

### Lessons Learned - Muslim Sisters Organization

- ✓ Problems facing the education of the youth are due more to lack of availability and access to appropriate resources than to societal and cultural constraints.
- ✓ The involvement of community leaders as an advocacy strategy facilitates changes in traditional and religious norms that inhibit the participation of women in development efforts and roles outside the home.
- ✓ Sensitization of community leaders and community mobilization prior to the development and implementation of new activities helps ensure acceptability and involvement of all stakeholders, and ultimately the sustainability of the activities.



## Reaching the Hard to Reach

People who are at-risk and underserved often lack services due to distance, cultural isolation, or provider barriers. They may be in rural areas, in camps for refugees or the displaced, or in occupations that experience discrimination by the larger community. Regardless, hard-to-reach populations usually need specialized counseling, risk assessment, and expanded health services. This often requires that service providers be specially trained to enable them to understand and meet the special needs of these groups. The examples given here highlight experiences with displaced persons in conflict-ridden northern Uganda and commercial sex workers in urban Nigeria.

### Internally Displaced Persons in Uganda

Civil unrest in Northern Uganda has disrupted family life for many individuals, forcing them to flee their home areas. The Government of Uganda has established settlement camps for these internally displaced persons (IDPs) in protected villages mainly in Gulu and Masindi districts. In Masindi District alone there are 42 such camps, with a combined population of 80,000 to 90,000 people, many of whom have been there for more than five years. Other displaced persons find refuge in camps in Kasese District, which is also on the margins of conflict.

The camps offer temporary shelter, but no arrangement is made for other social services particularly for women and children; health care, for example, is mostly provided through small drug shops. Besides the lack of basic health services, people in the camps are also without a reliable water supply and proper sanitation facilities and there are no formal schools. Many residents of the camps, particularly among the young people, lack education—and over 47 percent of the population of the Masindi IDP camps are young people below the age of 18.

The circumstances combine with traditional practices to threaten the health status of mothers and their children in the camps. Often, women and girls have come to the camps as victims of abduction, sexual abuse, and rape. Moreover, it is a common practice for women not to seek maternal services from trained providers; traditionally, each individual believes she is brave enough to deliver her own baby. Over 70 percent of the girls begin childbearing at the age of 13-16, and more than 60 percent of the children born to these young mothers are malnourished. Bottle-feeding, nearly always with low-nutrition milk substitutes, seems to be the common nutrition practice for all children 0-2 years of age. For all women in the camps, breastfeeding is only a secondary option.



## Achievements

Within the camps for the displaced, Pathfinder:

- Selected, trained, and deployed 105 village health workers in 10 camps. The village health workers introduced family planning, nutrition education, growth monitoring, and breastfeeding in the camps and helped improve the standards of living of the members of their community. In addition, 11 medical practitioners were identified, trained, and deployed in the Masindi camps, while 8 served Kasese camps on outreach basis.
- Provided voluntary counseling and testing for HIV/AIDS in the Kasese camps.
- Equipped 10 service delivery points set up in Masindi to serve 40 camps/villages. Each individual community contributed to the establishment of their respective clinic.
- Among the IDPs in Masindi, established a peer education system for “girl mothers” and convinced girl-mothers to use the services within their communities. As a corollary activity, provided women with small loans for establishing income-generating activities to support the nutrition program so that nourishing food could be made available, especially for young children.
- Conducted other community IEC events/ activities, including film shows, drama/music shows by youth and women’s groups, and growth monitoring sessions run by women’s groups.

Each camp has a leadership committee with members selected by the residents. Each camp has at

least four active women’s groups, focusing on agriculture, micro credit (merry-go-rounds), and small-scale income-generating activities. There are also a number of cultural groups, mostly comprising young people who carry on traditions of song and dance. With Pathfinder assistance, young people also engage in such income-generating activities as carpentry and brick making.

The health centers Pathfinder helped the IDP communities to build consist of a two-roomed building constructed like a traditional house with mud and wattle walls, thatched roof, and dirt floor. Walls and floors are plastered with cow dung in the traditional manner. The centers also have an open shed to accommodate clients awaiting treatment, and each one has a pit latrine. These facilities have all been built by the communities with their own labor and materials. Pathfinder has equipped the centers with basic furnishings—examination table, water tank, basic furniture like benches and desks, and such equipment as stethoscopes, scales, etc.

## Lessons Learned - Kasese and Masindi

- ✓ Building partnerships and infrastructure in a community-based initiative, particularly in a community as fragile as an IDP camp, is a long process and requires patience on the part of any external support agency.
- ✓ Community participation is key to project viability and long-term sustainability.
- ✓ Integration works best when services are phased in according to community priorities.
- ✓ Relying on volunteers and lay people like VHWs as a main source of service data requires heavy investment.





## Commercial Sex Workers and Other At-Risk Groups in Nigeria

St. Anthony's Hospital is a private-for-profit facility situated in the heart of Aba, the largest industrial and commercial city in southeastern Nigeria. Characteristic of most commercial centers, in-migration contributes significantly to high population density, while poverty compounds it with the build-up of slums. The abundance of young adults, in and out of school, results in major challenges of adolescent sexuality, teenage pregnancies and abortions, commercial sex activities, and STD/HIV/AIDS in the city. Yet, access to reproductive health care services in Aba has been severely restricted by ignorance, cost, unavailability, and cultural and religious beliefs and practices.

Pathfinder International's support to St. Anthony's Hospital from July 1998 to September 2000 aimed to redress these gaps and increase access to family planning and reproductive health services in Aba. The project's entry was facilitated by intensive advocacy with significant community stakeholders, especially church leaders.

This was particularly useful since the Roman Catholic Church, the dominant church in the area, discourages contraception. In this regard too, integrated reproductive health services, especially maternal and child health and STD/HIV/AIDS prevention and control, opened the doors to discussion of family planning. Through the leaders, various church and community-based organizations and groups were reached and CBDs were then drawn from there.

Advocacy efforts were supported with *wide-ranging sensitization and community mobilization* by project staff and CBDs to generate demand for the family planning and reproductive health services provided by the project. With a network of CBDs drawn from church organizations, market women, students, patent medicine dealers, commercial sex workers, and transport workers, it was easy to mobilize different strata of the community for service provision and uptake. It was also easy to secure community input into ensuring that IEC materials are appropriate to the culture and target audience.

The project also used *multiple service delivery points and mechanisms* to increase access to services, especially for high risk groups. Through CBDs, family life education activities, and workplace-based services, St. Anthony's went beyond its normal clinic terrain, taking services to community members at their most convenient service points. In the process, the success of these outreaches boosted St. Anthony's reputation, increasing its client load for other services besides reproductive health. It also encouraged the project staff to seek other avenues/unmet needs for service delivery in Aba.

Working with commercial sex workers implies providing support for alternative sources of income.

*Taking services to commercial sex workers* was the most challenging initiative taken by the project. Project staff had limited knowledge of the set up and culture in the brothels, and the CSWs, who were distrustful and uncooperative, resisted initial attempts to reach them. Staff had to use various strategies to build trust. They held advocacy meetings with hotel managers, who then assisted in mobilization. They made use of the existing CSW association and leadership structure to break through. And they provided free medical check-ups for the CSWs, who then requested a clinic facility in one of the brothels, and trained 25 CSWs to act as peer educators.

### Achievements

To date, St. Anthony's Hospital, through its clinic, workplace, community-based distributors (CBD), and brothel-based outlets, has significantly increased contraceptive use in Aba, serving over 4,953 new users and 9,675 continuing users, in the process generating 16,771 couple years of protection. It has also provided family life education in 12 schools, reaching 187,423 students, parents, and teachers; introduced workplace based services to seven companies; and initiated peer education and brothel-based clinic services to over 200 commercial sex workers (CSWs) in six hotels in Aba. In the last two quarters, the hospital started HIV screening and has since screened 142 patients (97 males and 45 females), of whom 34 (28 males and 6 females) were HIV positive.

### Lessons Learned - St Anthony's

- ✓ Advocacy is crucial in breaking through religious and cultural barriers, especially for RH services.
- ✓ Working with CSWs implies providing support for alternative sources of income.
- ✓ Using community members in the provision of RH services can be highly beneficial.
- ✓ Integration is a useful, valid approach to service delivery.
- ✓ Strengthened institutional and staff capacity has led to improved service delivery for the Aba community and its environs.
- ✓ Private for-profit organizations can deliver community-based reproductive health services in a cost-effective manner.



## Lessons Learned - Access

### Local Partner Involvement

- ✓ Working with existing organizations such as municipalities and private entities is generally more effective than setting up new ones. Established organizations are generally able to respond to changing community needs more readily than those created in response to an intervention.
- ✓ A systematic planning process with targeted communities articulates a clear vision for a project and encourages valuable collaboration among communities and organizations.
- ✓ Community involvement/participation takes time and should therefore be implemented in phases to attain the desired outcome.

### Community-Based Distribution

- ✓ Community-based agents need continued support after they receive their initial training and begin working in the field. Refresher courses are an important means of providing follow-up support and can help to counter "burn-out" and high CBD drop-out rates.
- ✓ Appropriate compensation for CBDs must be provided, especially among low-income communities where people simply cannot afford to volunteer the amount of time CBD activities require. No matter how motivated the CBDs are or how committed to their role, they have families to care for, in addition to their project work, and cannot jeopardize family welfare.
- ✓ Services must be provided in a culturally appropriate manner if a project is to be successful.



*Ms Jane Baitunga, chair of the Baise-Flep organization of FLEP's village health workers, cycles off on her community service rounds*

- ✓ To maintain increases in contraceptive prevalence rates, regular CBD follow-up visits are needed to ensure that women do not abandon family planning because they are unhappy with their current method.
- ✓ Once communities become more experienced with family planning, they may outgrow CBD and begin seeking long-term methods from other sources.
- ✓ An expanded contraceptive mix that includes a referral system for long-term methods can greatly enhance a CBD project's effectiveness.
- ✓ Integrating additional services into CBD projects can be a cost-effective way to use existing networks to provide basic curative, preventative, and STD/HIV/AIDS care.
- ✓ CBD training is better conducted on-site where participants are likely to be at the same level in terms of their background and familiarity with their working environment.
- ✓ Regular refresher training should be instituted to avoid lapses in knowledge.

### Condom Distribution

- ✓ Extending condom distribution, including female condoms, beyond clinics and community-based distribution agents to other non-traditional outlets makes condoms more available and accessible to individuals who are likely to use them in high-risk situations. Female condoms also give women an important option for protecting themselves.
- ✓ Involving communities in project planning by getting their views on proposed activities such as condom distribution helps overcome cultural barriers that may otherwise hinder the effectiveness of an intervention.
- ✓ Sheer numbers of condoms distributed don't really fully address the need for dual protection—preventing both STD/HIV transmission and unintended pregnancy.

### Youth Services

- ✓ Community members should be presented with accurate and up-to-date information about health problems afflicting youth in their areas. Community members are more likely to support youth services when they fully understand the value of promoting and safeguarding the health of their young.
- ✓ Despite some shortcomings, peer education has been found to be an effective way of providing information to youth.



- ✓ Public health workers can be trained to remove barriers to the delivery of services to the youth.

### Information, Education, and Behavior Change Communication

- ✓ Peer educators, CBD agents, and clinic staff should be trained not only to create awareness but also to provide information that is likely to cause individuals to move to other stages of behavior change.
- ✓ Although some IEC messages and materials have universal appeal, communities should be more involved in formulating and testing messages to en-

sure that materials are more appropriate for their circumstances. Involved communities also provide a supportive environment for behavior change.

- ✓ Radio is one of the most effective channels of communication, especially in settings where literacy is low.
- ✓ Traditional and interpersonal communication channels such as couple counseling, community drama, and youth activities are very useful in stimulating dialogue at the family level



# Strategic Objective II: Improved quality of family planning and reproductive health services

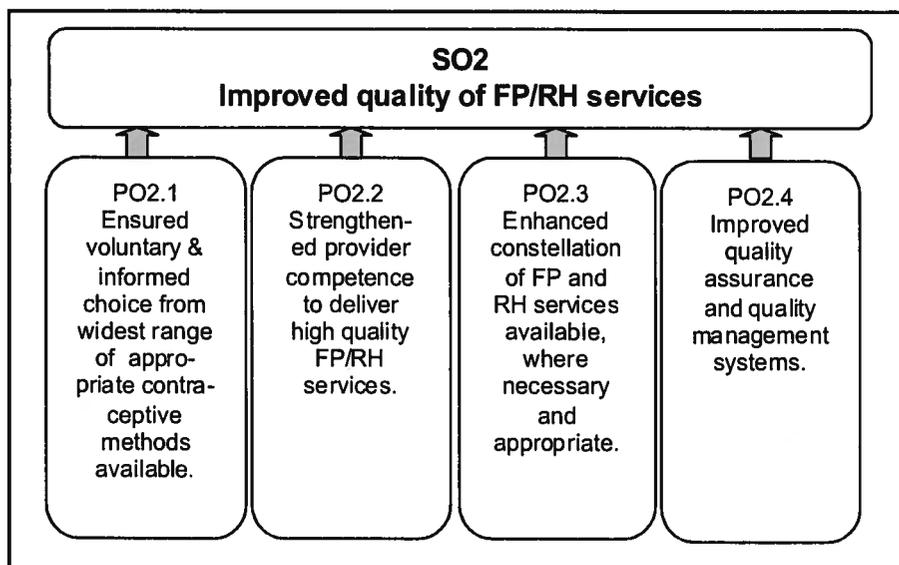
Pathfinder defines quality services as those that meet agreed upon standards of clinical care, that are gender sensitive and client oriented, and that include counseling to ensure informed choice. Client feedback is an integral part of quality services, as are management systems that create and sustain an environment that supports continuous quality improvement. Quality service includes three dimensions: the client perception of quality, the systems that interact to provide good quality, and the technical quality of the services delivered by providers.

Pathfinder expected that the outcomes of the strategic objective to improve quality would be:

- Ensured voluntary and informed choice from the widest possible range of appropriate contraceptive methods, for example by focusing on provider counseling skills and client/provider interaction, client-focused IEC activities, and provider-focused IEC activities to reduce biases. Other elements of voluntary choice would be expanded contraceptive options available in an environment supported by policy that reduces barriers to an expanded method mix, as well as emergency contraception services.
- Strengthened provider performance and competence to deliver high-quality services through training and retraining, contraceptive technology updates, development and dissemination of training materials, standards, guidelines, IEC materials, etc., and training of trainers in curriculum/materials development.
- Enhanced constellation of FP and RH services available, where necessary and appropriate, including, for example, post-abortion care, long-term methods, integrated services, and others.
- Improved quality assurance and quality management systems, including quality of care systems, assessments, tools, protocols, etc., management and supervisory support, quality of care training, provision of or improvements to facilities, equipment, materials, and supplies for services. Ongoing monitoring and evaluation ensured a continued focus on quality.

Issues of improved quality have moved to the forefront because integrated reproductive health services require effective counseling; client-centered and properly managed services; well-trained providers without biases; and well-equipped facilities that can offer privacy and confidentiality. These elements are also important to clients' satisfaction and use of services.

## Strategic Objective II and Program Outcomes





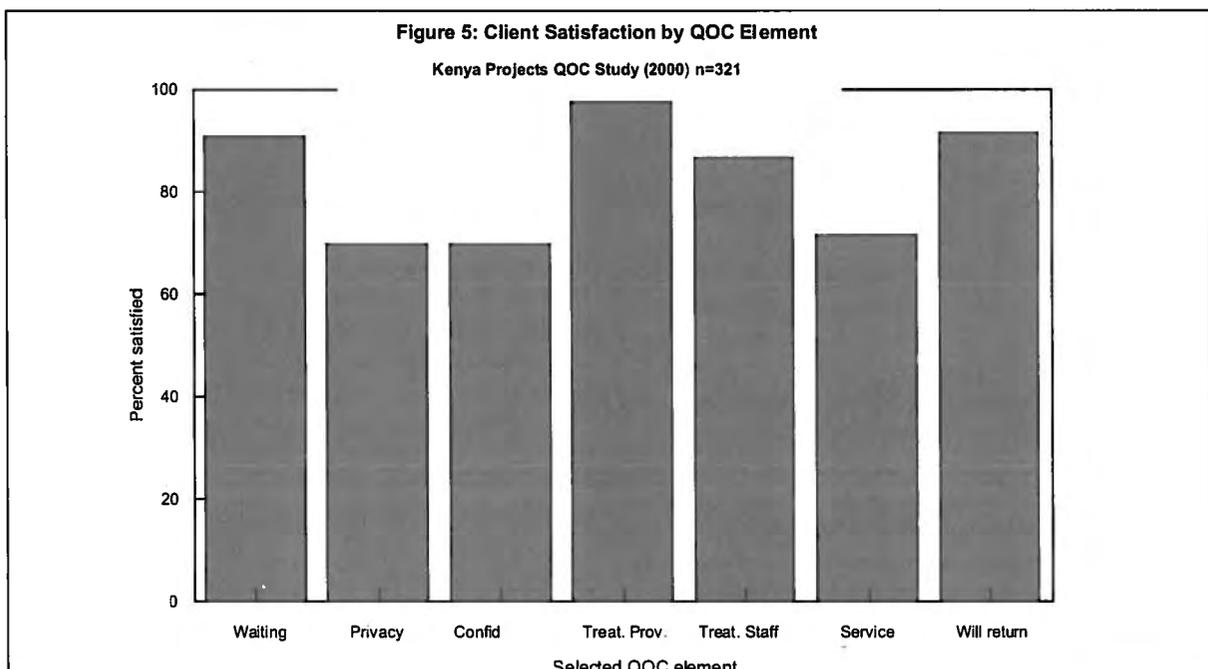
While adopting the Bruce elements of quality, and at times expanding on them, as well as other quality improvement approaches such as total quality management and client oriented and provider efficient (COPE) services, Pathfinder has developed its own strategies and resources for enhancing quality.

During the FPSD project the main thrust of Pathfinder's work in quality improvement in the Africa region included:

- Conducting baseline quality of care and needs assessments including provider training needs assessments.
- Strengthening training programs to create a criti-

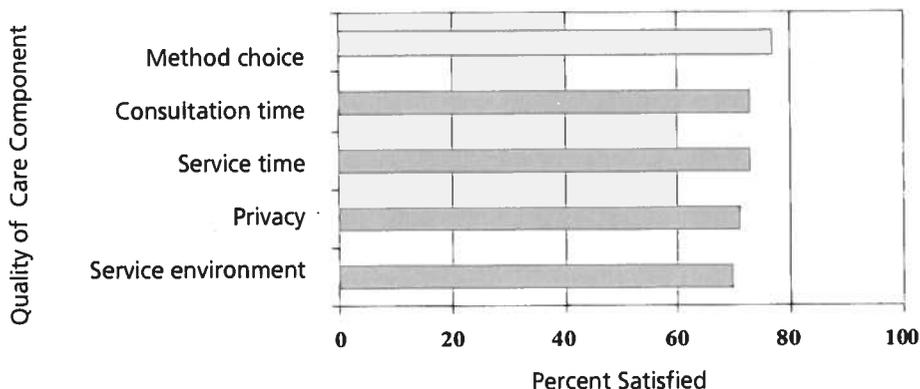
cal mass of well trained trainers and providers to ensure adequate quality services, developing training curricula and providing training resources, and conducting tailored courses to address identified service gaps.

- Conducting regional skills development workshops in infection prevention, quality of care, counseling, and post-abortion care for trainers of trainers throughout the region to strengthen provider skills and competence at service delivery points.
- Strengthening management and supervision systems to support services and motivation.
- Creating conducive working environments including physical rehabilitation and renovation of facilities to provide a clean environment and to ensure privacy.
- Providing technical assistance in quality improvement, management and supervision, training, and management of training.
- Developing a national RH strategy and master plan for the Ministry of Health of Ethiopia.
- Disseminating Pathfinder's global quality of care guidelines throughout the region.
- Developing, revising, adapting, and disseminating standardized guidelines, protocols, standards of practice, training curricula, formats, check lists, and other tools to strengthen provision of integrated RH services.
- Ensuring the application of infection prevention training and standards through technical assistance and trainee follow-up in Kenya, Nigeria, and Ethiopia.
- Facilitating the formation of quality assurance (QA) teams to conduct regular QA audits in Nigeria and Ethiopia.
- Upgrading selected static facilities in all countries on an as-needed basis.





**Figure 6: Client Satisfaction by QOC Component (Tanzania, 1999)  
SDA, OTTU, TOHS (N = 496)**



Client satisfaction as illustrated in Figures 5 and 6 is largely the result of improvements in service quality.

## Multiplying Service Provider Competence

Improving the quality of reproductive health services depends critically on improving the capacity and competence of service providers. In the vast region of sub-Saharan Africa, with its dozens of partner organizations, hundreds of service providers, and generally limited resources, it is virtually impossible for an international non-government organization like Pathfinder to reach everyone at every level with formal training and ongoing monitoring. Pathfinder responded to these constraints by using and fine-tuning the cascade approach to training.

The overall strategy of the cascade approach is to train an initial group of supervisors and senior service providers who then form the nucleus of national core teams of trainers who in turn train other service providers at project and service delivery unit levels.

The cascade approach is a means of transferring knowledge and skills to ensure the greatest possible impact of skills upgrading, from the senior technical

level right to the community service provider. In the process, service providers learn not just improved skills for service delivery, but also new skills in training, interpersonal relationships on the job, service management, planning, organization, and other vital areas of a quality of care framework. The cascade training approach thus yields trainers, supervisors, and service providers with greater self-confidence as well as better technical skills.

### Content of PAC Training

- Emergency management of abortion complications including early diagnosis, resuscitation, appropriate referral, and uterine evacuation including the use of the manual vacuum aspirator for incomplete abortion if gestation is 12 weeks and below.
- Post-abortion counseling including self-care, post treatment expectations, and post-abortion family planning services.
- Integration of PAC into existing reproductive health services to include STD/HIV treatment and counseling, infertility, and screening for gynecological cancers among others.

### Content of IP Training

- Decontamination
- Cleaning of instruments
- Asepsis and hand washing
- High-level disinfection
- Sterilization by chemical, autoclaving/ steam, and dry heat methods
- Use of barriers (e.g., gloves)
- Waste disposal
- Handling of specimens

Under the FPSD project Pathfinder used the cascade approach for training to impart knowledge and skills in infection prevention (IP), quality of care (QOC), counseling, and post-abortion care (PAC). These are areas in which various assessments pinpointed critical lapses in service delivery. Trainees participating in the regional courses represented partner organizations in Ethiopia, Kenya, Mozambique, Nigeria, Senegal, Swaziland, Tanzania, Uganda, and Zambia. There is a total of 47 partner organizations in these eight



### Content of QOC Training

- Choice of contraceptive methods: availability/variety of contraceptives, referral system
- Information given to clients: accurate information, client understanding, availability of counseling, counseling skills
- Technical competence of service providers: protocols, staff skills/training, supervision, technical support to deliver safe services, hygiene, IP
- Interpersonal relationships: client-provider communication, respect, understanding, truth, honesty
- Mechanisms for continuity of services: adequate client follow-up, staff information about return visits, positive provider-client relationship, referral systems
- An appropriate constellation of services: variety/location of services, days and hours of operation, privacy, facility, staffing patterns, client flow
- Service management: administration, supervision, involvement of staff from doctors to support personnel

countries, with a combined technical staff of over 2,000 in a variety of capacities, including doctors, nurses, clinical officers, birth attendants, laboratory technicians, administrators, and others. (Figure 7 summarizes the training under the FSPD project.)

The basic cascade system emphasizes the following elements:

- > Responsiveness to real training needs
- > Transfer of theoretical knowledge
- > Skills development and field practicums
- > Development of back-home application plans
- > Monitoring, supervision, and evaluation

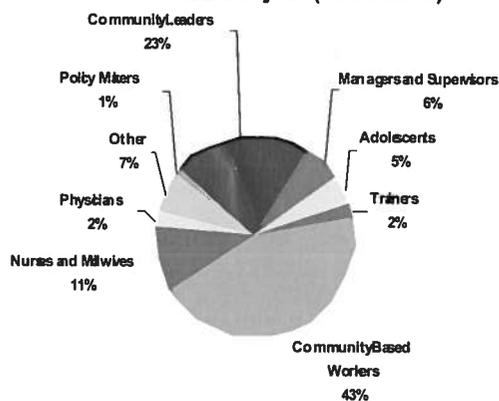
The initial training consisted of two-week *regional level* courses for senior technical staff (typically trainers and supervisors) of Pathfinder partner organizations throughout the region. The entire system, including the development of individual action plans, was then repeated at the *national level*. The providers trained at the regional level conducted one-week training courses in country, following the same steps of planning, assessment, and implementation as were done for the regional course. They also trained the national level

participants in training skills because *they* are the ones who will be passing on the technical skills and knowledge to colleagues on the job. In practice, the third, *local level*, tier of training—on the job at respective work stations—may be either informal one-on-one demonstrations of new skills and procedures or more formal one- to three-day workshops, or a combination of the two approaches. This level of training is ongoing.

Pathfinder provided technical assistance for conducting the national level training and monitored all three groups of trainees in a variety of formal and informal evaluations and observations.

Evaluations of the impact of IP/QOC training were conducted at the 20 service delivery sites in Uganda and Kenya in April 1997 and at the 14 Tanzania sites in January 1999. The evaluations combined written knowledge assessments with observation of practice. Evaluation results were largely positive. In Kenya and Uganda, of the 19 providers who responded to the written knowledge assessment, 15 scored 60 percent or more; the mean score of the 19 respondents was 70.2 percent, which is satisfactory. For the 38 Tanzanian trainees, knowledge retention and transfer two years after training was found to be above 50 percent.

**Figure 7: Training Conducted under FSPD Project (1992-2000)**



### Content of Counseling Training

- Principles of counseling
- Crisis intervention
- Adolescent reproductive health and sexuality counseling
- Post-abortion counseling
- Personal care for the counselor
- Premarital counseling
- Pre- and post-test STI/HIV counseling
- Planning, implementation, and evaluation of counseling
- Micro-teaching methods and skills



Though limited to only two cascade courses so far, the evaluations indicate that the skills learned at the regional course were being passed on: most skills were practiced well by service providers at the selected sites studied and provider knowledge was high at all levels. One can extrapolate and surmise that similar results would likely be found for other cascade courses among other partner organizations in the other countries, for a significant cumulative impact on quality of care.

## Improving Service Provider Tools

**G**uidelines are among the key tools for promoting and maximizing access and quality of family planning and selected reproductive health services. Family planning/reproductive health service delivery guidelines can be applied in community-based service settings as well as static service facilities but they always focus on service quality. Pathfinder's strategy has been to identify policies and practices that limit access to services as well as those that reduce the quality of services, for example, infection prevention practices/policies or lack of them.

Through its technical assistance, Pathfinder promotes the adoption and consistent use of various guidelines by service providers, ensuring that these guidelines are made available as reference materials. Pathfinder monitors the impact of the guidelines by site visits to assess if practices have changed in accordance with the guidelines, e.g., STD risk screening before the insertion of an intrauterine contraceptive device. The guidelines and manuals Pathfinder

### In Mozambique, Pathfinder developed and disseminated the following manuals:

- Guia Prático de Bolso para Provedores*
- Manual do Agente Comunitário de Saúde Reprodutiva – ACSR*
- Manual de Formação de Formadores de Enfermeiras de Saúde Materno Infantil*
- Manual de Saúde Reprodutiva para Enfermeiras de Saúde Materno Infantil*
- Manual de Formação de Agentes Comunitários de Saúde Reprodutiva – ACSR*
- Manual de Saúde Reprodutiva para Enfermeiros Elementares*

developed for use by service providers in its subprojects include:

- *Service Providers Guide to Family Planning*
- *Infection prevention guidelines*
- *Guidelines for Clinical Procedures in Family Planning*
- *Medical Practices Manual*
- *Manual Vacuum Aspiration Guide for Clinicians*
- *Management of Common Contraceptive Problems*
- *Integrating STD/HIV/AIDS Services with MCH/FP Programs: A Guide for Policy Makers and Program Managers*

(See Annex D for an exhibit of these and other FSPD publications.)

### Infection Prevention Guidelines

Infection prevention is a quality of care issue within a facility setting. The purpose of infection prevention in an FP/RH facility is to improve the safety of clients and providers by minimizing infections due to microorganisms, and to prevent the transmission of serious, life threatening diseases such as hepatitis B and HIV/AIDS. FP/RH service providers can take preventive measures so that microorganisms are not transmitted by three common vehicles (i.e., instruments, linens, and hands).

Pathfinder has adapted a practical manual for use in sub-Saharan African countries where health facilities are often under-equipped and service providers overworked. The objective of the manual is to help program managers and clinical officers to establish procedures and guidelines:

- To prevent infection
- To handle situations where clients and staff are exposed to the risk of infection
- To orient staff on the new procedures or processes
- To provide adequate facilities for staff to enable them to follow the new procedures, and to enable them to regularly review recommended practices

The manual provides general information on how infections are transmitted and guidelines for infection prevention during family planning procedures and waste disposal, as well as minimum supplies, materials, and equipment requirements for infection prevention, and an infection assessment form.



Pathfinder also made available selected materials from other sources, such as *The Essentials of Contraceptive Technology*, a handbook developed by JHPIEGO at Johns Hopkins University.

## Fixing the Windows and Patching the Roof - The Importance of a Client-Friendly Environment

The service environment is of critical importance to quality of care. Clean, well organized surroundings make it easier to maintain service hygiene, improve providers' attitudes and productivity, and inspire confidence in clients. Tanzania Occupational Health Services (TOHS) realized the importance of a clean environment during a Pathfinder regional infection prevention training course. They immediately put the principles of the course into practice, going beyond the treatment room to the whole service environment: the facility was cleaned and painted and grounds spruced up. The new look attracted more clients and gave the whole operation a more professional polish. The surprise is that it took so long for them to realize how important their image was to their own performance and their ability to market themselves.

It is surprising because TOHS is one of Pathfinder's oldest partners. It was established in 1967 to provide occupational health and safety together with curative services to work-site personnel and the surrounding communities. TOHS operates five facilities in Dar es Salaam, including a major hospital, and others in Morogoro and Mbeya. Pathfinder's assistance began in 1989 with a baseline survey to find out the possibility of integrating reproductive health services into the existing dispensaries. The study also aimed to find ways to improve male involvement in reproductive health issues. Subsequently, under the FPSD project, Pathfinder provided a range of technical and financial assistance

and support for training, logistics, management, planning, etc. Over the years the achievements realized by TOHS provided the basis for incorporating sustainability issues into future plans.

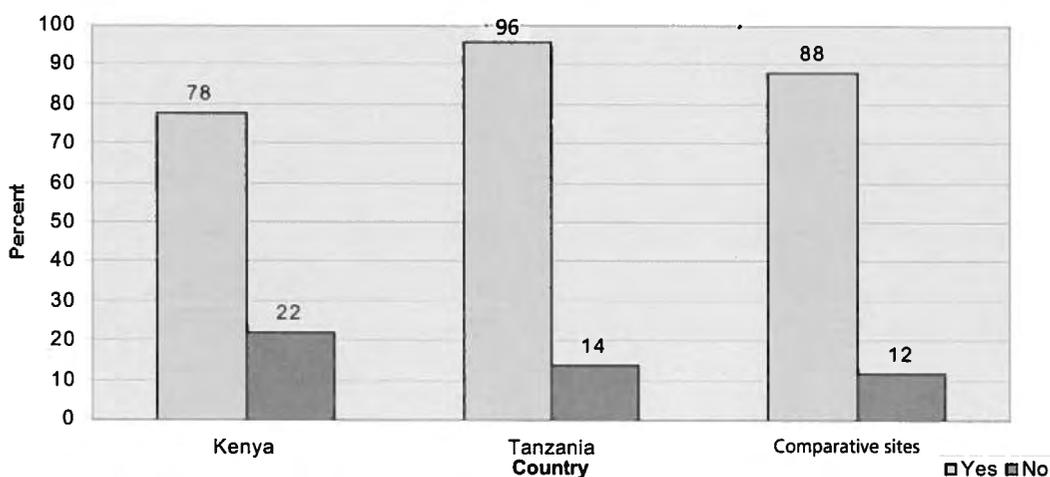
## Achievements

- The project surpassed all objectives for new clients and revisits for all methods and couple years of protection.
- Clients are more pleased with service quality and provider competence (see Figure 8).
- Sustainability has been achieved in the areas of curative and occupational health and plans are under way to charge for some of the RH services.
- The communities in catchment areas have been involved, to enable them to develop a sense of ownership in the project.
- District and ward leaders have been enlisted to include the project's activities in their plans, e.g., provision of allowances to CBDs.

## Lessons Learned - TOHS

- ✓ Continuous quality improvement—physical buildings, environment (gardens), and services in general—is a pre-condition for increased client load and the basis for effective marketing.
- ✓ The importance of community involvement in a project must not be overlooked. The success of the project was possible because TOHS involved the community (leadership) from the very initial stage of the project, i.e., the baseline, identification of catchment areas and CBDs, etc. This promoted the sense of ownership of the project.
- ✓ Active management participation is crucial to the success of the project. For TOHS, this created the basis for strong teamwork, resourcefulness in terms of sharing knowledge, and harmonious inter-personal relationships.

Figure 8: Percent of Clients Who Feel That Provider Tries to Understand Problems (QOC evaluation, 2000)





## Enhancing the Constellation of Services

Choice is an essential element of quality of care. Pathfinder encourages and supports a better constellation of services in order to meet as many reproductive health needs as possible without diluting the effectiveness of the family planning program. Long-term methods are particularly important, because they provide ongoing protection. Moreover, evidence has shown that the integration of STD/HIV/AIDS services with MCH/FP services can broaden the range and types of services available, cost-effectively improving service quality, and essentially providing one-stop shopping for reproductive health clients.

The Mkomani Clinic Society (MCS) of Mombasa, Kenya, integrated its services with Pathfinder support through the FPSD project between 1992 and 1999. MCS is a private charitable organization founded in 1980 to make basic health services accessible to low-income families and those living in Mombasa's urban slums. MCS initiated curative services at a clinic site called Mkomani and later expanded to a second clinic at Bomu. In 1998 the original clinic was closed and services were consolidated at the Bomu facility. Besides basic curative services, the clinics also provided antenatal care and child welfare services, with family planning services added in 1992; initially these were provided as separate services on separate days. Pathfinder's technical assistance and funding supported and strengthened management systems, family planning and reproductive health service delivery, and supply of equipment. Pathfinder also supported the integration of clinical services.

Adequate laboratory facilities at Bomu clinic back up the services at the clinic and the lab also serves the private sector. Besides the clinic and community-based services, the MCS has a complementary community outreach program spread to selected sites in Mombasa district, where community-based staff visit regularly to provide services to those who would otherwise not

have access. With this network of services, the Mkomani Clinic Society is the leading source of family planning services among the NGOs operating in Mombasa. Figure 9 summarizes the methods offered at Mkomani Clinic.

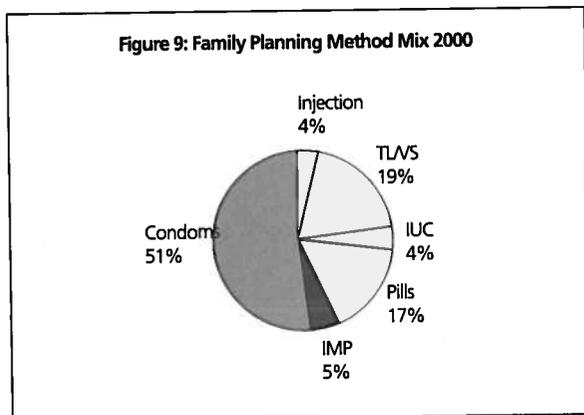
### Achievements

Between 1994 and 1999, the MCS project:

- Reached a total of 591,129 people through group meetings and home visits.
- Recruited 69,782 new family planning clients (and re-supplied family planning methods to 217,109 clients)
- Trained a total of 691 persons. The project also served 10,842 adolescents, and attended to 40,410 child welfare cases and 30,234 antenatal and post-natal cases.
- Handled 12,600 STD/HIV/AIDS cases.

### Lessons Learned - Mkomani

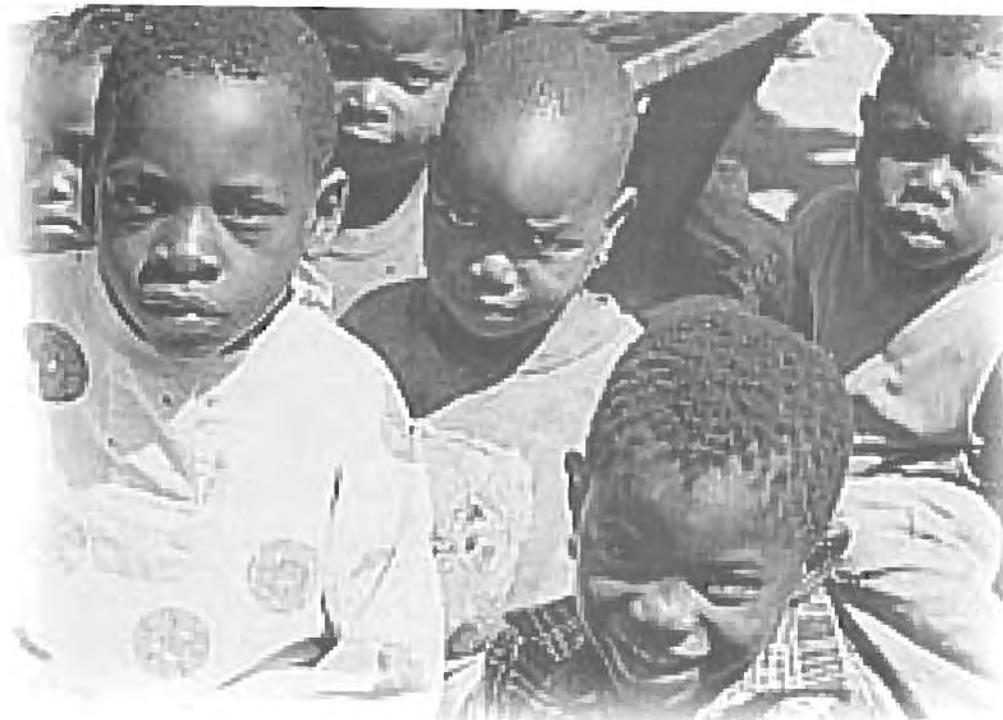
- ✓ Outside support is still a critical component of MCS capacity. The service trends show a tendency to decline from 1997 as a result of the decline in USAID funding for population and FP/RH programs in Kenya. The constellation of services remains considerable, however, with a high portion of long-term or permanent methods.
- ✓ Well trained, committed staff are the core of effective, high quality service delivery. At MCS, service integration began when the MCH/FP clinic nurse on her own initiative started providing basic IEC and counseling on STD/HIV/AIDS to clients. On recognizing the provider's individual efforts to respond to clients' needs, MCS management decided to adopt and institutionalize an integrated approach to the delivery of STD/HIV/AIDS and MCH/FP services. All staff, including the receptionist and the watchmen, are trained to answer basic questions about service availability.
- ✓ Community-based service delivery and information dissemination is the best approach for reaching the population. As a result, the CBD team—which had been cut back earlier—has been strengthened and its mandate broadened to include STD/HIV/AIDS information.
- ✓ A key consideration is the need to maintain appropriate quality and a fee structure that does not exclude members of the population who cannot afford services.
- ✓ The focus on quality also helped to build the clinic's clientele. Clients have demonstrated a willingness to pay for service if they perceive that they are getting value for their money.





## Lessons Learned - Quality

- ✓ Quality is more than medical expertise, skills, and equipment, it is the provider friendliness, client centered interaction, the smile, the handshake, the greeting, empathy, and a caring attitude that matter most.
- ✓ Focusing on individual life situation and life stage, personality, and sexuality issues is key to quality services.
- ✓ The environment in which Pathfinder grantees operate poses challenges to quality of FP/RH services because management problems and insufficient resources often result in lack of both adequate staff and essential equipment and supplies for such tasks as infection prevention and post-abortion care.
- ✓ Client satisfaction is not only based on the technical skills of the provider, but also on the appropriateness of provider gender and behavior and of the services to local cultures.
- ✓ Community-based approaches to increase client-centered access are more effective when they are linked to referral sites.
- ✓ Monitoring and supervision are critical components of community-based services.
- ✓ Continuous quality improvement—buildings, environment (gardens), and services in general—is a pre-condition for increased client load.
- ✓ To ensure informed choice, provider and program manager training is critical.
- ✓ Provider training is key to decreasing medical barriers and improving quality and access.
- ✓ Expanding FP/RH services to include community-based distribution and STD/HIV/AIDS is a viable strategy for enhancing the quality of services to clients.
- ✓ To have a positive effect on job performance, and thus sustainable quality improvement, training must include immediate and regular follow-up.
- ✓ To go beyond the traditional one-shot training approach, partner organizations must develop the capacity for ongoing follow-up and refresher training.
- ✓ Cascade training can have a considerable multiplier effect that can achieve and maintain a high level of quality down to the lowest service facility level.
- ✓ Quality begins with a provider who understands the importance of *service* in RH services, of providing value for the client's time and money, and of respecting client dignity and rights.
- ✓ Improving quality of care is a continuous process and requires the commitment of management and staff alike.



## Strategic Objective III: Increased management, financial & technical capacity of local organizations and communities

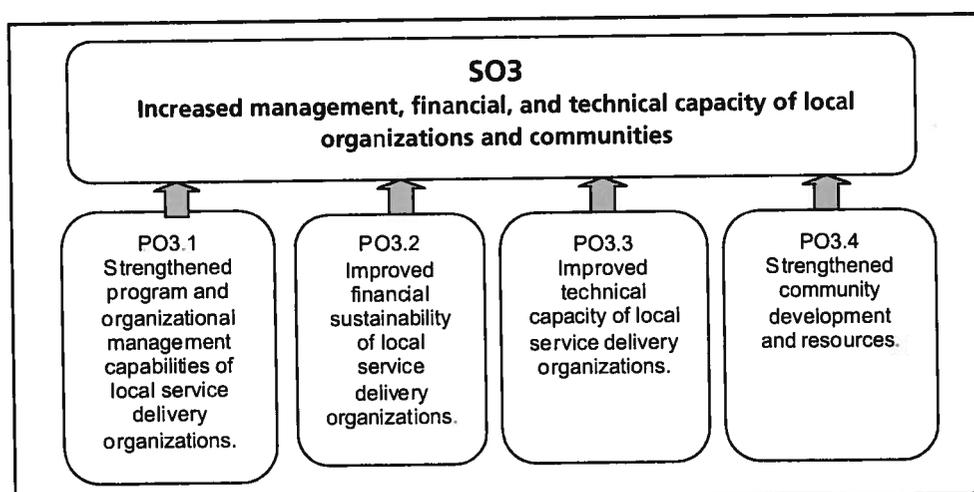
Empowering local institutions has been a long-standing Pathfinder goal, one that has been achieved with remarkable success. The rationale is simple: to sustain quality and accessibility, partner organizations must have the capacity to design, implement, manage, and evaluate cost-effective programs. Sustainability has at least two aspects, one internal and one external. Organizations become sustainable when they have the managerial, financial, and technical capacity to provide needed programs effectively and efficiently over an extended period of time, as well as the flexibility to overcome changes in the operating context. Sustainability also depends on an environment that supports those operations politically and materially.

Through this strategic objective to build institutional capacity Pathfinder anticipated the following outcomes:

- Strengthened organizational and management capabilities of local service delivery organizations, as evidenced by the development and use of long-term strategic planning, enhanced program design, management, and evaluation, more effective deployment of human resources, installation and use of management information systems, and effective logistics management.
- Improved financial sustainability of local service delivery organizations through the use of improved systems for budgeting, financial planning and management, standard accounting and auditing systems, financial reporting, and resource diversification.
- Improved technical capacity of local service delivery organizations through technical assistance in quality of care, IEC, integration, reproductive health.
- Strengthened community development and resources, including community mobilization, income generation, education and literacy, and women's empowerment.

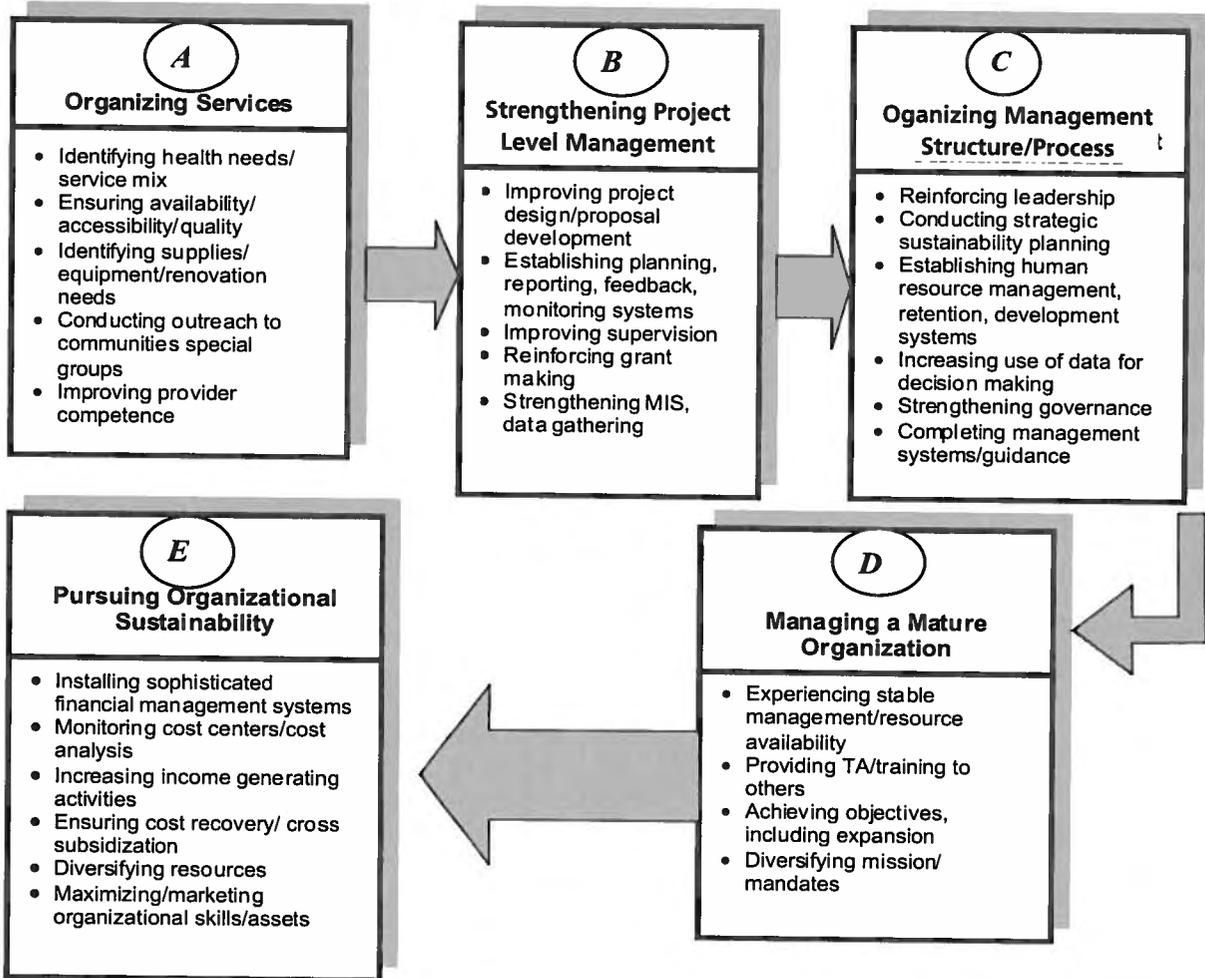
At the start of the FPSD project, Pathfinder selected six priority agencies or local implementing partners to receive more intensive technical assistance and management development assistance. It rapidly became clear that *all* partners needed some form of institutional development or capacity building assistance. The amount, focus, intensity, and expected results of such assistance depended on the partner's organizational level and the commitment to sustained change demonstrated by the partner's leadership. By the end of the FPSD project, some organizations were ready for "graduation" and much more able to formulate strategies or evaluate options leading to greater self-sufficiency or diversified resources. In addition, some of the more mature organizations have been used to provide South-to-South technical assistance and training—a much more cost-effective, locally appropriate, and ultimately sustainable way of developing and strengthening organizations.

### Strategic Objective III and Program Outcomes





**Pathfinder's 10-Year Organizational Development Continuum**



The chart above shows Pathfinder's conclusions about the evolution of the capacity of local partners, and Figure 10 summarizes the capacity building results under the FPSD project. During the course of the project, technical assistance became more focused on:

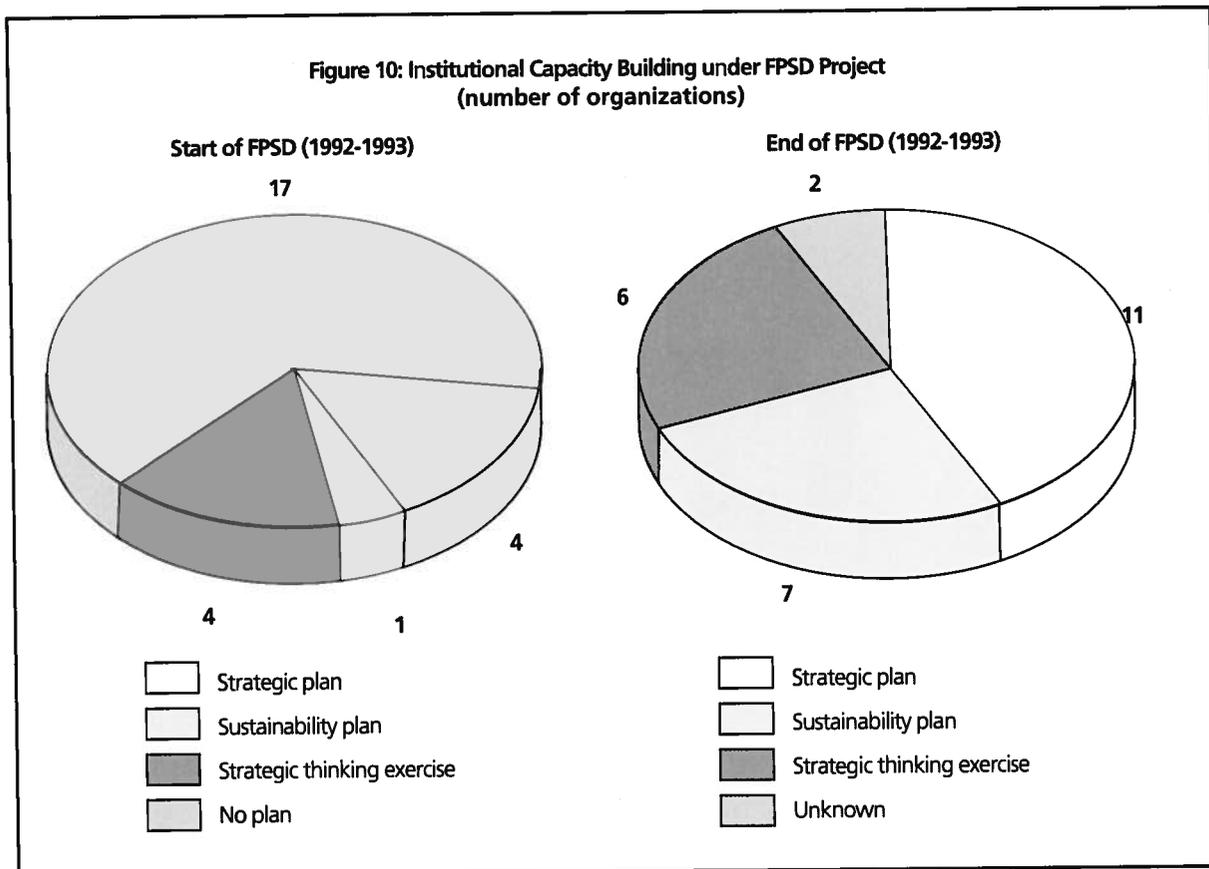
- Jointly assessing institutions, including their governance, structures, systems, staff, strategic directions or potential, and linkages within communities.
- Developing and institutionalizing strategic and sustainability plans.
- Increasing reliability and efficiency of management information and other operations systems, and using data or other systems outputs for more effective planning, resource allocation, and performance measurement.
- Strengthening continuous self-assessments as one basis for monitoring and evaluating performance.
- Inculcating awareness of the connections between quality and effective management so partners are

more efficient and responsive to client needs and the demands of high quality service delivery.

- Assisting organizations to clarify roles and responsibilities and choose more effective structures so they become more efficient and responsive to management mandates.
- Improving partners' abilities to identify and monitor cost centers, so as to achieve cost-effectiveness while maintaining quality, in part through an innovative partnership with Abt Associates that focused on financial management and sustainability.
- Measuring increases in organizational capability (such as increased use of data and information for planning; increased reliability of systems outputs; improvements in staff managerial or technical competence and effectiveness; maintenance of improved quality; improved ability to track and project costs, monitor cost centers, and implement sustainability, diversification, and/or income-generation strategies).



Figure 10: Institutional Capacity Building under FPSD Project (number of organizations)



- Assisting organizations to diversify resources aimed at reducing reliance on a single donor and increasing self-sufficiency.

### Balancing Capacity Building with the Capacity for Growth

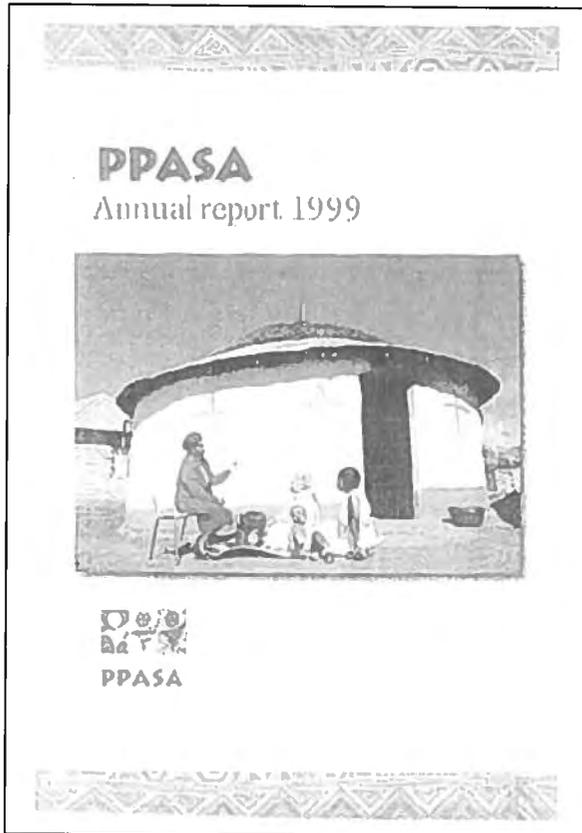
In 1996, Pathfinder and Planned Parenthood Association of South Africa (PPASA) entered into a bold, dynamic partnership to implement and test new institutional development approaches. Many of Pathfinder's "lessons learned" about institutional development were validated by experiences with PPASA over the next four years. For example, technical assistance and training inputs were selected and prioritized after an initial, comprehensive management audit jointly conducted by Pathfinder and PPASA staff during which national (headquarters) and branch (provincial) offices were visited and assessed. Deeply felt needs—upgrading the management information system (MIS) and creating a better interface and use of data by staff at all levels, improving planning, strengthening monitoring and evaluation, managing financial resources, establishing a shared strategic vision, and diversifying resources—all figured prominently in the detailed, multi-year technical assistance plan developed by both organizations to increase institutional capacity. Skills transfer

approaches, focusing on practical issues or realities faced by PPASA managers and staff, proved to be a major tool for developing the institution. In part, these initiatives were perceived as urgent because PPASA had experienced exponential growth over the four years, with an estimated tenfold increase in its overall budget. This necessitated acquisition of additional skills, competencies, and processes.

### Achievements

One of the challenges for PPASA and its partners was to manage growth and change efficiently and effectively. Through Pathfinder's facilitation, PPASA staff and volunteers developed and institutionalized a five-year strategic and sustainability plan; each year, both organizations met to review and revise this plan as conditions within the organization or South Africa's context changed. The strategic plan guided PPASA in selecting program priorities and increasing or diversifying resources; Pathfinder focused on strengthening planning, budgeting, and monitoring the implementation of plans.

Enhanced planning skills helped PPASA attract new public sector and private resources, ranging from a national tender to provide reproductive health training for teachers to a significant influx of foundation support for PPASA's adolescent reproductive health services and youth centers. PPASA and Pathfinder worked together to prepare fund-raising systems, databases, and guidelines as well as to raise resources for innovative



## Passing the Torch of Sustainability

For more than a decade Pathfinder has provided the funding and technical assistance for family planning service delivery, training, and capacity building that have enabled the Family Life Education Program (FLEP) to make significant impact in 47 rural communities in the Church of Uganda's Diocese of Busoga, in Eastern Uganda. With this support, FLEP was able to develop the leadership and service delivery infrastructure for a comprehensive package of family planning/reproductive health services. FLEP mobilized Busoga communities to develop an overall plan for how the system would work, contribute materials and funds, select village health workers, and construct facilities.

Among other innovations, FLEP introduced a system of clinic-based village health workers who provided information and contraceptive commodities to clients on a door-to-door basis. FLEP also pioneered "enter-educate" activities for community education and engaged the communities themselves in monitoring quality of care. This last is an innovative approach by which non-medical community members are specially trained to recognize lapses in quality on the basis of identified complaints from clinic clients. FLEP also involved persons living with HIV/AIDS in AIDS prevention efforts. Later, FLEP assisted its village health workers to establish an association so that they could work on income-generating activities as a means of sustaining the VHW network.

In 1993, the Diocese of Busoga made FLEP an autonomous organization with its own board of directors, changing its name from the Family Life Education Project to Family Life Education Program. FLEP was registered as an NGO in 1996, a status that enables it to receive funding directly from government and international sources. Pathfinder provided critical technical assistance throughout the transition, helping to draft a constitution and providing legal aid and assistance with strategic and sustainability planning.

Over the years Pathfinder promoted linkages between FLEP and a variety of foundations, institutions, and other partners. These linkages have served FLEP well, broadening its financial support base and enriching its service delivery capacity, while at the same time providing opportunities to share its own growing experience. Pathfinder's commitment to its partnership with FLEP has seen its fledgling grow into a regionally respected technical organization that serves as a model and training site for other reproductive health programs. Among other roles, this capacity has enabled FLEP, and some of the community clinics, to enter into memoranda of understanding with local government entities to provide various services and training.

By the middle of the last decade, however, FLEP was under increasing pressure to focus on long-term *financial* sustainability. USAID, its primary donor,

initiatives such as a multi-sector program in South African townships, rural areas, and informal settlements linking reproductive health and environmental services.

The most significant evidence of the success of this joint approach to institutional development comes from PPASA's staff members. Many of them have written about or expressed satisfaction with the joint institutional development initiatives, citing a sense of ownership of the results, increased confidence or skill in planning and managing programs or fund raising, and more systematic collection and use of data to support decisions about planning and resource allocation. They also are pleased that the collaboration evolves to address PPASA's changing needs. For example, as PPASA faced more significant issues related to financial management and sustainability mandates, Pathfinder asked Abt Associates to provide more sophisticated technical assistance to help PPASA staff cost, budget, manage resources more efficiently, and implement viable sustainability initiatives.

### Lessons Learned - PPASA

- ✓ Institutional development requires a strong partner organization with partnership/client-centered commitment and resources for an integrated approach.
- ✓ Long-term vision of institutional development may be compromised by turnover of staff (change) and failure to meet the need to update systems and revise policies (growth).
- ✓ More resources than anticipated may be required in the short term to address needs and achieve sustainable skills transfer.



expressed the intention to phase out support by 2003. FLEP thus faced a classic dilemma: how to continue serving communities that have few financial resources, and at the same time generate sufficient revenue from those communities to sustain the services.

In 1995, with technical assistance from Pathfinder, FLEP embarked on the sobering exercise of laying out a long-term strategic plan and sustainability strategy to help it face the future with greater confidence. The process has had at least three phases: development of a mission statement and an initial strategic plan, review and revision of the plan, and development of a strategy for financial sustainability. In addition, some—but by no means all—of the important steps have been taken to make the strategy a reality.

In that initial five-year plan FLEP challenged itself to identify other donors, services that were in high demand in the community, and any unfilled niches in the provision of reproductive health services in Uganda. Among other things, the plan called on the Board of Directors to develop explicit policies and procedures for self-governance, on Board and management to review the organizational structure and prepare appropriate job descriptions, and on FLEP as an institution to improve the quality of its service delivery.

Like it or not, FLEP must pursue the transition to financial sustainability. And it must continue to assist its own “offspring” to make their own transitions. Pathfinder has provided guidance and technical assistance to FLEP to assist the communities to streamline their management operations, tap Local Council funds, and manage their money more effectively. This focus on strengthening communities has been a key element of FLEP’s operation since the beginning and so the new focus is in reality another, albeit more urgent, phase of what it has done all along. This phase should make a special effort to target technical assistance specifically on orienting the Board on how to meet the demands it faces, and, as significantly, cultivating the entrepreneurial vision to steer the organization through the uncharted waters that lie ahead.

### Achievements

The capacity to innovate has played a large part in FLEP’s success. Whether through the village health workers or the clinics, FLEP has met the challenges of its changing environment, for example by integrating its services, fully involving communities in monitoring quality of care, and introducing income-generation activities. It is this readiness to assess a changing environment, face risks, and make changes that has allowed FLEP to grow.

Communities need a mechanism by which they can be heard. Sustainability may be said to have two elements: community participation and support, and the capacity to continue. The church recognized the importance of the first element from the beginning,

and had a community mobilization and feedback structure in place long before the Local Councils were established. FLEP took this initial structure and built it into a thriving system that enabled communities to make their voices heard and to begin to achieve their potential to manage their own destiny.

An organization like FLEP does more than simply deliver services. In its ability to mobilize communities, generate demand, create access, and provide its services, FLEP’s more important role is as a model for other NGOs and even the public sector. The FLEP experience indicates the significant contribution a relatively small, indigenous NGO can make to improving reproductive health in a country like Uganda.

### Lessons Learned - FLEP

- ✓ FLEP’s experience demonstrates the importance of investing in partnerships between the public and private sectors, especially in the context of the health sector reforms that are taking place in Uganda and elsewhere in sub-Saharan Africa. Partnership with government entities, for example by including local officials on governing boards, brings a level of presence and authority to an NGO or community organization that it might not otherwise have. From the other side, the established readiness to collaborate with health authorities means that community organizations are well placed to tap into available government resources to sustain their programs.
- ✓ An organization that wishes to remain responsive to the communities it serves must find a way to meet changing community priorities without compromising its mission or diluting its capacity. Identifying and collaborating with other organizations is a way to ensure that community needs are met.
- ✓ Leadership is everything. Visionary, dynamic leadership at the top level of an organization, complemented by the development of leadership skills at all levels to build a highly skilled management and health care team, is critical to growth and success.
- ✓ For FLEP, community participation is not only an end in itself, but is the critical ingredient of sustainability. FLEP’s strong links with the communities it serves remain an integral part of its long-term sustainability plan.
- ✓ Training local leaders and residents to maintain more sophisticated revenue generating schemes, such as a revolving fund, is labor and time intensive and requires more monitoring than is often possible.
- ✓ Sustainability demands new ways of looking at old issues and taking bold steps in a new direction. Nevertheless, as FLEP is learning the hard way, change is hard for anyone to accept, and it is diffi-



cult to persuade communities to face the need for program restructuring, new technical requirements and alternative funding sources, and other realities.

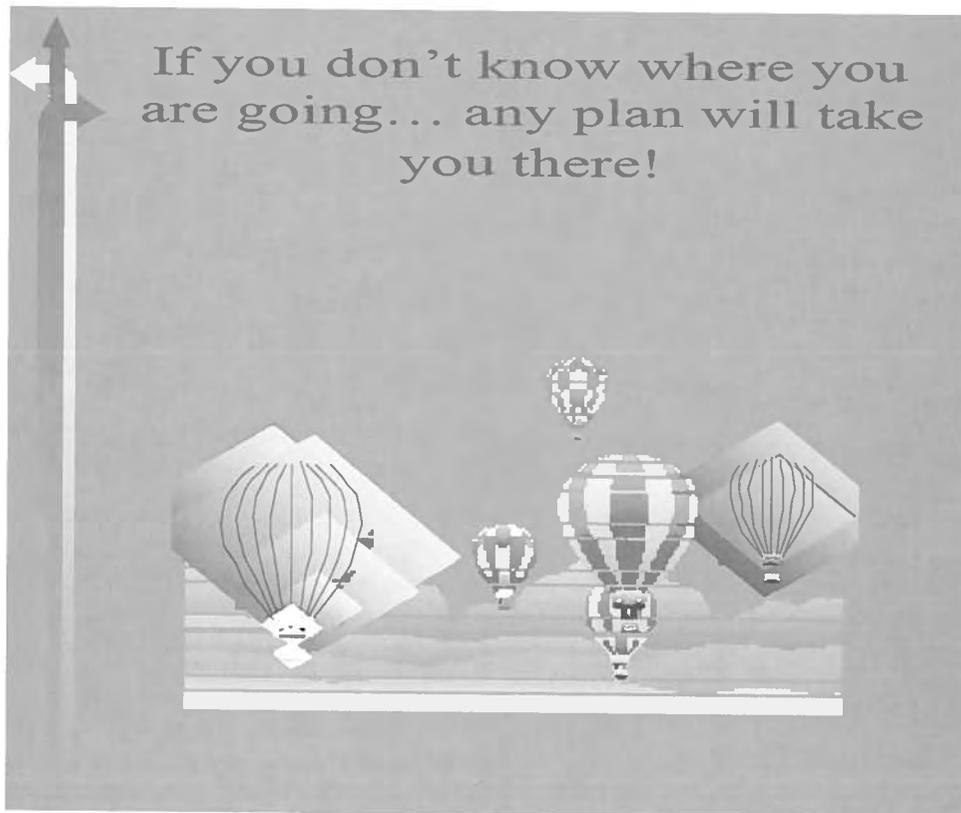
- ✓ Sustainability is a pipe dream when half of a service's clients live on less than a dollar a day.

## Lessons Learned - Institutional Development

- ✓ Organizations that have become sustainable fulfill a more important role than simply providing services in the communities where they work. They become critical models for other NGOs and for the public sector, particularly in the area of generating demand, creating access, and providing high quality services as well as technical assistance and training resources. In this respect, small NGOs can make a significant contribution to improving reproductive health in a country.
- ✓ All three components of institutional development—management, financial, and technical capacity building—must be addressed simultaneously to

achieve beneficial synergies, coherent systems or operations, and sustainable programs.

- ✓ When implementing partners feel "ownership" of problems and their solutions, there is a higher degree of commitment to institutional development activities.
- ✓ Since many of Pathfinder's partners in Africa still have fragile management systems or organizational structures, it usually takes longer than originally anticipated to identify the most fundamental problems facing individual agencies and develop tailored programs to address them.
- ✓ Community support is key to sustainable organizations. Assistance in strengthening outreach and using participatory processes systematically must be incorporated into plans for institutional development or capacity building.
- ✓ Monitoring and evaluation can be powerful tools for strengthening programs and increasing institutional capacity, especially when linked with technical assistance and training for managers and supervisors in using data for decision making and program design.



# AFRICA

## Regional Initiatives

To complement the individual country programs, Pathfinder facilitated several regional initiatives that reinforced innovation and technical leadership in the region. These initiatives promoted exploration and replication of innovative approaches, models, or activities. They include Pathfinder's pioneering work in *integrating mother-child health (MCH)/FP with STD/HIV/AIDS services*, protocols, and information, its groundbreaking work with *adolescents*, and its efforts to address a region-wide tragedy—unsafe or incomplete abortions through *post-abortion care (PAC)*. Other regional efforts were the *Urban Reproductive Health Initiative*, and *emergency contraception*.

### Reaching Adolescents

With nearly half its population under age 25, Africa is a youthful continent and youth are Africa's future. That future has been described alternatively as bleak or promising, depending on the issue or perspective. At least one out of five teenagers has had one or more children or is currently pregnant, and youth—especially girls and young women—are disproportionately affected by HIV/AIDS. Nevertheless, the policy environment for adolescent reproductive health remains largely uncompromising and negative. Thus advocacy is an important part of Pathfinder programs for youth.

Pathfinder committed to making a real difference in the lives of Africa's youth, conducting programs for adolescents in Kenya, Tanzania, Mozambique, Uganda, Nigeria, South Africa, Zimbabwe, Zambia, and Ethiopia. With a wide range of partners, from national ministries of health to community groups, from family planning associations to youth organizations, Pathfinder used a variety of interventions to improve family planning and reproductive health options for young adults. These

#### The African Adolescent's Reality

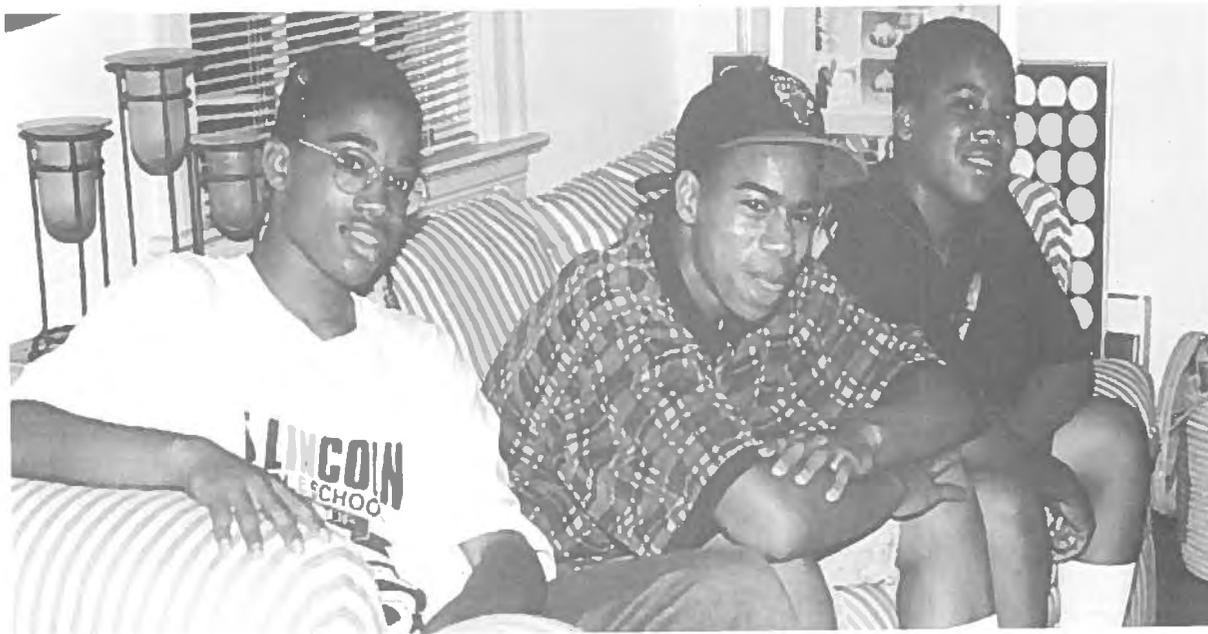
At least 1 in 5 teenagers has had one or more children or is pregnant.

Although adolescent fertility rates are declining and the age of marriage is rising, Africa still has the world's highest rates of early childbearing and lowest median age of marriage.

Among adolescents, the ratio of those infected with HIV is 6 girls for every boy – a calamity for young women and their infants.

In many countries, including Uganda, Zambia, and Ethiopia, women under age 20 account for more than half of all incomplete or septic abortions.

interventions included peer counseling and outreach, IEC, family life education, life planning skills curriculum development, clinic-based and alternative services, provider and educator training, and outreach to policy makers, religious leaders, parents, educators, youth workers, and community leaders.





## Making Clinical Services Youth-Friendly

Providing clinical reproductive health services to young adults is still a relatively new—and sometimes controversial—practice in many countries. Typically, family planning services were introduced primarily to serve married women. Although some programs have expanded over the years to include a wider array of services, including those that meet adolescents' needs, most have not incorporated an institutional dedication to adolescents. The result is that the majority of young adults do not use available services because such services do not seem relevant to them, or because they fear the disapproval of providers or other clients.

Under the FSPD project, Pathfinder worked to make existing reproductive health services responsive to adolescent needs. Efforts in this area have involved establishing appropriate services tailored to young women in hospitals and clinics and training physicians, nurses, psychologists, and social workers to provide appropriate clinical treatment and counseling in contraceptive methods. Pathfinder has trained providers in interpersonal communications; developed curricula and manuals to conduct such training, as well as IEC material to support services; and conducted operations research.

### Lessons Learned - Clinical Services

- ✓ Specialized hours and youth-friendly services attract young clients. Services for adolescents should be made available at times that suit their schedules (e.g., after school hours, and during weekends and school holidays).
- ✓ Many youth-friendly adjustments require modest expenditures. Providing services at an established hospital or clinic can contain operating costs because projects gain access to existing facilities. But services and facilities have to be modified to meet the special needs of adolescents.
- ✓ Youth involvement increases relevance, ownership, and commitment—and community involvement helps foster support and reduces backlash.
- ✓ Staff should be selected by interest, positive attitudes, and training. It is important to train staff members in treating adolescents. This training is often overlooked if project staff are already knowledgeable about providing services to adults and if the differences between the two populations are perceived as negligible by staff.
- ✓ Training workshops for peer educators must be designed to cover topics that are relevant and applicable to the intended work of the participants.



## Taking the Action to the Campus - University-Based Projects

To introduce reproductive health concepts and family planning information to young people before misinformation and high-risk behaviors crystallize, Pathfinder supported family life education, life planning skills, peer education and counseling, and family planning services projects in schools and universities. In the case of university-based projects, students may already be sexually active, but may not have received information about family planning and health at earlier ages. Family life education is an educational process designed to help young people with their physical, emotional, and moral development as they prepare for adulthood, marriage, parenthood, aging, and social relationships. The university-based programs offer family planning services and education through university health programs that are already in place. Peer educators, counselors, and promoters are central to the program.

University students often have considerable need for the counseling and “youth friendly” services offered in adolescent health reproductive health projects. In Kenya, for example, the highest pregnancy rates are recorded at more than 20 institutions of higher learning. For this reason, Pathfinder collaborated with *Kenyatta University* and *Egerton University* to strengthen campus family planning services with a vigorous



information and education program specifically tailored to students. Its goal was to prevent accidental student pregnancies, common among first-year students, which often lead to illegal and unsafe abortion. After considerable observation of the Kenya universities projects, the *University of Dar es Salaam* in Tanzania developed a similar program. The project started with a clinic open to faculty, students, and the public, but after project staff realized that students would not use services unless they were in a separate facility, the university created an adolescent-only wing with a separate entrance. Now, STD and HIV/AIDS diagnosis and treatment and family planning services are provided to 6,000 students through the youth clinic, depot holders, and peer educators distributing condoms. The peer education component feeds into the clinic components (referrals, follow up) and the university counseling services.

Developed to address rising incidences of STDs/HIV/AIDS and an unintended pregnancy rate of 40 percent among students at Kenyatta and Egerton universities in Kenya, *peer-to-peer communication programs* have improved the quality of counseling and RH services for students by increasing the number of staff dedicated to student outreach, motivation, and counseling. The first of their kind in Kenya, these programs feature outreach, clinic services, and a course in family life education designed in part by students themselves. An estimated 12,000 first-year students have been trained in family life education since the program was launched in 1992. The projects also seek to reduce irresponsible sexual behavior, unwanted pregnancies, STD/HIV/AIDS, and drug abuse. Statistics indicate that between 1992, when the project began, and 1998, the rate of unwanted pregnancies on Kenyatta's campus dropped by 50 percent, a success that is attributed to increased awareness and use of contraceptives. An evaluation of



the program in 2000 found that student pregnancies, as a percentage of the female student enrollment, had declined from 6.1 in 1990 to 1.9 in 2000. Couple years of protection at Egerton University increased from 806 in 1992 to 4,105 in 1999; at Kenyatta University the change was from 125 to 1,624. There were 37 reported abortions among women students at Kenyatta in 1990 and only 10 in 2000. There were also significant declines in numbers of students at both universities seeking treatment for sexually transmitted infections—a 22 percent reduction at Kenyatta and 50 percent at Egerton. This result is due primarily to the dramatic increase in the use of condoms.

The peer educators who make door-to-door visits to fellow students are a critical ingredient of the project's success. Wearing distinctive T-shirts and caps with catchy family life slogans, counselors have become a regular feature of campus life. At Kenyatta University, counselors produce a publication, *KU Peer*, that supports FLE and gives a forum for students to share ideas. The program has also attracted wide support, including first-ever corporate funding from Barclays Bank.

### Lessons Learned - University-Based Projects

- ✓ Students want their own services, separate from those of university staff members and their families.
- ✓ Constant mobility among the student population affects the continuation of contraceptive use. Students need to be referred to resources outside the university for contraceptive resupply before they graduate.
- ✓ According to pregnancy statistics at some project sites, sexual activity among students is highest during school vacations—times when programs cannot reach users easily. To meet students' needs during these times, sites can:
  - disburse supplemental contraceptives to last during vacations
  - remain open during vacations
  - refer students to other sources of contraceptive resupply
  - reinforce IEC messages before vacations
- ✓ Resident student advisers are sometimes reluctant to provide resupplies without incentives or honoraria.
- ✓ Providers should be recruited on the basis of their interest in serving youth.
- ✓ Curricula should be relevant to the reproductive health, life-skills, and livelihood needs of adolescents and should include discussions on STDs and AIDS, contraception, and the development of skills needed to bring about more responsible sexual behavior.



## Communicating with Youth through Feature Films

Because information is key to personal decision making, IEC activities have always been a fundamental component of programs for young adults. As societies undergo rapid change and urbanization, more young people are exposed to and influenced by different forms of mass media, which are important purveyors of the popular culture. The media have been successfully used to inform all types of young people about reproductive health issues, and have been especially useful for reaching at-risk young adults, who may be illiterate or not in school. While evidence suggests that mass communication efforts can increase knowledge, the extent to which they influence behavior is less clear. For this reason, mass communication activities are often part of a larger program, or used to reinforce a broader program that includes individual communication and services. Furthermore, using the media for IEC activities is an approach that invites the active participation of youth themselves, because formulating the message requires that project coordinators develop an intimate knowledge of their target audience.

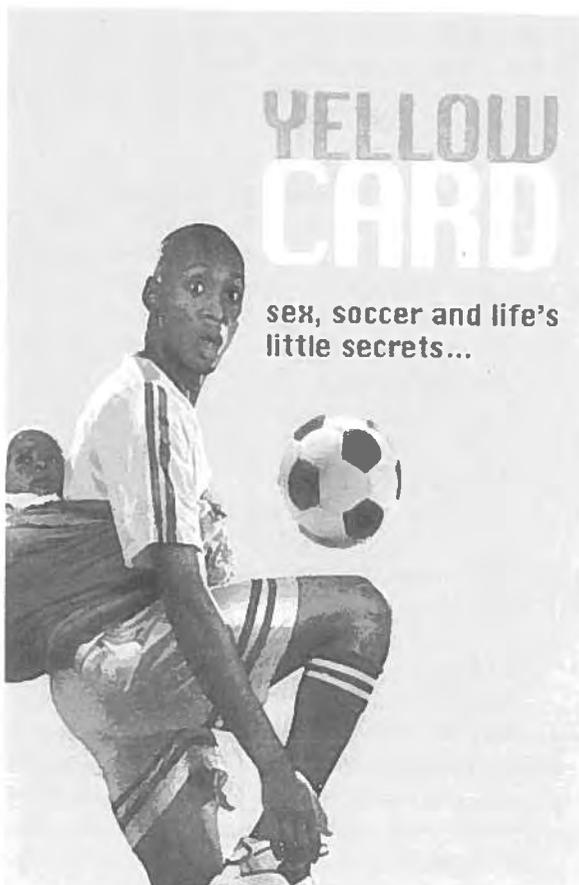
Pathfinder has supported the creation of feature films that include such themes as human sexuality, male responsibility, and STD and HIV/AIDS prevention. Other media campaigns include national-level adolescent reproductive health information campaigns; radio call-

in and information shows; and art contests for adolescent information campaigns.

In sub-Saharan Africa Pathfinder's first venture into feature films to educate young moviegoers was the production and translation into seven African languages of *Consequences*, a film seen by more than 20 million people across the continent. More recently, Pathfinder led a consortium of donors (USAID, DFID and Ford Foundation) in the production of *Yellow Card*. This film deals with the dreams, ambitions, and sexuality of youth from the male perspective, yet in an African context, whereas reproductive health matters have traditionally been a woman's problem. This film is talking to young men about their role in childbearing, challenging them to come up with their own solutions to the problems they encounter every day. Training materials in various languages for grassroots education programs about the themes of *Yellow Card* are also being produced. The film was voted "The People's Choice" at the 2000 Zanzibar Film Festival, and has been featured in CNN's African File feature, the Mill Valley Film Festival, Durban International Film Festival, and Carthage Film Festival, among others. The Zimbabwe International Film Festival gave it the "best music" award.

### Lessons Learned - Media/Communications

- ✓ Young people generally have a natural affinity for media presentations. This makes such projects particularly effective vehicles for exploring behavioral issues as well as the environmental factors and social norms that influence young adults' reproductive health behavior.
- ✓ Involving community members, parents, teachers, and other leaders at the outset of a media project is a crucial factor in project success, given that reproductive health issues related to young people remain controversial in most of sub-Saharan Africa.
- ✓ It is essential to pre-test media and communication messages to ensure their appropriateness for the intended audience—what works in an East African urban slum might not work in rural southern Africa.
- ✓ Networking and training activities should be ongoing during the life of the project in order to contribute to the behavior change objectives.
- ✓ Evaluation should be built in to all media projects, along with mechanisms for integrating the results of the evaluation into downstream activities.





## Overall Lessons Learned from Adolescent Programs

The lessons learned from the regional programs for adolescents may be synthesized as follows:

- ✓ Pioneering programs for youth require a long commitment of support, perhaps as long as a decade, to become institutionalized and entrenched.
- ✓ Young people must be engaged in finding solutions to their reproductive health problems. Involving them as active participants, even as planners and managers, is critical to success.
- ✓ The inclusion of government and community leaders in project design and management can serve to legitimize a project and to enlist support from other community patrons and government officials.
- ✓ Staff hired to work in youth programs must be genuinely committed to helping young people deal with reproductive health concerns. In most situations, the age and gender of the staff seem to matter less than their attitude, knowledge, and concern for their clients. A strong and comprehensive training guide/curriculum can make a major contribution to staffing skills. Similarly, incentives can improve the motivation, productivity, and accountability of volunteer staff.
- ✓ Young people have special concerns for privacy and confidentiality. A “youth-friendly” setting/environment is critical to a successful program.
- ✓ Integrating HIV prevention education into reproductive health projects is both a logical program action and a good entry point for sexuality initiatives.
- ✓ Adequate resources must be devoted to ensure documentation and dissemination of positive results in order to facilitate additional program activities.

## Integrating STD/HIV/AIDS Services with MCH/FP Programs

The worldwide AIDS pandemic has hit Africa hard. Today almost 70 percent of adults and 80 percent of children with AIDS are in sub-Saharan Africa. During 2000 alone, there were an estimated 3.8 million new infections and 2.4 million deaths in the region. (Data in this section are taken from UNAIDS reports on the status of the epidemic by end 2000.) The added demands for STD/HIV/AIDS information and services are swamping existing MCH/FP health care systems. As many as a third of women seeking MCH/FP services

suffer from STDs, and studies indicate that controlling STDs is one way to slow the spread of HIV transmission.

Health care providers in the region can't cope with this onslaught. Beginning in the early 1990s, Pathfinder provided leadership in the Africa Region on how to fight the HIV/AIDS epidemic by maximizing the resources at hand. A key component of the fight has been the integration of STD/HIV/AIDS services into existing family planning and maternal-child health programs and facilities, with the idea that both types of services reach those most at risk of HIV—the sexually active.

### Defining the Problem

“The chilling statistics coming out of this conference have forced me to reexamine everything I have learned in 40 years as a health professional.” This was the dismayed reaction of Dr. Malcolm Potts to the frightening data about the spiraling HIV/AIDS epidemic that were presented at Pathfinder International's 1998 conference, *Setting the Africa Agenda II*.

The situation has only gotten worse since then. Worldwide, the AIDS pandemic had claimed 13.9 million lives by 1998; two years later the number is 21.8 million. Globally, there are 36.1 million infected people, the vast majority in the developing world. In 2000 there were an estimated 5.3 million new infections around the world and 3 million deaths, the highest annual total of AIDS deaths ever. More than 80 percent of the women worldwide and 87 percent of the children infected with HIV/AIDS are in sub-Saharan Africa, as are 95 percent of the world's AIDS orphans. Sub-Saharan Africa has 21 of the highest national HIV prevalences in the world, five of the worst national epidemics (Botswana, Malawi, South Africa, Zambia, Zimbabwe), and the fastest rising rate of infection (South Africa).

In Africa south of the Sahara the pandemic has surged beyond public health crisis to become an economic and social disaster. In 1999 the World Bank described AIDS as the greatest threat to development in the region, where 30 years of hard won gains are being reversed. Infant/child mortality is on the increase. Life expectancy has been drastically reduced and will drop further, from an average of 59 years in the early 1990s to 45 in 2005-2010. Agricultural productivity—the backbone of most African economies—is declining in many places: A rural Tanzanian woman with a sick husband to care for will devote only 40 percent of the normal time to her food production activities. In Zimbabwe, maize production has fallen by 54 percent of harvested quantities and even further for marketing, indicating that family farms are less and less able to produce enough to sell. The industrial sector is similarly hard hit. Kenyan businesses estimate that they lost 8,000 days of labor between 1995 and 1997, while health costs increased ten times between 1989 and 1997. The increasing strain of caring for the sick is placing an almost intolerable burden on families and already fragile health systems; in Kenya, for example, 50-70



## Integrating Service Components

Components of FP/MCH Services	Components of STD/HIV/AIDS Prevention Services
<p><b>MCH services, including</b></p> <ul style="list-style-type: none"> <li>• Antenatal care</li> <li>• Referral of high-risk deliveries</li> <li>• Postpartum care</li> <li>• Breastfeeding</li> <li>• Immunization</li> <li>• Growth monitoring</li> <li>• ORS</li> <li>• Infection prevention and quality of care</li> </ul> <p><b>FP services, including</b></p> <ul style="list-style-type: none"> <li>• Counseling and IEC</li> <li>• Provision of range of contraceptive methods</li> <li>• Follow-up and management of side effects and complications</li> <li>• Basic screening of RTIs for IUD and VSC clients</li> <li>• Infection prevention and quality of care</li> </ul>	<p><b>STD/HIV/AIDS services, including</b></p> <ul style="list-style-type: none"> <li>• Education (counseling, IEC)</li> <li>• Increased condom promotion and distribution</li> <li>• STD diagnosis (syndromic and lab) and treatment</li> <li>• HIV pre- and post-test counseling and referral</li> </ul>

percent of hospital beds are occupied by AIDS patients and 500 people die every day. And despite overtures by drug companies, the antiretroviral drugs available cheaply in many countries are priced beyond the reach of most people in sub-Saharan Africa, where pervasive poverty exacerbates the impact of the epidemic.

Young people are in the precarious position of being very vulnerable to infection and hard hit by HIV/AIDS, but have the least access to programs and services that can prevent and treat sexually transmitted diseases. Men also lack access to information and services tailored to their needs. Women carry a large part of the burden of the disease: They are biologically and socially more vulnerable to infection. They can transmit the disease to their babies. And when they fall ill, their families lose their main caregiver as well as often the primary breadwinner. They are leaving millions of children—11.9 million by end 1999—without parental love and guidance.

The crying need for HIV prevention programs and for treatment and care of those at risk and infected is stark and real, but the resources to meet the need are like a small boat before a tidal wave.

### Refining the Approach

The process of developing an integrated approach to service delivery involved a systematic progression of needs identification, articulation of strategies, and the involvement of national and regional partnerships. It incorporated elements of networking, service integration, operations research, and advocacy and dissemination.

### What Is Integration?

Against the background of the pressing needs in reproductive health services, integration may be defined as:

*Combining services to prevent HIV infection and to manage sexually transmitted infections (including HIV) with services for family planning and maternal/child health care into a single, coordinated, synergized program.*

### Elements of Integration

In an integrated program, the emphasis is on primary prevention of STD/HIV/AIDS, or preventing infection in uninfected people. Basic services are often combined into the following menu of services:

- > Information and education at service delivery point
- > Behavior change communication
- > Counseling on:
  - Family planning methods
  - Responsible parenthood
  - Condom use and negotiation skills
  - Client/couple risk assessment
  - Behavior change
  - STD/HIV prevention, including safer sex practices
  - Pre and post HIV testing
  - Using condoms (including female condom) for dual protection against STD/HIV and pregnancy
  - Male and adolescent health needs



- Condom distribution for FP and STD/HIV prevention
- FP services, emergency contraception, post-abortion care
- Laboratory testing for STDs and HIV
- Syndromic STD diagnosis and treatment—but with limited use of syndromic management of vaginal discharge
- Referral
- Contact tracing
- Risk assessment
- Community outreach
- Home care and referral for persons living with HIV/AIDS
- Pre- and postnatal service and other MCH services
- Curative services

### Operations Research

Pathfinder's systematic approach to tackling the problem may be seen in the sound research foundation of programmatic activities. Pathfinder conducted or participated in:

- A situation analysis to inventory existing integrated programs in east and southern Africa and Nigeria
- OR to test different models in Uganda, Kenya, Botswana (with the Population Council)
- Cost-effectiveness studies (Mkomani) (with the Population Council)
- OR on adolescent and male participation (with the Population Council)
- OR on effectiveness of the syndromic approach (with the Population Council)

### Working through Networks and Partnerships

Pathfinder partners in Uganda (Family Life Education Program and East Ankole) and Kenya (Mkomani Clinic

#### How much will it cost?

Integrating RH service delivery will have some costs. For example, it will probably be necessary to produce new client record forms and prepare integrated IEC materials. Staff will have to be trained and equipment and supplies purchased.

On the other hand, initial investigations indicated that considerable savings may be realized from integration. A preliminary analysis of the Mkomani Clinic Society, which relies on nurses rather than doctors, showed that their cost of providing integrated STD/HIV and MCH/FP services to a new client using oral contraceptives was US\$8.10. This was \$3.80 less than the cost of the same services (\$12.40) Mkomani had provided separately—a savings of 31 percent. Similar savings were found in a follow-up study in 2000.

Society) began integrating their services as early as 1992. In 1994, the Pathfinder Africa Region team worked with the USAID Kenya Mission to bring together the Cooperating Agencies Integration Working Group to articulate a strategy for service integration among local implementing partners; working groups were formed to discuss service delivery, policy advocacy, research and evaluation, training, and IEC. Subsequently, in May 1995, Pathfinder joined with REDSO and USAID/Washington, The Population Council, USAID's BASICS Project, the Data for Decision Making Project at Harvard, and Family Health International to convene the Setting the Africa Agenda conference. The work of the conference was to first define integration, and then discuss approaches, review advantages and barriers, and create an agenda of activities to move integration forward in the areas of research, programs, and policy. Africa Agenda I was followed in December 1998 by Africa Agenda II.

The prevailing mood of Agenda II participants, conscious of the growing impact of the AIDS pandemic—which is escalating beyond anyone's predictions—was "scale up and hurry up." The issues cited and recommendations made in five programmatic areas reflect this sense of urgency and the desire for immediate, effective action. The five areas are: primary prevention and reaching special groups; clinic-based approaches; community-based services; policy and networking; and research, monitoring, and evaluation. They can be summarized as:

- **Primary prevention and reaching special groups:** Special groups are defined as those who are at high risk, under-served, and difficult to reach. In particular, high transmitters (including sex workers and their clients), men in the general population, adolescents, and orphans require targeted interventions (e.g., condom promotion) if their needs are to be met.
- **Clinic-based approaches:** Some of the issues here are the workload implied by integration, provider biases in service delivery, client follow-up and partner notification, improving facilities, and securing consistent supplies of commodities.
- **Community-based services:** Weak links between community-based services and clinical facilities, the continuing gap between the strategies and the implementation of community mobilization efforts, and failure to adapt approaches to higher quality community-based services are some of the problem areas that must be addressed.
- **Policy, networking, and funding:** Policy formulation, policy implementation, and advocacy face attitude and resource constraints that limit the effectiveness of integrated services, for example, leaving men and young people outside the reach of many program efforts.



### Advocacy and Dissemination

Pathfinder activities in this area ranged from sharing experiences at national and international forums to the publication and wide distribution of the results of studies and conferences:

- ❑ Presentations at a number of meetings of the American Public Health Association (APHA) and Population Association of America (PAA), as well as other regional conferences.
- ❑ Review of national policies on prescription drugs, which revealed among other things that in some countries drugs for one type of program could not be used in another, which defeats the purpose of integration.
- ❑ Publication of *An African Response to the Challenges of Integrating STD/HIV-AIDS*, which was one of the outcomes of the Agenda I conference, and the report of Agenda II conference.
- ❑ Publication of *Integrating STD/HIV/AIDS Services with MCH/FP Programs: A Guide for Policy Makers and Program Planners*.
- ❑ Promoting AIDS awareness among partners in the private sector (workplace/peer education programs).

- **Research, monitoring, and evaluation:** Research is urgently needed to determine the impact of integrated services and effects of policy barriers and to identify best practices that can be easily replicated.

In all cases, Agenda II demanded more focused attention from policy makers and donor partners, and called for increased resources to meet the growing demands, enhance regional partnerships, improve service provider training, and allow greater sharing of information and experiences. Among the training needs identified were development of service protocols and curricula, counseling skills, and management and assessment capacity. To ensure the relevance of research on integration, Agenda II also recommended increased emphasis on the review, updating, and wide dissemination of information flowing from studies on the most effective and cost-effective models for providing integrated services.

Pathfinder produced and disseminated reports from both conferences. Other examples of partnerships stem from the Kenya experience: the Regional Integration Partners, composed of cooperating agencies and REDSO/ESA representatives, and the Regional Technical Group, comprising skilled program managers, service providers, and public and private policy makers. Both groups worked to disseminate information about and support efforts toward integration in the region.

Networking to share experience and raise awareness was a constant preoccupation, with exchange visits and study tours, participation in international conferences, and distribution of publications, always toward building partnerships, e.g., the East African Reproductive Health Network (EARHN).

In South Africa, Pathfinder expanded the dialogue on integration and the HIV/AIDS pandemic among

committed service providers, officials, researchers, and activists by co-sponsoring the Reproductive Health Priorities Conference with the University of Witwatersrand. Over the last three years the conference has attracted increasingly regional participation.

### Combining Services, Saving Lives - Two Regional Experiences with Integration

Two very different MCH/FP programs integrated their services under the FPSD project, the clinic-based community distributors of FLEP in eastern Uganda and the Mkomani Clinic Society in Mombasa, Kenya.



**Mkomani Clinic Society Integration Model**

- Carry out risk assessment for STD/HIV/AIDS among all clients visiting the clinics for antenatal care, child welfare, FP services
- Provide information on STD/HIV/AIDS to all clients who receive any services at the clinics or from the community service workers
- Inform the public about STD/HIV/AIDS and the availability of services at the MCS clinics through public meetings and seminars
- Protect staff and clients from infection during clinic procedures
- Request and/or refer all antenatal clients for syphilis testing
- Diagnose and treat common STDs within the MCH/FP unit
- Identify/refer all clients with symptoms/signs of HIV infection, or those requesting HIV testing, to institutions with HIV counseling/testing facilities
- Notify partners, assess partner risk, screen, diagnose, treat identified contacts

**Family Life Education Program, Busoga, Uganda**

FLEP started in 1986, as part of the Anglican Church of Uganda's Multisectoral Rural Development Program (MSRDP); it has since become an independent NGO. The goal of this rural-based, community-supported program is to increase awareness of and access to family planning and STD/HIV/AIDS information. FLEP operates through community-based distributors and clinics offering varying levels of services. It serves a total population of nearly 2 million people scattered over three largely rural districts in southern Uganda. FLEP is Uganda's leading family planning community-based service program and is a model for others. Contraceptive prevalence in FLEP areas is 19 percent, compared with the national average of 7.8 percent (DHS, 1995).

FLEP's experience to date indicates more effective service delivery and better response to client needs.

**FLEP Integration Model**

- Carry out STD/HIV risk assessment for all MCH/FP clients at FLEP clinics
- Screen high-risk MCH/FP clients for STD/AIDS using diagnostic checklist
- Manage clients with STDs using syndromic approach
- Inform/educate all clients receiving FP/other services from MSRDP clinics and village health workers about STD/HIV/AIDS
- Inform/educate persons in Busoga diocese about STD/HIV/AIDS through public meetings, seminars, drama, song
- Inform/educate in-school youth about STD/HIV/AIDS using trained community resource persons (e.g., school teachers)
- Mobilize communities for STD/HIV/AIDS prevention
- Offer voluntary counseling and testing (in collaboration with AIDS Information Center)

Community health workers say that they are more respected and more likely to be listened to, since their message is no longer restricted to reducing family size. FLEP's experience further highlights the need to reach beyond traditional clients to other members of the community, especially men and adolescents. FLEP is also working to expand its resource base through better staff training, appropriate IEC materials and activities, better risk assessment and testing mechanisms, and improved clinic facilities.

**Mkomani Clinic Society, Mombasa, Kenya**

The Mkomani Clinic Society is a private charitable organization founded in 1980. It provides basic medical services for poor residents of Mombasa, Kenya's second largest city. The Society operates a full-service clinic with laboratory and resident doctors and has a community outreach service. The Society served 23,000 clients in 1994, almost half of whom were interested in family planning. STD/HIV/AIDS services were integrated into clinic services in 1992. The Society has found that it is cheaper to provide integrated services than it is to provide the same services separately. Mkomani recognizes the importance of community participation and mobilization. Staff are streamlining and standardizing information, management, and counseling procedures for STD/HIV/AIDS clients. More attention is also being given to the quality of the overall integrated services from the perspective of the clients.

Mkomani has also found that the cost of providing family planning and STD services using an integrated approach is lower than the cost of providing these same services separately to a new pill client. The use of the integrated approach also benefits from savings due to staff costs (nurses rather than doctors perform this service) and supplies (e.g., gloves, antiseptics, and gauze/cotton wool, among others) required for pelvic examinations as well as related indirect costs. At MCS this means the supplies to all sites in the clinic, MCH/FP, STD/HIV, laboratory, etc., are leveraged by the



income recovered from each cost center and pooled into one cost recovery fund that is used for replenishment. The fact that nurses also collect some of the basic specimens for the laboratory reduces client waiting time, as well as staff costs related to this service.

### Linking Prevention and Care

As HIV/AIDS programming moves "beyond prevention," home-based care (HBC) for people living with HIV/AIDS (PLWHAs) becomes increasingly important. Building on established community-based distribution initiatives, Pathfinder collaborated with The AIDS Support Organization (TASO) and other partners in Kenya, Uganda, Ethiopia, and Nigeria to develop an innovative approach to home-based care that incorporates the CBD model. The concept is that CBDs, some of whom are already expanding their roles beyond family planning (to include child survival and STD/HIV prevention), can be trained to, in turn, train and support the families/caregivers of PLWHAs to provide care in the home. This is a cost-effective way to provide care, and has the added benefits of promoting community awareness of HIV/AIDS and decreasing stigma; providing for continuity of care, including referral linkages to facilities; and enabling the PLWHAs to maintain their family roles and their families to function in the community. Home-based care also frees up hospital beds and medical personnel for the acutely ill, and thus relieves the burden on the health care system.

Country-specific training modules, including a *Home Care Handbook*, have been developed for those four countries, and a global module is in the works. The ministries of health of Ethiopia and Uganda have already signed on as partners in issuing the modules and discussions with the ministry in Kenya are going on. National training courses have been conducted with the full cooperation and involvement of ministries of health in all four countries. Pathfinder is also providing technical assistance to UNAIDS to scale up HBC activities in the region.

### Lessons Learned - Integration

The lessons learned about service integration during the FPSD project can be conveniently grouped into areas of policy, health care systems, actual service delivery, community outreach, and the involvement of various types of clientele.

#### Policy

- ✓ Political commitment is needed at the highest levels to fight the AIDS epidemic.
- ✓ Coordination and collaboration, especially through partnerships, are key factors in cost-effectiveness.
- ✓ Strategies and program interventions need to change as the course of the epidemic changes.

- ✓ A multi-pronged, multi-sector approach is necessary to address the myriad health and social consequences of the epidemic.
- ✓ In the face of the epidemic, the cost-effectiveness of integration is less of an issue than its technical effectiveness.

#### Health Care Systems

- ✓ Health infrastructures are often weak and unable to support integrated services.
- ✓ Physical infrastructure has a direct bearing on facilities' capacity to offer integrated services, e.g., for infection prevention procedures or adequate space for privacy.
- ✓ Integration can reduce the client's costs for services. Program planners, on the other hand, must consider up-front investments in training, awareness building, equipment, etc., as well as extensive documentation to identify and disseminate replicable models. These costs should decline over the long term as the system becomes functional.
- ✓ Partner notification remains a major problem.
- ✓ Referral systems and linkages are too porous: too many clients get lost. For example, few women return for results of syphilis tests.
- ✓ Most service delivery points have insufficient supplies of drugs to treat STDs, clients can't afford those that are available, and some health policies do not permit prescription by available personnel.





- ✓ Skills and attitude training for service providers is essential, with follow-up. Likewise, it is important to sensitize everyone in the service environment who may interact with HIV/AIDS clients or those at risk. Values clarification and self-selection of service providers are necessary to improve quality and access for PLWHAs and those at risk, especially young people.
- ✓ Linking prevention and care/support services, like home-based care, is more effective. PLWHAs learn to practice "living positively" and become advocates for HIV prevention

### Service Delivery

- ✓ Integrated services can be at the most elementary level—e.g., prevention and referral—to more complex levels—e.g., STD/HIV management, special services for high-risk groups—as resources allow.
- ✓ Contrary to early fears, integration did not harm family planning programs. (See box below.)
- ✓ Syndromic management presents more challenges than originally thought. Though it is effective for several syndromes, it does not work for vaginal discharge. There is, as well, some confusion on the part of service providers about the relationship between the various syndromes and the client's risk; this needs to be addressed with training.

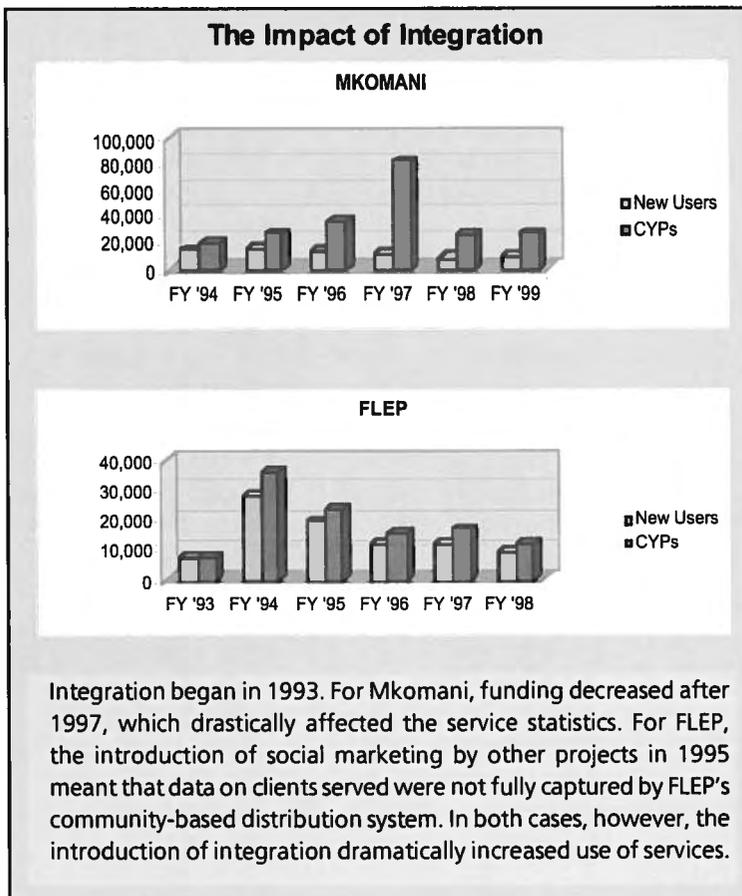
- ✓ Service provider biases against youth and clients with STDs and HIV persist; the resulting discrimination inhibits these groups from seeking services.
- ✓ Condom promotion for reducing STD/HIV transmission needs to be more aggressive.
- ✓ Integration also goes the other way—VCT and STD programs are providing family planning services.
- ✓ Integration can de-stigmatize services since people can come for many reasons and not call attention to themselves. This is especially helpful in attracting youth and men to come for services.
- ✓ Care of PLWHAs at home can reduce the cost of health care for both families and the health care system. Improved care at home, or self-care, can lengthen the lives and improve the quality of AIDS patients' lives. Home-based care also helps develop family and community awareness of prevention.

### Community Outreach and Participation

- ✓ Community participation can increase the use of integrated services, and thus contribute to sustainability, by building awareness of both the availability of and the need for services.
- ✓ Voluntary counseling and testing (VCT) can significantly increase prevention and promote behavior change.
- ✓ Family life education and FP/HIV programs must consider the wider problems, e.g., poverty. Neither type of program on its own will attract or sustain community interest.

### Adolescents

- ✓ The AIDS epidemic in sub-Saharan Africa is increasingly driven by young people, who comprise a fourth of the population in most countries in the region. Nonetheless, there are formidable barriers to youth programs, including opposition by some communities and faith-based groups to youth outreach on the (mistaken) assumption that sexuality information will cause sexual experimentation.
- ✓ Reaching the African girl-child with RH services and information is essential, both to protect her health and to keep her in school, which can delay sexual debut, postpone marriage, and provide hope for her future.
- ✓ Integrated service delivery for adolescents should include youth-friendly service providers, non-medical surroundings, convenient hours, walk-in capability, appropriate IEC, and peer education.





## Men

- ✓ Men's involvement in HIV prevention activities is key: they are family decision makers, community leaders, and often the primary vectors of the disease.
- ✓ Men want the same thing women want in health services—respectful, skillful providers, a range of services, clean surroundings, affordable prices, convenient hours, and confidentiality.

## Other High-Risk Groups

- ✓ Targeting vulnerable groups and high transmitters can reduce the reservoir of infected persons.
- ✓ High-risk groups need services tailored to their particular needs. To reach sex workers, for example, it is necessary to go where they are.

## Facing the Challenges

Despite our efforts, and those of governments, donors, countless partners, and other organizations, the AIDS epidemic in sub-Saharan Africa continues to grow at a rate that confounds epidemiologists and threatens the very development of the region. Among the most serious challenges to our efforts are the following:

- Awareness is high, behavior change is slow. It is therefore necessary to redouble efforts that focus on behavior change and to create a conducive environment for supporting change.
- Despite the huge prevalence of HIV/AIDS among adolescents in sub-Saharan Africa, there is still strong resistance to providing young people with information and condoms.
- The number of AIDS orphans is overwhelming. How they will be cared for and provided for is an important question, as the very future of their societies may depend on whether and how their needs are met.

Other challenges are:

- Preventing mother to child transmission
- The need to accelerate home-based care initiatives
- Lack of capacity and weak health care systems in both government and private sector
- Stigma and discrimination
- Keeping girls in school
- Pervasive poverty and the debt burden
- Inadequate political commitment

In a situation of pervasive poverty, people (e.g., sex workers) may be forced to choose between short-term gain and long-term risk.



According to UNAIDS, about half of all 15-year-olds in the African countries worst affected by AIDS will eventually die of the disease even if the rates of infection drop substantially in the next few years. Moreover, sub-Saharan Africa accounts for over 70 percent of the AIDS burden, but only 3 percent of global spending on AIDS. At the current spiraling rates of infection, the HIV/AIDS epidemic is no less a crisis than war. To overcome it requires the fullest commitment of will and resources. We are only nibbling at the edges. It is time to bring activities fully up to scale, with funding to match the need.

## Blending Compassion, Contraception, and Concern for Youth - Post-Abortion Care

Throughout sub-Saharan Africa, studies from country after country indicate that as many as a third to one-half of maternal deaths result from complications of unsafe abortion. The statistics are chilling. In Kenya, an estimated 60 percent of maternity ward beds are occupied by women with abortion complications, which contribute a quarter of maternal deaths. Studies in Nigeria show 40 percent of maternal deaths due to abortion-related complications; in Mozambique the number is over 22 percent and in Uganda it is 33 percent (WHO statistics, 1999). Rates are higher among young women, and more than 50 percent of maternal deaths are women under age 20. (Figure 11 shows the potential for abortion complications in Nigeria.)



- Post-abortion care encompasses three elements:
- Emergency treatment of incomplete and potentially life-threatening complications
  - Post-abortion family planning counseling and services
  - Links between post-abortion emergency services and other reproductive health services, including HIV prevention

In a larger sense, post-abortion care intends to reduce or even prevent the need for abortion by making available a full range of information and education services, family planning services, and counseling to individuals at greater risk of unplanned pregnancy.

Through the FPSD project, Pathfinder supported the delivery of post-abortion care services by a number of its local partner organizations in the region. As noted earlier, Pathfinder convened a regional training program in post-abortion care and also participated in and helped sponsor an international conference on post-abortion care. Both the training and the conference provided a forum for assessing lessons learned and encouraging participants to prepare strategic plans for improving service delivery.

One of the institutions Pathfinder works with is Kenyatta National Hospital (KNH) in Kenya. Like other

hospitals in the country, KNH has experienced increasing rates of induced abortion since the 1970s. The hospital sees an average of 20-25 abortion complication cases each day, a third of whom are women under the age of 25. KNH staff observed that 20-30 percent of women discharged after an abortion returned within one year with complications from another. The staff realized that it could prevent some of the abortions by counseling and providing appropriate contraception. Managers also recognized that with the prevalence of negative attitudes toward youth among service provider and the special privacy needs of adolescents, special facilities and services needed to be developed for the adolescents.

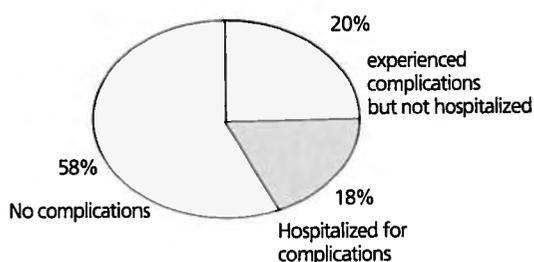
To address these problems, in early 1990 the Department of Obstetrics and Gynecology of the University of Nairobi established an urban family planning clinic at KNH geared to the needs of young women. Supported since its inception by Pathfinder, the High Risk Clinic aims to improve the reproductive health of unmarried women. Originally targeted to single women under 25 who suffered abortion complications, services were soon extended to women who experienced an unintended pregnancy but had carried to term, in order to help them avoid another unwanted pregnancy. The High Risk Clinic now provides reproductive health and contraceptive information, counseling, and services to all young women regardless of their situation. It also reaches out to the partners of these women, to educate them on the hazards of unprotected sex and unsafe abortion.

Three full-time nurses and one counselor staff the clinic seven days a week. They make regular visits to the hospital's acute gynecological ward to counsel clients and offer them services at the clinic. Of the estimated 40-60 new clients seen daily at the ward, 12-15 come to the High Risk Clinic for services. There, young women receive information and counseling on contraception and reproductive health including STDs and HIV/AIDS. Those interested receive a contraceptive method. The clinic also establishes a follow-up schedule for clients' continued contraceptive use and maintains a telephone hotline for clients seeking anonymous counseling.

### Achievements

A recent in-depth evaluation revealed that the clinic has had significant impacts, including improving clients' knowledge about family planning, increasing family planning method acceptance, and diversifying the method mix. Out of 2,500 young women who made a first visit during 1993 and the first quarter of 1994, 54 percent accepted a contraceptive method. Method use, though, was characterized by a sharp fall between the first and second months. The 20 percent who survived this initial attrition, however, tended to continue use for an average of seven to eight months, suggesting the need to follow up clients more effectively. The

Figure 11: Post-Abortion Complications in Nigeria





clinic, one of the few in Africa that serves an adolescent population, has enjoyed steady growth, serving almost 5,000 women annually with a range of services. The Ministry of Health has since introduced similar services into provincial hospitals. Other accomplishments can be summarized as:

- Originally the clinic had 15 to 25 new post-abortion clients daily, but now there are 8 to 10 clients daily, which shows service impact.
- Originally clients came only from the Acute Gynecological Ward of Kenyatta National Hospital. Now there are referrals from outside the hospital as well.
- Over the life of the FPSD project, the HRC recruited and provided services to 12,804 new FP clients and 21,565 revisits, provided information to 10,549 adolescents and 1,696 others, and tested and treated 2,196 STD cases.

### Lessons Learned - PAC

- ✓ PAC clients need a family planning method immediately—they can get pregnant again in less than two weeks.
- ✓ PAC is most efficient and has higher client satisfaction and service quality with MVA and away from emergency rooms or hospitalization.
- ✓ A team approach by providers is essential.
- ✓ A holistic approach to services is needed and the availability of MVA must be assured.
- ✓ The importance of working with managers to address needs for additional human resources or changes in job responsibilities must not be underestimated.
- ✓ The logistics of MVA equipment must be addressed up front.
- ✓ Links to other reproductive health services are difficult and must be built in to the program.
- ✓ Community education and involvement must be part of a PAC initiative. One of the leading causes of maternal deaths is that women do not recognize when they are in danger and do not always seek help at the right places. They try various sources—friends, neighbors, and traditional healers—before going to a health post or center.
- ✓ Hospitals benefit from exploiting the “no missed opportunities” approach in serving adolescents.

“A woman comes for treatment of an unsafe abortion because we failed to provide effective family planning services.

If she leaves without family planning, we have failed her twice.”

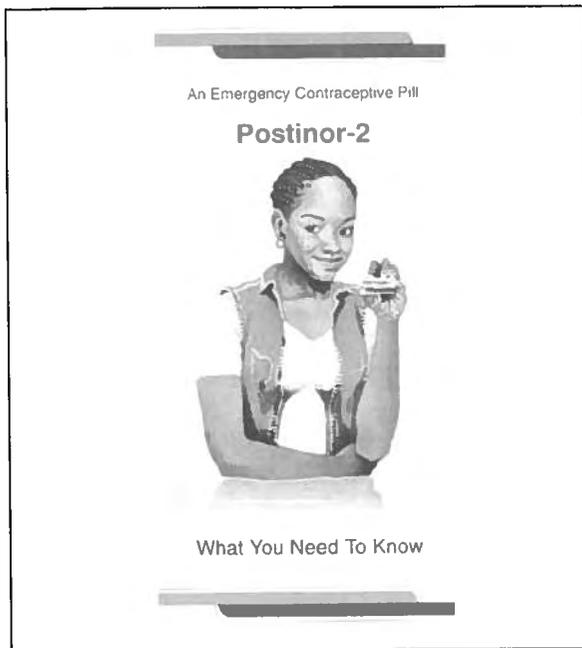


### Coping with Unprotected Sexual Encounters - The Emergency Contraception Initiative

Pathfinder International is a member of the Global Consortium for Emergency Contraception, which started out with nine multidisciplinary organizations working in four countries (Indonesia, Kenya, Mexico, and Sri Lanka). Initially with private funding and then later with FPSD project funds, Pathfinder worked to improve and extend access to emergency contraception in selected countries throughout the Africa region. Steps included creating a more favorable policy environment for emergency contraception through policy activities, expanding availability of emergency contraceptive pills (ECP) using a dedicated product, and increasing knowledge about the use of combined oral contraceptives for emergency contraception where a dedicated product is not available. Pathfinder supported several ECP Consortium meetings in Uganda, Tanzania, and Kenya.

ECPs are contraceptive pills in special doses used within 72 hours of unprotected intercourse to prevent pregnancy. ECP is important because it can prevent unintended pregnancies in women who are sexual assault victims, who forget to take a pill, whose condom breaks, or who experience unexpected sexual intercourse. **ECP does not** interrupt a pregnancy, cause abortion, or protect the user against STI/HIV.

The introduction of ECP in Kenya was a joint effort of Pathfinder, the Program for Appropriate Technology for Health (PATH), and the Population Council in collaboration with the Ministry of Health, the Obstetrics and Gynecology Department of the University of Nairobi,



and several implementing partners. The product used in Kenya for emergency contraception is branded Postinor-2.

Results of a study by Population Council found that service providers experienced major problems in getting clients to understand that Postinor-2 is for emergency contraception only. Some clients argued that since they do not have regular partners, there is no need to use regular contraceptives and they would rather use ECPs whenever there is an "emergency." Pathfinder worked with grantees to help strengthen providers' counseling skills to promote use of family planning methods after a crisis situation and to discourage reliance on emergency contraception as a family planning method.

In Kenya, Pathfinder received a large donation of Postinor-2 from Global Pharmacy for distribution to clinics carrying out ECP activities. In Uganda, advocacy for EC was conducted with members of parliament and other policy makers. Pathfinder also assisted agencies to prepare protocols or amend service delivery guidelines and standards of practice to include emergency contraception.

### Achievements

- Successfully advocated for the introduction of ECP in national service delivery in Kenya, Uganda, and Tanzania.
- Developed service delivery guidelines for Kenya.
- Trained 200 service providers and 39 supervisors in 15 service delivery points.
- Developed and distributed 10,000 leaflets, 5,000 posters, and 5,000 calendars.
- Introduced and registered Postinor-2 in Kenya.
- Distributed over 5,000 Postinor-2 packets.
- Served more than 300 post-abortion clients.

### Lessons Learned - ECP

- ✓ Advocacy campaigns with conservative government agencies may not move as quickly as desired, but with care and patience can ultimately bring the agencies on board as strong allies.
- ✓ Intensive client education is necessary to overcome the tendency to rely on ECP as an ongoing family planning method.
- ✓ In Kenya, extensive education was needed to counter misunderstanding about the mechanism of the EC pill in order to separate ECP from public sensitivity toward abortion issues.
- ✓ Collaboration with the private sector can be an effective way to ensure that EC products are available at prices people can afford to pay.

### Preventing Pregnancy and STD/HIV Transmission in City Slums - The Urban Initiative

A combined effort of REDSO/ESA, SEATS, and Pathfinder, the Urban Initiative sought to improve the quality of RH services in urban settings in direct response to problems faced by service providers, their supervisors, clients, and those working to develop critical health care delivery support systems. The initiative provided urban groups, particularly high transmitters such as youth, men, commercial sex workers, and slum dwellers, with information on condom and dual method use and HIV/STD prevention. The Urban Initiative had two phases: an initial phase focusing on improving infrastructure and quality of care in facilities serving the hard-to-reach and a second phase focusing more on urban community-based services in an effort to increase program impact. During the

#### Urban Initiative Target Groups

- In and out-of-school youth
- Women with multiple partners, including commercial sex workers, market women, vendors and barmaids
- Men with multiple partners, including businessmen, long distance truck drivers, artisans, and mechanics

second phase, running from April 1999 to March 2000, Pathfinder also increased community partnership, participation, and support to ensure that the most vulnerable and underserved had access to appropriately tailored services. (Figure 12 summarizes the community participation aspect of the Initiative.) Lessons learned from these participatory processes are being applied in other programs with great success.



Pathfinder worked with community leaders in Nairobi and Mombasa, Kenya, and Arusha, Tanzania, to select peri-urban target areas with large youth populations. Community diagnoses were conducted to determine knowledge, attitude, and practice levels. Concurrent with the community diagnoses, Pathfinder conducted needs assessments to identify service delivery needs and develop plans to address them. Pathfinder then worked with local counterparts to develop appropriate, local interventions and set bench marks.

In order to ensure acceptance and ownership of the project by the respective communities, Pathfinder conducted sensitization seminars for youth, women's, and men's groups, as well as for community leaders in all four sites. Pathfinder oriented 191 service providers and trained 83 community-based distribution (CBD) agents to assist clients in developing condom negotiation skills. Additionally, selected agents were trained in counseling for dual method use. As a result, CBD agents are conducting IEC activities related to condom usage and dual method use, both with individuals and small groups. They are also directing IEC efforts at in- and out-of-school youths and community members through video showings.

**Achievements**

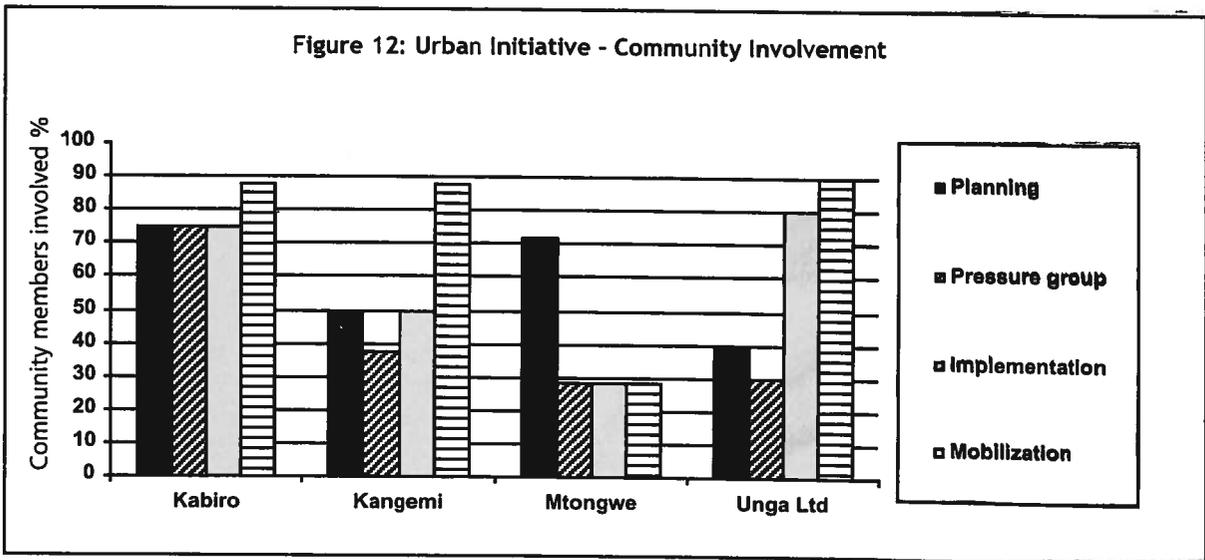
More than 1.25 million condoms were distributed in the target areas in the first six months of the second phase—a marked increase over the 200,000 distributed during phase 1—using trained CBD agents and condom dispensers in strategic outlets (bars, shops, restaurants, health facilities, etc.). During the year the second phase of the initiative also:

- > Oriented 191 service providers
- > Trained 24 service provider supervisors and 83 CBD agents
- > Installed 300 condom dispensers
- > Distributed 3,558,378 condoms
- > Informed 112,021 people
- > Conducted 128 IEC events
- > Distributed 13,700 posters, brochures, and other IEC materials
- > Oriented 60 community leaders

**Lessons Learned - Urban Initiative**

- ✓ Working with existing organizations such as municipalities and private entities is generally more effective than setting up new ones.
  - ✓ A systematic planning process with targeted communities articulates a clear vision for a project and encourages valuable collaboration among communities and organizations.
  - ✓ For maximum impact, it is necessary to make condoms easily available in slum communities: installing condom dispensers in places where men and youth congregate, e.g., bars, kiosks, shops, salons, and targeting high risk groups, e.g., *matatu* (minibus) conductors, commercial sex workers.
  - ✓ Public health workers need to be oriented to acknowledge attitude biases that may prove to be barriers to effective service delivery.
  - ✓ Training needs to be conducted on site, at the beginning of the project, with a feedback loop set up so that refresher training can be conducted to address changing project requirements.
  - ✓ Although some IEC materials have universal appeal, communities should be involved in formulating and testing messages in order to achieve materials that are more suitable to their circumstances.
- Summary Report of FPSD End-of-Project Conference

Figure 12: Urban Initiative - Community Involvement



# ANNEXES

## **Summary Report of FSPD End-of-Project Dissemination Conference**



## **ARO Subproject Summary**



## **ARO Evaluations and Assessments**



## **ARO Publications Exhibits**



# Annex A

## Summary Report of the The Family Planning Service Delivery Project Africa Region End-of-Project Dissemination Conference

It was a bittersweet occasion as more than 160 representatives of Pathfinder International partner organizations, funding agencies, cooperating agencies, and others gathered in Nairobi on September 27-30, 2000, to participate in the Africa Region dissemination conference to mark the end of the Family Planning Service Delivery Project. This project, implemented by Pathfinder on behalf of the U.S. Agency for International Development, was carried out in 13 African countries and another 13 countries in Asia and Latin America between 1992 and September 2000. The goals of the project were to improve the quality of reproductive health services, to increase access to quality services, and to build the institutional capacity of organizations to deliver services.

Through the FPSD project Pathfinder acted primarily as a facilitator, providing technical assistance, financial support, and information to some 76 local implementing partners throughout sub-Saharan Africa. Pathfinder mounted regional and national training programs, encouraged networks, introduced new service delivery concepts, and monitored and evaluated all its activities. Although the project initially focused almost exclusively on family planning, two additional themes were quickly interwoven in response to the urgent needs of the time: the concept of reproductive health as articulated by the UN Conference on Population and Development, and the spiraling HIV/AIDS epidemic. A third theme was soon added, that of addressing the needs of the youth, who make up half the population in most African countries and are hardest hit by reproductive health problems.

The end-of-project dissemination conference presented the achievements, lessons learned, best practices, and challenges of the project for Pathfinder and its partners in the Africa region. This brief report focuses primarily on the structure and highlights of the conference; the achievements and lessons of the project itself are presented in depth in the end-of-project report to which this summary is annexed.

### Overview of the Proceedings

The conference was officially opened by Prof. Julius Meme, Kenya's Permanent Secretary in the Ministry of Health, on behalf of the Minister for Public Health, Prof. Sam Ogeri. Prof. Meme welcomed the participants and traced the relationship between the Ministry and Pathfinder, which has been operating in Kenya for over a quarter century. He described Pathfinder as a "major contributor to Kenya's progress in offering innovative family planning and reproductive health information and services." But he said that there was still much to be done, as thousands of women still do not use modern family planning methods.

He also pointed to the growing HIV/AIDS epidemic, which he said had become one of the most serious public health problems facing Kenya and other African countries. Therefore, he said that he and his colleagues in the government were eager to hear conference recommendations based on the lessons learned from the FPSD project. "We can, and always do, learn from policy makers, managers, and service providers from other countries," he said. He encouraged donor agencies to continue their support, as "this is the only way that we in Kenya and throughout the region can meet the commitments we made at Cairo and Beijing and the myriad and ever growing family planning and reproductive health needs of our citizens." He also used the occasion to acknowledge the support of USAID and staff, which he described as "enlightened and committed partners" for their help in "building local capacity to provide integrated reproductive health services and creating an enabling environment for service delivery."

The opening session of the conference also featured welcoming remarks by Dr. Florence Manguyu, a Nairobi physician who is a member of the global Pathfinder Board of Directors, Carolyn Jefferson of USAID/REDSO, Pathfinder President Dan Pellegrom, and Elizabeth Lule, the Pathfinder Regional Vice President for Africa. Paul S.S. Shumba, Pathfinder's associate director and head of evaluation and information systems, Africa, who chaired the conference organizing committee, explained the structure and program of the conference.

Dr. Manguyu traced the evolution of concepts of reproductive health over the years from the third UN Conference on Women, held in Nairobi in 1985, through the Safe Motherhood conference, Nairobi 1989, and the UN Conference on Population and Development, Cairo 1994, to the present. "It's all happening in Africa," she exclaimed. The concept of "population," she said, equals people, development, and quality of life, and



the way to improve quality of life for all is to ensure that women's rights, including their reproductive health rights, are respected. The goals of Cairo can be achieved, she said, and Pathfinder and its partners have shown the way.

Mr. Pellegrum then presented an overview of Pathfinder's global achievements under the FPSD, and Ms. Lule presented a similar summary for the Africa region. Focusing specifically on achievements in the various aspects of the FPSD mandate were Tom Fenn, of Pathfinder's home office, who discussed access, Dr. Ezra Teri, regional technical adviser for service delivery, for quality of care, Gilbert Magiri, Kenya country office project officer, for post-abortion care, Fran Farmer, regional technical adviser for institutional development, for institutional development, and T.J. Ryan, of Abt Associates, for financial sustainability.

## Conference Objectives

The objective of the conference, as articulated by convener Elizabeth Lule, was twofold: to review and discuss the progress of Pathfinder and its partners over the FPSD project, and to enrich the partnerships and identify the challenges that will guide Pathfinder's work in the future. Specifically, the conference intended to:

- Review Pathfinder's achievements under FPSD throughout the Africa region.
- Discuss constraints to implementation and other implementation issues that were encountered.
- Share lessons learned and replicable models.
- Disseminate FPSD outputs by strategic objectives.
- Identify new trends, issues, and challenges that will shape future directions for Pathfinder in the region.
- Consider "Where do we go from here...?" by soliciting specific recommendations from partners and participants.

These objectives set the stage for working group discussions and decisions on the way forward.

## Conference Structure

Conference business was conducted in both plenary and breakout group sessions. Overall presentations on project achievements were presented to the plenary, and separate smaller concurrent sessions considered issues and best practices in quality, access, and capacity building—the three primary areas of the FPSD mandate. The plenary also heard panel presentations on programming related to adolescents and to HIV/AIDS. Breakout groups then looked at specific aspects of these major issues and compiled recommendations for future action.

Each small group reported back to the plenary on the challenges, best practices, and recommendations it had identified. All the recommendations for future action were compiled into a common format, and the

group as a whole voted on the top three challenges and recommendations for action as a basis for Pathfinder International's regional agenda in the future.

The agenda was packed with activity, and the interest of participants sometimes pushed discussions beyond the bounds of set schedules. This necessitated changes in the original program, but yielded a synergy that heightened the productivity of the proceedings. The program also provided space—including an evening cocktail—for meeting and networking among Pathfinder partners and observers that added to the usefulness of the gathering.

## Program Highlights

Registration evening featured a well-attended screening of *Yellow Card*, a film exploring aspects of sexual responsibility from the perspective of a modern African teenage boy. John and Louise Riber of Media for Development Trust, who produced the film, fielded questions from the floor. They were joined by Leroy Gopal and Kasamba Mukumba, the likable young actor and actress who played the film's lead characters.

*Yellow Card* mixes up football, sex, unexpected parenthood, teenage romance, and HIV/AIDS, and sets them against the background of an excellent musical soundtrack. It tells the story of a boy who wants to play for Manchester United being confronted not only with the product of his own fleeting liaison with a classmate, but also the knowledge of the HIV status of a friend and team mate, as well as the tentative blossoming of a deeper, more cautious love affair. Following pretesting through the region, *Yellow Card* was launched with fanfare in July-September 2000 to complimentary reviews in Kenya, Tanzania, Uganda, and elsewhere. Production of the film was initiated by Pathfinder for a team of venture partners that included USAID, the UK's Department for International Development, and the Ford Foundation.

Conference participants had many questions about the film, which raises issues of what happens to a young person's life ambitions when reason gives way to emotion in an unguarded moment. They were keen to know how young people in the region had responded to the film, what kind of dissemination efforts were being undertaken to ensure it reaches the widest possible audience, and other aspects of the use of film as a awareness building and behavior change technique.

The closing session of the conference featured presentations to outstanding Pathfinder partners, both groups and individuals, as well as recognition of the efforts of the conference organizers and assistants.

In between these activities, the working sessions saw moments of both humor and drama. Even this group of conference participants, people who work in reproductive health every day, were moved to silence by the reports of the scope and impact of the AIDS epidemic in the region. Many of them had not been



together since Pathfinder's 1998 Agenda II conference, which looked at issues related to the integration of HIV services into family planning programs. The inroads of the epidemic since then are truly frightening.

Later, the conference was charmed by Sarah Mbabazi, from Uganda, at 16 probably the youngest participant, who told of her life as an AIDS orphan and the care she received from Uganda Women's Effort to Save Orphans (UWESO). In the broader sense she talked of what teenagers want and expect from the society around them. (Teenagers, it turns out, want the same things everyone else wants—love and respect.) In a poignant testimony, Asunta Wagura, chair of KENWA (Kenya Network of Women with AIDS), related the fighting spirit that has enabled her to assist others, reaching beyond her own personal tragedy to overcome stigma and despair and begin to live positively. Ruth Cangelata, from Mozambique, brought applause as she read in English the presentation on collaboration with the Ministry of Youth. She said she couldn't speak English, but her presentation was close to perfect.

Side exhibits set out an array of publications and other products from projects around the region. The Uganda country office displayed photos of home-based care for people with HIV/AIDS, along with HBC and peer educator kits. The Tanzania office presented posters, comic books with a message, and a curriculum on life planning skills for young people, the product of a collaboration with leading universities in Tanzania and Kenya. The Nigeria office brought pamphlets related to HIV/AIDS efforts and Ethiopia offered strategic plans for collaborating organizations. The Regional Office showed off (and distributed) an assortment of publications—HBC curricula, adolescent strategy, financial management and capacity building documents, monitoring checklists, and evaluations and research papers, among others. There were T-shirts, caps, and condom samples from throughout the region.

Finally, although it was not an "event" as such, the participation of the many outstanding young people from across the region merits comment. They made presentations on projects they were part of, they chaired the breakout groups for the session on adolescents, and they contributed freely to discussions throughout the conference. As examples of the positive future of the continent, they impressed conference goers with their self-confidence, articulate grasp of issues, and youthful exuberance tempered with common sense and a kind of old-fashioned humility. Their presence added a rich optimistic note to the proceedings.

## Working Sessions

Concurrent working sessions on quality, access, and institutional development occupied about a half day of the conference. These areas were the original focal areas of FPSD project objectives. Other major

sessions considered issues related to HIV/AIDS and adolescents, two themes that assumed major importance as the FPSD project evolved; these two issues were addressed both in plenary and in breakout groups. In all cases, the conference heard presentations on major partner/project activities. Following the presentations, discussions centered around distilling the major issues or trends, Pathfinder's and partners' major contributions or achievements, major challenges, best practices, lessons learned, and recommendations in priority order for future directions. These are presented very briefly in the sections that follow.

## Quality of Care

*Session chairs:* Dr. Ezra Teri and Tewodros Melesse  
*Rapporteur:* Rebecca Otachi  
*Presenter:* Dr. Demola Olajide

Dr. Teri presented an overview of the four regional initiatives that figured prominently in the FPSD project's efforts to improve quality of care: emergency contraception, the Urban Initiative, post-abortion care, and integration of STD/HIV services with MCH/FP programs. Rosemary Kamunya, project officer for the Urban Initiative project, discussed quality in terms of client perspectives and satisfaction. She made the point that satisfied clients means increased use and reduced dropout, with long-term methods being particularly important because clients don't have to keep coming back for supplies. Charles Omondi, Pathfinder ARO training officer, linked quality of care with provider performance and competence, and Florence Kalikwani, of FLEP, discussed the innovative community monitoring system FLEP has developed to maintain service quality.

### Major Issues or Trends

- Service provider turnover, which results in loss of investment in training
- Managers who do not appreciate that QOC is a priority "product" of their institution
- Inadequate trainee follow up: supervisors are often not well trained, so service providers don't get proper support
- Selection of service providers for training that is too often based on politics rather than merit
- Service provider bias and poor provider/client interaction

### Major Achievements

- Training in counseling
- Development of manuals, guidelines, and curricula to standardize service for QOC
- Provision of technical assistance to establish or improve management information systems
- Enhanced quality of care through training of service providers and managers
- Clinic upgrading: renovation, supplies, and equipment
- Shift of method preference from short-term to long-term methods



- Increased collaboration among stakeholders and other partners
- Training in counseling

### Major Challenges

- Selecting and deploying trainees appropriately
- Ensuring quality within the context of diverse cultural backgrounds and gender insensitivity
- Maintaining quality within an environment of diminishing resources
- Sensitizing communities on the importance of quality of care

### Best Practices

- ★ Creation of a community-based monitoring system to involve communities in QOC (FLEP, Uganda)
- ★ Transfer of skills to primary caregivers, which increases PLWAs' access to improved QOC (Kenya, Ethiopia, Uganda)
- ★ Free services by infant care clinics as long as the children are brought to the clinic by their fathers (GMP, Nigeria)
- ★ Use of trainers to provide technical assistance in QOC
- ★ Regular self-evaluation by service providers

### Lessons Learned

- ✓ Involving communities in monitoring QOC goes a long way toward ensuring that client needs/concerns are responded to.
- ✓ Supervisors/managers should be trained so that they can support service providers appropriately.
- ✓ Cascade training has multiplier effects at the lowest levels.
- ✓ Quality begins with a provider who understands the importance of *service* in RH services, of providing value for the client's time and money, and of respecting client dignity and rights.
- ✓ To serve effectively, the provider requires proper equipment, supervision and support, supplies and other necessary facilities.

### Recommendations for Future Directions

1. Adapt and replicate the best QOC practices highlighted during the presentations.
2. Document and disseminate QOC research findings and best practices.
3. Make QOC training manuals and guidelines available to service providers and incorporate into institutional training curricula.
4. Evaluate the QOC impact of training beyond simply observing provider skills.

### Access

*Session chairs:* Joy Mukaire and Tom Fenn

*Rapporteur:* John Waimiri

*Presenter:* Joy Mukaire

Improving access to reproductive health services was one of the standing objectives of the FPSD project.

According to Tom Fenn, Pathfinder introduced a variety of innovative service delivery modes to accomplish this objective: community-based distribution, social marketing, work based, market based. Pathfinder also made major efforts to reach out to underserved groups such as youth, men, refugees, displaced persons, slum dwellers. Joy Mukaire, Pathfinder acting country representative for Uganda, discussed the Family Life Education Program in Uganda, which reaches out to 47 rural communities through innovative approaches such as "enter-education" for community IEC and is now going "beyond CBD" by more fully involving women and youth groups in service delivery. Margaret Kotta, head of SUWATA, Tanzania's leading women's organization, described specific efforts to reach out to men, as partners and often decision makers in reproductive health.

In Nigeria, according to Kate Onyejekwe, project officer in the Pathfinder Nigeria country office, innovative services are being undertaken to reach commercial sex workers, long distance truck drivers, and persons living with HIV/AIDS. One theme underlying efforts to reach all three groups is the need to cope with pervasive poverty. Eliseba Delem, of Tanzania Occupational Health Services, described her organization's employer-based services, offered through an active marketing campaign to employees of participating companies, as well as steps the organization has taken to market itself in the surrounding communities. Pathfinder Ethiopia project officer, Teschalech Sibhatu, outlined steps taken to establish service franchises with private sector practitioners, including development of curricula for refresher training. Naomi Mulee, nurse at the High Risk Clinic at Kenyatta National Hospital, related how the program had expanded from a narrow focus on post-abortion care for young women, to providing such care for all who need it, while at the same time providing confidential counseling and family planning information to walk in clients. Finally, Nellie Luchemo, of Kenya's Maendeleo ya Wanawake Organization, described the community-based services of Kenya's largest women's organization, which has over 1,500 community-based distributors and 10,000 volunteers.

### Major Issues or Trends

- Programs targeting men need to have a component addressing gender issues in order for women to be supportive.
- There is still unmet need for FP/RH services. There is therefore need for strategies to scale up services, tailored to the type of potential client.
- The lack of well coordinated supplies logistics management systems is one of the biggest constraints to access.
- The environment has changed, particularly with the reform programs in each country. How do we address issues like cost of services in poor community settings?
- Sustainability needs to be addressed right from the inception of a program.



### Major Achievements

- Pioneering of diverse service delivery approaches targeting difficult target groups
- Partnerships and networks between public and private sectors that mobilize additional resources and increase access
- Mobilizing a tailored blend of financial and technical resources to support programs
- Leveraging of increased donor and government commitment and support
- The capacity and flexibility to develop and support programs that go beyond the initial FP focus—child survival, STD management, HIV/AIDS, income-generation activities—in response to clients' needs and compelling situations

### Major Challenges

- Poverty
- Developing and sustaining the capacity of implementing organizations to manage diverse programs for increasing access
- High turnover of volunteers, medical personnel, others, who are pivotal to the entire access strategy
- Maintaining a reliable, sustainable, well coordinated supplies logistics management system
- Nurturing and maintaining a sense of ownership of and responsibility for overall management of services by the beneficiaries

### Best Practices

- ★ Community-based services (Kenya, Uganda, Tanzania, Ethiopia, Mozambique, Nigeria, Senegal)
- ★ Home-based care (Kenya, Uganda, Ethiopia)
- ★ Support for the transformation of CBDs into multi-disciplinary integrated service providers, e.g., depot holders
- ★ Franchising of private for-profit clinics (Ethiopia)
- ★ Brothel-based clinics (Nigeria)
- ★ Mobilization of communities and local governments to sustain services and programs (Uganda, Tanzania)

### Lessons Learned

- ✓ Relying on volunteers to provide reproductive health services is resource intensive.
- ✓ Building partnership between public and private sector is a long-term process and requires resources.
- ✓ Integration of RH services works best when services are phased in one at a time and according to community priorities.
- ✓ Increasing access to RH services without focusing on economic and social empowerment is ineffective.

### Recommendations for Future Directions

1. Expand services to adolescents.
2. Replicate and scale up the best practices in alternative service delivery models.
3. Incorporate sustainability provisions from the onset of each program.
4. Go back to the basics of ensuring effective commodity and equipment support.

### Institutional Development

*Session chairs:* Fran Farmer and Mike Egboh

*Rapporteur/presenter:* Dolly Masiga

Pathfinder's technical assistance in institutional development incorporates monitoring and evaluation, strategic planning, management information systems, financial management, and efforts toward sustainability. Citing achievements ranging from facility assessments to staff and partner training, Paul S.S. Shumba, regional associate director for evaluation and information systems, outlined the objectives and framework of the Pathfinder management information and program support system. Dorcas Amolo, of Maendeleo ya Wanawake Organization (MYWO), Kenya, noted that her organization's experience under Pathfinder's tutelage was one of major strides toward institutional stability, improved program performance, and increased income and capacity. Similarly, Audrey Elster of Planned Parenthood Association of South Africa (PPASA) described the steps the Association has taken with Pathfinder assistance to develop strategic and sustainability plans and successfully target expanded donor support. T.J. Ryan, Abt Associates, contracted by Pathfinder to provide financial management assistance to a number of partner organizations, related the work the company did over the last year to assess the capacity of partners in South Africa, Nigeria, and Uganda and to train them in financial management.

### Major Issues or Trends

- Health reform and decentralization of health systems
- Difficulty in introducing fees for services in rural areas
- Community participation in/response to addressing health needs
- Private sector outlets increasing quality and clients
- Changes in national tax and budget policies
- Greater focus on internal management structures and governance
- Increased emphasis on diversification
- Greater emphasis on integrated multi-sectoral approaches (sustainable development, people driven development focus)
- Increasing trend toward private/public partnerships

### Major Achievements

- Strategic and sustainability planning with partners, especially the project with Abt
- Program and financial management and M&E workshops
- Leveraging Ford Foundation support for Pathfinder/Nigeria Institutional Capacity Building project
- Using joint and/or participatory processes throughout
- Assisting organizations and managers with self-assessment

### Major Challenges

- Responding effectively to a changing environment
- Low priority of institutional development



- Resistance to change/turning problems to opportunities
- Limited resources (financial, human, technical, infrastructural, attitudinal)
- Maintaining quality
- Lack of tools to measure progress in institutional development (qualitative/quantitative)
- Institutionalization—it's not easy to have participatory processes (both within the organization and in the community)
- Attracting new resources
- Governance, clear roles and responsibilities
- Short project time frames versus long-term needs
- Defining sustainability - what do we mean?

### Best Practices

- ★ Full involvement of stakeholders in participatory processes
- ★ Respect for local environment
- ★ Incorporating capacity building, sustainability and strategic planning into projects from inception
- ★ Building up and encouraging dynamic leadership and ownership of institutional development process
- ★ Public-private partnerships to enhance capacity and impact

### Lessons Learned

- ✓ To serve effectively, the provider requires proper equipment, supervision and support, supplies, and other necessary facilities.
- ✓ Capacity building is a very time consuming process.
- ✓ Capacity building is an expensive venture.
- ✓ Strategic planning is a must for programs to be self-sufficient.
- ✓ Institutional development must support the entire project and not just one program.
- ✓ Attaining financial sustainability is not easy.
- ✓ Ownership and participation of partners/volunteers and staff at all levels is a must for institutional development to succeed.
- ✓ Strategies should not be imported, but tailored and locally appropriate.
- ✓ South-to-South interactions are essential and cost-effective.
- ✓ Any project funding should include an institutional development component.
- ✓ Donor and recipient goals should be harmonized.

### Recommendations for Future Action

1. Include institutional development as a component of every program.
2. Provide more time and tangible resources for institutional development and use appropriate strategies.
3. Encourage more flexibility from donor community, e.g., better dialogue and recognition of local institutions.
4. Define qualitative and quantitative indicators linked to program and institutional assessments from inception of program.

5. Advocate for better public/private partnerships and NGO coordination and more resources for NGO partners that are performing well.
6. Improve/expand institutional development by institutionalizing mentoring and skills transfer and moving beyond training alone.

### HIV/AIDS

*Session chairs:* Charles Thube and Grace Lusiola

*Rapporteur:* Jodi Ansel

*Breakout groups:* Charles Thube, chair; Jodi Ansel, rapporteur  
Tewodros Melesse, chair;  
Martin Osubor, rapporteur  
G. Habtemariam, chair; Sandra Kong, rapporteur

*Presenter:* Kate Onyejekwe

Elizabeth Lule opened the plenary discussion with an account of the havoc wreaked by the HIV/AIDS epidemic—"we haven't begun to understand what the impact will be," she said. She said that Pathfinder recognized early that services needed to be integrated because people needed to know how to protect themselves from death. She cited Uganda as the only country in sub-Saharan Africa to reduce the incidence of HIV, and Senegal as being able to keep the incidence in bounds. Because AIDS affects many more people than it infects, she said, the prevention-care dynamic becomes crucial. That is where home-based care comes in, according to Hannington Mkyivu of The AIDS Support Organization (TASO), Uganda. Through home-based care, he said, the person living with HIV/AIDS learns self-care skills and positive living, the caregiver learns new skills and how to cope more effectively, and the community health worker stands as the link between the AIDS-affected family and other services.

Dr. Bakker Maggwa of the Population Council, with whom Pathfinder has collaborated on a number of operations research and other projects, discussed issues related to integration. There is need, he said, to look at integration in totality—policies, standards, equipment, and drugs. One of the biggest mistakes in approaches to the HIV/AIDS epidemic so far, according to Dr. Maggwa, has been "to use strategies used for development. AIDS is a catastrophe, not development, and new strategies are needed."

Dr. Ann Phoya, head of the Malawi Ministry of Health's Reproductive Health Unit, described the community nexus approach for addressing FP/HIV/AIDS; community involvement is key to efforts to contain the epidemic, she said. Asunta Wagura brought the discussion to a very personal level as she related the evolution of her own struggle to live positively, a struggle that eventually saw her found the organization, Kenya Network of Women with AIDS, as a way to reach beyond her own crisis and help others to cope. Many other issues and experiences were covered in the breakout groups; the synthesis of the discussion follows.



## Searching for Someone to Care

It is with great pleasure that I take this opportunity to share my experience with you, my experience of living with HIV infection. I have come searching for those who would understand my pain and be willing to share it. I need courageous models so I will not be discouraged while calling for change that is slow in coming. I need someone to hold me when I can no longer hold myself, to tell me the fight matters when I have no strength left. Someone to say they understand, they care, they will not forget.

The single hardest day of my life was when I heard with my own ears, "Asunta, I am sorry, you have AIDS." Twelve years down the line, this voice still lingers in my ears as if it's only yesterday. As stunning as that was at that moment, I did not fear dying from the disease, but I feared living with the truth. It took me several months to come to terms with the bitter truth and the reality. I kept saying to myself, "This isn't possible! This can't be real! It can't be me." Many times I wished I were in a dream.

We often think of grief as a brief stage of mourning, but living with HIV extends the duration of grief to the length of a lifetime. Most of us infected with HIV are healthy, so we live infected, wondering what will give in first and last, unsure what promise to make to our children, or ourselves. Wondering when the distant bell will suddenly toll more closely. We do not so much recover from this grief but live with it; it is the naked truth affecting over two million Kenyans.

For three miserable and dark years, I suffered faces of agony. At the beginning I was in shock, then I was in anger, anger mounted to heartbreak, heartbreak to grief, grief to surrender and acceptance. Then, I decided it was time to take action, action against HIV/AIDS, which destroys not only the body, but also family and friends.

Once I had accepted the truth, I expected everyone else would accept it too. I was wrong, totally wrong. It turned out that instead I received rejection, isolation, anger, and humiliation. I was not at all prepared for the reality that everyone who loved me would go through all the stages I had gone through. This did not stop me, however. I had a duty to do, a duty to tell them, Kenyans and the whole world, that I did not choose to be infected with this dreaded AIDS virus.

So, here I am, an ordinary person with what is rapidly becoming a most ordinary virus. I have stopped feeling sorry for myself and I have now learned to live, think, and even act positively. I have come out of my hideout, and I have found a stage where I can tell the world over that I am not a victim but rather I am a messenger. A messenger of hope. All I require from you is not pity, it's not even sympathy. I want you to appreciate me as a person, as a mother, tell me I am still worthwhile. I still matter. Tell me I am not a number, a statistic, but an equal partner in this struggle.

Yes, it's true that I have the virus, a deadly virus, that I know. I detest the state that I am in. But I am not a case, neither a number. I do not focus on dying of the virus but rather, I concentrate on living with it. No matter what others say about me, I need not make myself a victim. I detest the term "AIDS victim," which at times is used by people to describe me.

Victims are weak and powerless. A victim is passive. A victim is no longer responsible. I am not a victim. I am powerful and a force for change. I am reaching out to others who are HIV infected like myself and changing their lives. I am still able because I am advocating for my rights and the likes of myself. I am still myself and responsible because I am taking charge of my life and also taking care of my child. The virus has only weakened my immunity, not my humanity, I will never allow that.

I did not come here today to depress you, nor did I come to spare you. Those of you who are HIV positive but dare not say it. You who have lost loved ones, but you cannot own up and say it was as a result of AIDS. You can't even whisper the word AIDS. You weep silently and grieve alone. Believe me, you are not to blame, you should not feel ashamed, it is us to blame: we who tolerate ignorance and practice prejudice; we who have taught you to fear. We must lift our shroud of silence. We must break the silence now, making it safe for you to reach out for compassion. It is our task to seek safety for our children, not in quiet denial but in effective action. We must break this silence now to save our children, our nation, and the world at large.

I want you who have devoted yourself to the care and healing of others, to know the importance of your devotion. Not all in the HIV/AIDS arena will trust you; not all will support me. What matters is that we act wisely, do best whatever you undertake to do.

And whoever you are, male or female, do what you do best and stop the spread of AIDS.

– Asunta Wagura, Chair, Kenya Network of Women with AIDS



### Major Issues or Trends

- The magnitude of the problem, rapid population growth, and high prevalence
- Denial factor, stigmas and myths related to sero-status, false claims by people saying they have a cure
- Adolescents, especially young girls, are particularly vulnerable
- The gap between knowledge and safe behavior is too great

### Major Achievements

- Integration is now accepted in Africa by donors, policy makers, and service providers
- Networking (Setting the Africa Agenda I and II, South-to-South collaboration, EARHN)
- Service integration—working with high risk groups, male involvement, couple counseling
- Operations research
- Advocacy and dissemination—building partnerships between public and private sectors
- Home-based care—developed curricula, handbook, and trained community health workers

### Major Challenges

- Escalating prevalence
- Pervasive poverty at national and individual levels
- Accelerating home-based care
- Lack of capacity and weak health care systems
- Inadequate political commitment
- Grossly inadequate services for adolescents
- Care of orphans
- Substance abuse

### Best Practices

- ★ Home-based care
- ★ Linkages between care and prevention
- ★ Expansion of dual protection
- ★ Involvement of people living with HIV/AIDS in communicating and advocating
- ★ Multiple messages for different target groups

### Lessons Learned

- ✓ Early intervention results in lower levels of HIV transmission.
- ✓ Solutions to HIV/AIDS go beyond health sector approach.
- ✓ Political commitment is essential.
- ✓ Condom promotion for reducing STDs and HIV/AIDS transmission must be aggressive and locally appropriate.
- ✓ Reaching the African girl-child is essential.
- ✓ Home-based care promotes increased responsibility on the part of PLWHA, families, and support groups.

### Recommendations for Future Directions

1. Empower women in sex and condom negotiation.
2. Use a multisectoral and interdisciplinary intervention approach in HIV/AIDS.

3. Advocate for political commitment to empower everyone, then others can follow.
4. Incorporate alternative approaches to acquire income generation.
5. Ensure multiple communication strategies for behavior change to meet needs of different groups.
6. Enhance community participation.

### Adolescents

*Session chairs:* Nelson Keyonzo and Frank Nabwiso

*Rapporteur:* Tjuana James-Traore

*Breakout groups:* Sarah Mbabazi, chair; Kerry Kyaa, rapporteur

Holo Hachonda IV, chair; Tjuana James-Traore, rapporteur

Frank Nabwiso, chair; Leroy Gopal, rapporteur

*Presenter:* Holo Hachonda IV

The discussion of adolescent issues ranged widely, occupying a plenary session and four breakout groups. Fran Farmer, presenting for Pamela Onduso, Pathfinder's regional youth coordinator, who was fighting off a bout of malaria, observed that the importance of adolescents is part of the evolution of reproductive health concepts. "We knew Africa was the youngest continent," she said, "but we didn't fully realize the magnitude of adolescent reproductive health issues—particularly as the HIV/AIDS epidemic spiraled out of control."

Holo Hachonda IV told how his group, Youth Activists Organization, Lusaka, Zambia, used football camps to reach young men with reproductive health messages. The idea is to reach young men *before* they marry in order to increase their participation in family planning and child health issues, to encourage them to be responsible partners and fathers, and to equip them with life skills such as decision making, goal setting, self-esteem, etc. Ruth Cangela, of Pathfinder's Mozambique project staff, discussed young women's reproductive health needs. She described the linkages among various types of services, and the partnerships Pathfinder has forged with the ministries of youth, of health, and of education, as well as with Amodefa, ARO Juvenil, UNFPA, and other local organizations.

In explaining the appeal of film as a medium for reaching out to youth, Leroy Gopal, of *Yellow Card* fame, observed that young people don't want to be preached to, and film is a way to deliver important messages in a digestible format. He said that Media for Development Trust is translating the film into many languages, and is also preparing a variety of books and discussion guides to use as learning tools. Kenyans Kerry Kyaa, from Kenyatta University, and Phillip Macosano, from Egerton University, shared their experiences as peer educators at their respective institutions. Kerry delineated the differences between what young people want and need and what they get. She said they want

**What do teenagers want??**

Please be patient with us—let us learn from experience.

Ask questions that initiate discussion.

Involve us in decisions.

Do not impose, but don't ignore us either.

Please trust us. Dictating breeds rebellion.

Help us establish comfortable working relationships.

Encourage us positively. Support us when we do good things. This builds our confidence.

Don't underestimate our abilities.

Respect us. Help us solve our problems.

Love us as we are.

– Sarah Mbabazi  
UWESO, Uganda

independence, a sense of identity, and their parents' love. They need love, understanding, and counseling, and often get alienation, punishment for small misbehaviors, sexual abuse, and misinformation especially about sex. Phillip discussed the advantages of peer education, noting that peer educators were able to communicate effectively and reach students easily because they were part of the student community. He said peer educators had an important role to play in providing both information to students and a forum between students and university administration. As a peer educator he said he appreciated the opportunity to contribute to building our future, and to building ourselves for the future.

**Major Issues or Trends**

- The impact of poverty and globalization, and the lack of educational and employment opportunities need to be better understood and addressed.
- Adolescents need to be viewed as a heterogeneous group with varying needs based on where they are in their growth and development and on their life circumstances.
- There is need for improved communication between parents and other adults and youth.

**Major Achievements**

- Moved youth issues to the top of the reproductive health agenda
- Pioneered youth programs and services, particularly those that fostered leadership

- Advocated for increased and improved programs and services for youth
- Provided training and capacity building to individuals and organizations

**Major Challenges**

- Continuing to change the policy environment and sustaining the momentum for change
- Reaching hard-to-reach youth such as those in rural areas, refugees, out of school
- Addressing the multiple needs of youth such as education, employment, drug abuse prevention and treatment, and the alleviation of poverty
- Finding the balance between working within existing structures and institutions (such as schools, community groups, and religious groups) to advance the reproductive health needs of youth, and challenging those institutions and practices that are harmful

**Best Practices**

- ★ Strategies that involve youth, families, and communities
- ★ Strategies and approaches that reach youth where they are, that consider the various circumstances in which they live, and that reach them with relevant messages delivered in ways they can relate to
- ★ Strategies that reach and serve young men

**Lessons Learned**

- ✓ Parental and community involvement reduces controversy and builds support.
- ✓ Youth involvement in program design, development, implementation, and evaluation increases buy-in and the chances of success.
- ✓ Greater networking across sectors is needed to address the multiple needs of youth.
- ✓ Strategies and approaches need to be tailored to the targeted community.
- ✓ Donors need to decrease competition among themselves and allow for greater flexibility to enable programs to address changing needs.

**Recommendations for Future Directions**

1. Continue to advocate for changes in policies that will create a more favorable environment for youth services, increase access to programs and services, and provide additional resources.
2. Continue to work on sustainability and capacity building at all levels.
3. Develop and adopt a regional strategy that protects youth and promotes their rights.



## Conference Closing

The closing session of the conference saw the presentation of the selections of the top priorities for future programming in the Africa region. The choices were accomplished in a lively, interactive process in which the various breakout group recommendations were posted in large lists on the wall. Participants gathered round and discussed and debated their choices, then affixed stickers to those items they deemed most important. They were also encouraged to add other recommendations they thought important. Quite simply, the top priority items were those with the most stickers (see box). In what was probably no surprise, activities relating to steps that should be taken to reach adolescents attracted the most attention. The highest single number of votes went to the recommendation to *continue to advocate for changes in policies that will create a more favorable environment to increase access to services, and to provide additional resources to programs for adolescents.*

An unexpected addition to the program was the launch of new Pathfinder publications. Dr. Ezra Teri presented *Management of Common Contraceptive Problems in Family Planning Clinics in Africa*, while Dr. Wilson Kisubi, Charles Omondi, and Tewodros Melesse presented *Training Home-Based Caregivers to Take Care of People Living with HIV/AIDS: A Curriculum for Training Community-Based Health Service Providers*, and *Home Care Handbook* in both regional and Ethiopian editions. Margaret Crouch was also acknowledged for her role as editor.

In her vote of thanks Elizabeth Lule expressed gratitude to USAID, to Pathfinder partners throughout the region as well as Abt Associates, and to Pathfinder itself for its commitment to Africa. She saluted the conference participants, most of whom represented the partners and projects Pathfinder worked with over the life of FPSD. She pointed to one of Pathfinder's singular achievements in the Africa region: The involvement of Africans themselves at all levels in Pathfinder activities means that even as the FPSD project closes, the capacity it has built remains behind, in Africa, where it belongs. "Without you, your hard work and your commitment," she said, "Pathfinder

### Recommendations for Future Action

*Adolescent programming should:*

Continue to advocate for changes in policies that will create a more favorable environment to create access to services and provide additional resources to programs for adolescents.

*HIV/AIDS programming should:*

Make adolescent reproductive health services more user-friendly.

*Access programming should:*

Expand services to adolescents.

*Quality programming should:*

Adapt and replicate best quality of care practices highlighted during the presentations.

*Institutional development programming should:*

Include institutional development as a component of every project.

would not have been able to record the accomplishments presented at this conference."

Though it was difficult to sift through so many excellent groups, she noted that Pathfinder wished to pay special tribute to a selection of partners and individuals in the region. With Dan Pellegrum presenting framed certificates, the outstanding achievements of the following organizations were acknowledged: Maendeleo ya Wanawake Organization (Kenya), Salama (Mozambique), Family Life Education Program (Uganda), Tanzania Occupational Health Services (Tanzania), Consortium of Family Planning NGOs (COFAP - Ethiopia), and Media for Development Trust (Zimbabwe). The two individuals who received certificates of recognition were Dr. A. B. Suleiman of Nigeria and Mrs. Naomi Mulee of Kenya.

Ms. Lule recognized the contributions of Pathfinder staff throughout the region and at headquarters. She particularly noted the home office support of Jodi Ansel, who was the project officer throughout the life of the FPSD, and Sandra Kong and Ellen Israel. She said the project was "blessed with having an excellent team in the region"—including the country offices in Kenya, Tanzania, Nigeria, Ethiopia, Uganda, and Mozambique,

### Outstanding Pathfinder Partners

Maendeleo ya Wanawake Organization, Kenya, *for community-based outreach*

Salama, Mozambique, *for adolescent outreach*

Family Life Education Program, Uganda, *for progress toward sustainability*

Tanzania Occupational Health Services, Tanzania, *for high quality services*

Consortium of Family Planning NGOs, Ethiopia, *for institutional development*

Media for Development Trust, Zimbabwe, *for transferring skills in film making*

Dr. A. B. Suleiman, Nigeria, *for exemplary leadership*

Mrs. Naomi Mulee, nurse at Kenyatta National Hospital High Risk Clinic, Kenya, *for outstanding service*



and a regional staff known for its "high quality work, commitment, and professionalism." She thanked them all for their support and their friendship. (See box on page 72 for Africa Region staff.)

Ms. Lule then praised the conference organizers. She singled out the work of Paul S.S. Shumba, who was the chief facilitator and chair of the conference organizing committee, and committee members Fran Farmer, Wanjiku Waititu, Jean Ojiambo, Rebecca Otachi, George Gachoki, and Peter Kibunga, as well as Sophia Ladha, a conference planning consultant. Ms. Lule also recognized the contributions of Pathfinder staff Salome Kibuna, Judy Muganda, Dorothy Nanzala, Susan Kimani, Winnie Machuka and Samuel Odongo, who provided essential administra-

tive support, Lucy Aphaxard, who kept all the phone calls straight, and drivers Anthony Masila and Peter Kirinya, as well as of consultants Dolly Masiga and Margaret Crouch, who contributed to the documentation.

Pathfinder's president, Dan Pellegrom, closed the conference. He paid tribute to Elizabeth Lule, describing her as an able leader who had guided the Africa region achievements throughout the FPSD. He thanked USAID for its support over the years, and assured them that Pathfinder stood ready to continue the collaboration. And he saluted Pathfinder staff and partners for their commitment to excellence and dedication to service. His closing speech is presented in the box below.

### Closing Remarks by Dan Pellegrom

Anyone can talk the talk...but the people in this room also walk the walk. A project closes and we have established that it was a success. We have acknowledged that there is so much more to do that it would frighten lesser spirits than you...

*This project is closing...the work has only just begun.*

To Pathfinder staff, I want to say a hearty thank you for creating so much good will and for doing such good work. From the bottom of my heart, thank you. We might not all be here when the next meeting like this occurs, but those of us who are, are forever in the debt of all of our colleagues.

My message to Pathfinder staff is -

Thank you for your drive for excellence.

Thank you for your commitment.

Thank you for being Pathfinders.

*This project is closing...the work has just begun.*

My message to the principal donor, USAID, is threefold:

Thank you for enabling us the opportunity to serve in this vital endeavor...

Thank you for being our colleagues...

And be sure that we stand at ready to get right back into the middle of it.

*This project is closing...the work has just begun.*

My message to all other donors and agencies is that Africa needs your help. Don't—please don't—go away.

*This project is closing...the work has just begun.*

My message to all our implementing partners is "stay the course." It is you—your work—that must go on. We stand at ready to assist you. Be resourceful. Be enterprising. Keep on keeping on!

*This project is closing...the work has just begun.*

My message to Africa and Africans is this: Pathfinder was the first outside organization to offer to assist in many of your countries. We will not leave you now. Africa is a Pathfinder priority! It is no accident that the Africa Youth Alliance of which Pathfinder is one leg is also the largest single privately funded project in our history. **And it is here in Africa.** The project is closing, but Pathfinder's work has just begun!

A few years ago I left from a visit to Kenya and returned to the USA. I told people I had just returned from Africa. I told a few audiences that I had not gotten AIDS while I was in Africa—but that AIDS had gotten me. Tonight I will board Kenya Airways at midnight and when I get home my message in the USA will be: Pathfinder's work in Africa has only just begun.

I declare this conference closed only if you promise that you agree that our work together has only just begun.



## Africa Region Staff as of September 2000

### Africa Regional Office

Elizabeth Lule, *Regional Vice President*

Tom Fenn, *Deputy RVP, 1992-96*

Yirga Alem, *Regional Financial Director*

Dr. Wilson Kisubi, *Sr. Regional Technical Adviser/RH*

Paul S.S. Shumba, *Associate Director/Evaluation & Information Systems*

Fran Farmer, *Associate Director/Institutional Development*

Dr. Ezra Teri, *Associate Director/Service Delivery*

Peter Kibunga, *Regional Technical Adviser/MIS*

Pamela Onduso, *Program Officer & Regional Coordinator/Youth Programs*

Margaret Crouch, *Publications Consultant*

Charles Omondi, *Regional Associate/RH*

Anastasia Saito, *Executive Assistant to the RVP*

Wanjiku Waititu, *Administrative Manager*

Rebecca Otachi, *Regional Program Administrator*

Rosemary Kamunya, *Regional Clinical Services Associate*

Apophia Karanja, *Assistant Librarian*

Jean Ojiambo, *Procurement Assistant/Secretary*

George Gachoki, *Systems Manager*

Winrose Machuki, *Secretary*

Judy Muganda, *Secretary*

Salome Kibuna, *Secretary*

Dorothy Nanzala, *Secretary*

Lucy Aphaxard, *Receptionist*

Justus Kombo, *Clerk*

Samuel Odongo, *Store Clerk*

Alfred Ameyo, *Messenger*

Timothy Magara, *Messenger*

Ezra Karanja, *Driver*

Anthony Masila, *Driver*

Peter Kirinya, *Driver*

### Ethiopia

Tewodros Melesse, *Country Representative*

Girma Seifu, *Finance and Administration Officer*

Kebede Mammo, *Program Officer*

Emebet Admasu, *Program Officer*

### Kenya Country Office

Charles Thube, *Country Representative*

Gilbert Magiri, *Senior Program Officer*

Irene Mwaponda, *Country Program Administrator*

Anthony Odundo, *Project Accountant*

Susan Kimani, *Secretary*

### Mozambique

Karen Waltensperger, *Country Representative*

Rita Malkki, *Program Officer*

Rita Badiani, *Chief Technical Officer*

Carmelina Libre, *Finance Officer*

Milton Valdez, *Technical Adviser*

### Nigeria

Mike Egboh, *Country Representative*

Bisi Tugbobo, *Senior Program Officer*

Francis Eremutha, *Program Officer/Service Delivery*

Kate Onyejekwe, *Program Development Officer*

Uduakabasi Umoh, *Program Assistant*

Femi Awoyinfa, *Program Assistant*

Gbenga Peters, *Finance & Administration Officer*

### Tanzania

Nelson Keyonzo, *Country Representative*

Elizabeth Masha, *Program Officer*

Job Sembuche, *Accountant*

Mabel Simfukwe, *Secretary*

Cyprian Lihawa, *Driver*

### Uganda

Joy Mukaire, *Acting Country Representative*

Jarvice Bukirwa, *Program Officer*

David Mugabi, *Accounts Assistant*

Lilian Mwesigwa, *Secretary*

Annet Tukahirwa, *Administrative Assistant*

## Annex B

# ARO Subproject Summary (November 1992 - September 2000)

### **Côte d'Ivoire**

**Association Ivoirienne Pour Le Bien-Etre:** Family Planning Services in Treichville and Yopougon

### **Ethiopia**

**Family Guidance Association of Ethiopia (FGAE):** Improving Management Capacity and Increasing Access to High Quality Family Planning Services

**Family Guidance Association of Ethiopia (FGAE):** Expansion of Family Planning Services

**Marie Stopes International, Ethiopia:** Family Planning CBD Project

**Consortium of FP NGOs in Ethiopia (COFAP):** Building Institutional Capacity of COFAP

**Good Shepherd Family Care Services:** The Good Shepherd Family Planning Project

**Nazareth Children's Center & Integrated Services:** Integrated Family Planning Services

**Ethiopia Evangelical Church Mekane Yesus:** Family Planning CBD Project

### **Ghana**

**Youth for Population Information & Communication (YPIC)**

### **Mozambique**

**SALAMA:** Salama Reproductive & Community Health Services Project

**AMODEFA (Family Planning Association of Mozambique):** Expansion of Reproductive Health and Sexual Health Services

### **Nigeria**

**Group Medical Practitioners Limited (GMP):** Reproductive Health Care in Ibadan - To increase access, availability, and use of RH services to underserved communities

**Hope Hospital & Maternity (HHM):** Family Planning and Reproductive Health Services in Abakpa Nike - To increase access, availability, and use of FP/RH services in urban slums through private practitioners

**Katsina Nursing Home:** Reproductive Health Care in Katsina Town - To expand access to FP/MCH and STD/HIV/AIDS services to Katsina community

**Iyi-enu Mission Hospital:** Reproductive Health Care in Onitsha - To provide consolidated services through clinic and community-based RH services, outreach, and FLE sessions to secondary schools in Okpoko area

**Crown Hospital:** Reproductive Health Care Project - To integrate RH services to expand the coverage of community-based services to high risk groups

**Alfar Clinic & Maternity:** Reproductive Health Care Services in Birnin Kebbi Town - To expand FP and RH services to the Birnin Kebbi community, screening of STD/HIV/AIDS, and case management

**Omotola Clinic & Maternity:** Reproductive Health Care Project in Ibadan - To support Omotola Clinic to consolidate its services by integrating RH education, HIV screening, and counseling on STD/HIV/AIDS into its service mix

**St. Anthony's Hospital:** Reproductive Health Care Project in Aba - To increase access through the expansion of community-based services through peer education to CSWs, high-risk groups through school programs, brothel-based clinic, workplace services program, and existing urban initiatives

**Alpha Clinic & Maternity:** Reproductive Health Services in Badawa Community - To increase access to and use of RH/FP services among the Badawa communities of Kano city

**Civil Liberties Organization of Nigeria:** Supporting Promotion of Women's Rights, Empowerment, and Justice

**Planned Parenthood Federation of Nigeria (PPFN):** Enhancement of Access to Integrated RH Health Services in Northern States of Nigeria

**Oturkpo Multipurpose Cooperative Women Society:** Improving Women's Health Care, Decision Making, and Empowerment

**Ogboju Women Multi-purpose Development Association:** Support for Strengthening Women's Health Care

**Medical Women Association of Nigeria:** Support for Youth Seminar to Increase Adolescent Sexuality and Gender Awareness

**Private Nurses & Midwives Association of Nigeria:** Nigeria Transition Reproductive Health Service Delivery Project, Oyo State



**National Nurses & Midwives (NANNM):** Nigeria Transition RH Service Delivery Project, Ondo State

**National Nurses & Midwives (NANNM):** Nigeria Transition RH Service Delivery Project, Lagos State

## Senegal

**Association Senegalaise Pour Le Bien-Etre Familial (ASBEF):** Extension of Family Planning Services in Senegal - To reinforce St. Louis Program, create a FP clinic in Kaolack, and add a CBD component to both sites

## South Africa

**Media for Development International:** Zulu version of *Consequences* - To target South African teenagers with awareness on the use of family planning services

**RH Research Unit, University of Witwatersrand:** Reproductive Health Priorities Conference - To present and promote research in relevant aspects of RH for South Africa

**Planned Parenthood Association of South Africa (PPASA):** Integrated Environmental and Reproductive Health Program in South Africa - To implement a new initiative promoting public/private partnerships, community RH, and environmental awareness and sustainable development

## Tanzania

**Family Planning Association of Tanzania (UMATI):** Dar es Salaam Rural CBD Project - To provide services to rural and peri-urban adolescents

**Seventh-Day Adventist Church Services (SDA):** SDA Family Planning Services Project - To provide FP services through a network of clinics and five CBD areas in Tanzania

**Organization of Tanzania Trade Unions (OTTU):** Workplace FP Services Project - To provide high quality FP services through clinics at the work place

**Ministry of Health, Family Planning Unit:** National CBD Program Support Project - To set national standards for MIS, strengthen public health care in CBD, and support institutional capacity building

**Tanzania Occupational Health Services (TOHS):** Integrating STD/HIV/AIDS with Family Planning - To introduce STD/HIV/AIDS/FP services in three districts of Tanzania

**University of Dar es Salaam:** Dar University-Based Youth Project - To create student awareness and provide access to reproductive health services

**Shirika La Uchumu Wanawake Tanzania (SUWATA):** Comprehensive CRH Services in Dar - To improve RH services within densely populated areas around Dar

## Togo

**CTP:** Financial and technical assistance to initiate clinic-based and CBD services to mining areas of maritime region

**Caisse National de Security Sociale of Togo:** To add family planning to services offered

## Uganda

**Family Life Education Project, Church of Uganda Busoga Diocese Multi-Sectoral Rural Development Program:** To provide services through health posts and CBD in 45 areas

**Diocese of East Ankole, Church of Uganda:** East Ankole Diocese FP Services Project - To provide clinic-based, mobile, and CBD services

**Family Planning Association of Uganda (FPAU):** Family Planning Services Support Project - To strengthen and upgrade the quality of FP services in Kampala

**South Rwenzori Diocese, Church of Uganda (Kasese):** Kasese Family Health Promotion Project - To increase access to RH using clinic-based, community-based, home-based, social marketing, and work-based services

**Bunyoro Katara Diocese, Church of Uganda (Masindi):** Masindi Family Health Promotion Project - To provide services to the youth, women, internally displaced people, and high transmitters of STI/HIV/AIDS

## Zambia

**Kabwe, Chipata, and Makeni:** Zambia Family Planning Support Project - Service Delivery - To conduct long-range planning to consolidate project activities, strengthen management, expand CBD services, and create effective referral services, linkages, especially with other reproductive health services; and to strengthen integration of HIV/AIDS & FP counseling, IEC, and training

## Africa Regional Initiatives

**French translation of *Family Planning Managers Hand-Book*** (co-funded by MSH/FPMD and Pathfinder)

**Setting the Africa Agenda Conferences I and II:** To document status of programs in Africa to integrate HIV/AIDS services into MCH/FP programs

**Urban Reproductive Health Initiative (I and II):** To reach people of reproductive age with messages of family planning, STD/HIV/AIDS, and condom use, and to promote condom use for dual purpose through clinic-based and community-based approaches

**Adolescent Reproductive Health Initiative:** To improve family planning and reproductive health options for young adults through outreach, advocacy, clinic-based and alternative services, IEC, and other interventions.



Included: development of a regional ARH strategy; French translation of *Consequences*; production of *Yellow Card*, a film on responsible sexuality from a young man's point of view; facilitation of the **East African Reproductive Health Network (EARHN)**, a South-to-South initiative by Kenya, Uganda, and Tanzania whose main objective is to enable the three countries to undertake a set of actions with emphasis on service delivery programs and advocacy aimed at improving their RH services; and production of a series of briefing books on ARH issues in cooperation with Population Communication Africa

**Integration of STD/HIV/AIDS Prevention with MCH/FP Programs:** To enhance the constellation of FP and RH services including MCH, STD, and HIV/AIDS services, on the basis of the recommendations by Setting the Africa Agenda I and II, in order to prevent the spread of HIV/AIDS infection

**Increasing Access to Post-Abortion Care Services in the Africa Region:** To increase the capacity of RH programs to provide PAC services

**Emergency Contraceptive Pill (ECP) Regional Initiative:** To disseminate ECP information, avail ECP counseling and services, and counsel ECP clients on the use of effective methods

# Annex C

## ARO Evaluations and Assessments

### Surveys and Evaluations

- Expansion of CBD in Tanzania, Strategy for a National CBD Program (FY93)
- Maendeleo Ya Wanawake MCH/CBD Catchment Area Surveys (FY93)
- Planned Parenthood Association of Sierra Leone Summative Evaluation (FY93)
- East Ankole, Uganda, Catchment Area Survey (FY93)
- Ethiopia Needs Assessment (FY93)
- Management Development Needs Assessment for Maseno West (FY93)
- Kenyatta University Family Life Education Program Tracer Study (FY93)
- Knowledge, Attitudes, and Practice Baseline Survey, Côte d' Ivoire (French) (FY93)
- Cost-Effectiveness Analysis of MYWO MCH/CBD Program (FY94)
- Adolescent KAP Study, University of Dar es Salaam and National Youth Service Program, Tanzania (FY94)
- Assessment of the UMATI and Seventh-Day Adventist CBD Programs, Tanzania (FY94)
- Kenyatta and Egerton Universities Family Life Education Program Evaluations (FY95)
- Cost-Effectiveness Analysis, Family Life Association of Swaziland (FY95)
- PI and Kenya Medical Association Family Planning through Private Practitioners Project - Report on the Preliminary Analysis of KMA Assessment Survey (FY95)
- MYWO MCH/FP CBD Program Evaluation (FY95)
- MWYO CBD End of Project Evaluation (FY96)
- Zambia FP Services Project - End of Project Assessment (FY96)
- Maseno West Clinic/CBD Program Catchment Area Survey (FY96)
- Seventh-Day Adventist Clinic/CBD and UMATI Rural CBD Program Evaluations (FY96)
- Maseno West Clinic/CBD Program Evaluation (FY96)
- Planned Parenthood Association of Nigeria (PPFN): Needs Assessment for Service Enhancement in Four Northern States (FY96)
- Impact Evaluation of RH Services Program at Kenyatta University (FY2000)

### Special Studies Conducted and Disseminated

- Methodology for Small Area Estimation, Kenya (FY93)

- Cost Analysis of CBD and Clinic Programs - Kenya and Swaziland (FY94/FY95)
- HIV/AIDS Integration (FY96) (HQ/ARO)
- Kenyatta National Hospital Assessment Report (HQ/ARO)
- Marie Stopes International/Ethiopia Postpartum/Post-Abortion Care Study (HQ/ARO) (FY96)
- Clinical Infection Prevention Follow-up Evaluation - Kenya & Uganda (FY96)
- Project Geographic Area Impact Study - MYWO CBD Program (Kenya) (FY96)
- Case Study on HIV/AIDS/STD Integration - Mkomani Clinic Society Project, in collaboration with the Population Council (FY96)
- ECP Baseline Study in collaboration with Population Council (Kenya) (ARO/HQ) (FY96).
- Nairobi City Council - Situation Analysis in Collaboration with the Population Council of 46 PI Supported Clinics in Nairobi (FY97)
- Summary Report: Clinical Training Follow-up Evaluation (ARO/HQ) (FY97)
- Clinical Infection Prevention Follow-up Evaluation - Tanzania (FY98)
- Follow-up Case Study on HIV/AIDS/STD Integration - Mkomani, Kenya (FY2000)

### Technical Papers/Reports

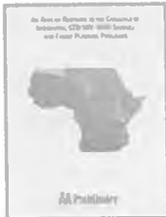
- Benue State, Nigeria, Client Tracking/Follow-up Survey (FY93)
- Expansion of Family Planning in Tanzania: Strategy for a National CBD Program (FY93)
- Tanzania FP Private Sector Needs Assessment (FY93)
- Maseno West Catchment Area Survey (FY94)
- Mkomani Catchment Area Survey (FY94)
- KAP Study at the University of Dar es Salaam and National Youth Service Project (FY94)
- Tanzania CBD Program Assessment (FY94) (FY95)(FY96)
- Seventh-Day Adventist (Tanzania) Catchment Area Survey (FY95)
- Catchment Area Survey Methodology Handbook (FY96)
- Regional Technical Strategy - Research Monitoring and Evaluation (FY97)
- The Dynamics of STD/HIV/AIDS Risk Perceptions (Mkomani, Kenya) APHA (FY99)
- Quality of Care and Client Satisfaction Study: Kenya and Tanzania (FY2000)

# Annex D

## ARO Publications Exhibits

### Manuals and Reports

Document Pathfinder activities in the sub-Saharan Africa region



*An African Response to the Challenge of Integrating STD/HIV-AIDS Services into Family Planning Programs.* Defines and documents the process of integration and discusses the management of integration activities

*Setting the Africa Agenda II Conference Report.* Reports the deliberations of the second Setting the Africa Agenda Conference, convened to review progress in integration programming



*Integrating HIV/AIDS Services with MCH/FP Programs: A Guide for Policy Makers and Program Managers.* Describes practical program design and management considerations for program managers and policy makers

*Paths into the Next Century - Adolescent Reproductive Health in Africa.* Charts Pathfinder's strategic approach for meeting the reproductive health needs of African adolescents and provides a detailed analysis of the health problems faced by these young people, as well as the changing social and economic circumstances that give rise to these problems



*Training Home-Based Caregivers to Take Care of People Living with HIV/AIDS: A Curriculum for Training Community-Based Health Service Providers* (regional, Ethiopia, and Uganda versions published; Kenya version in process of eliciting MOH collaboration). Provides information and training instruction for trainers of home-based care givers; includes handouts, skills practice, role plays, and discussion

*Home Care Handbook: Supporting Primary Caregivers* (regional, Ethiopia, and Uganda versions published; Kenya version in process of eliciting MOH collaboration). Constitutes a take-home reference manual for home care practices and guidelines



*Management of Common Contraceptive Problems: A Problem Solving Reference Manual for Service Providers in Africa.* Contains practical, how-to information that simplifies diagnosis and management of contraceptive problems for clinical care providers

*A Partnership in Progress - Pathfinder and Uganda's Family Life Education Program.* Traces the evolution of FLEP from project to program to self-sustaining NGO to regional training resource



*Urban Reproductive Health Initiative II - Final Report.* Documents the accomplishments and lessons learned of this initiative, which was implemented at two urban sites in Kenya and one in Tanzania

*Fundamentals of NGO Financial Sustainability.* Provides a meaningful source of tools to enable users to enhance their organization's operational sustainability in delivering vital health services to populations in need

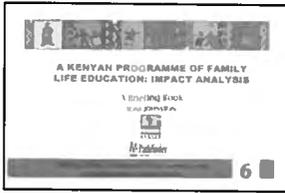


*Strengthening Your Organization - A Series of Modules and Reference Materials for NGO and CBO Managers and Policy Makers.* Sets out principles, practices, and procedures to improve the management of NGOs at various stages of development, with tips and exercises that can be applied or adapted as needed - a do-it-yourself manual designed to encourage self-reliance and creative problem identification, problem solving, and locally appropriate systems

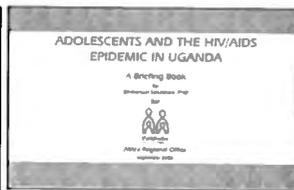
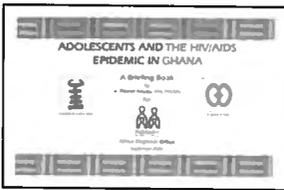


### Briefing Books Series

Creates awareness and stimulates discussion on adolescent health and social issues:



*A Kenyan Programme of Family Life Education: Impact Analysis - A Briefing Book.* Documents the impact of Kenya's national family life education program for primary and secondary schools  
*Adolescents and the AIDS*



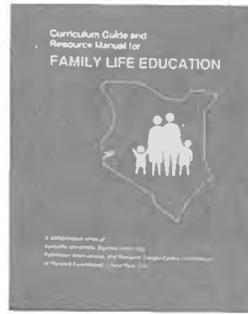
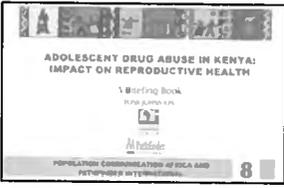
*Epidemic in Ghana - A Briefing Book. Adolescents and the AIDS Epidemic in Uganda - A Briefing Book. The Adolescent AIDS Epidemic in Kenya - A Briefing Book.* Describe

adolescents and the AIDS epidemic in three sub-Saharan African countries



*A Review of Adolescent High Risk Behavior in Kenya - A Briefing Book. Child Abuse in Kenya: A National Survey - A Briefing Book. Adolescent Drug Abuse in Kenya: Impact on Reproductive Health - A Briefing Book.* Provide situation analyses and statistics for high-risk behavior, child abuse, and drug abuse among adolescents in Kenya

adolescents and the AIDS epidemic in three sub-Saharan African countries



*Curriculum Guide and Resource Manual for Family Life Education.* Comprises basic and advanced information units, resource materials, exercises - with the intent of enlightening young people about the physical and emotional changes they face and preparing them to be responsible parents and citizens

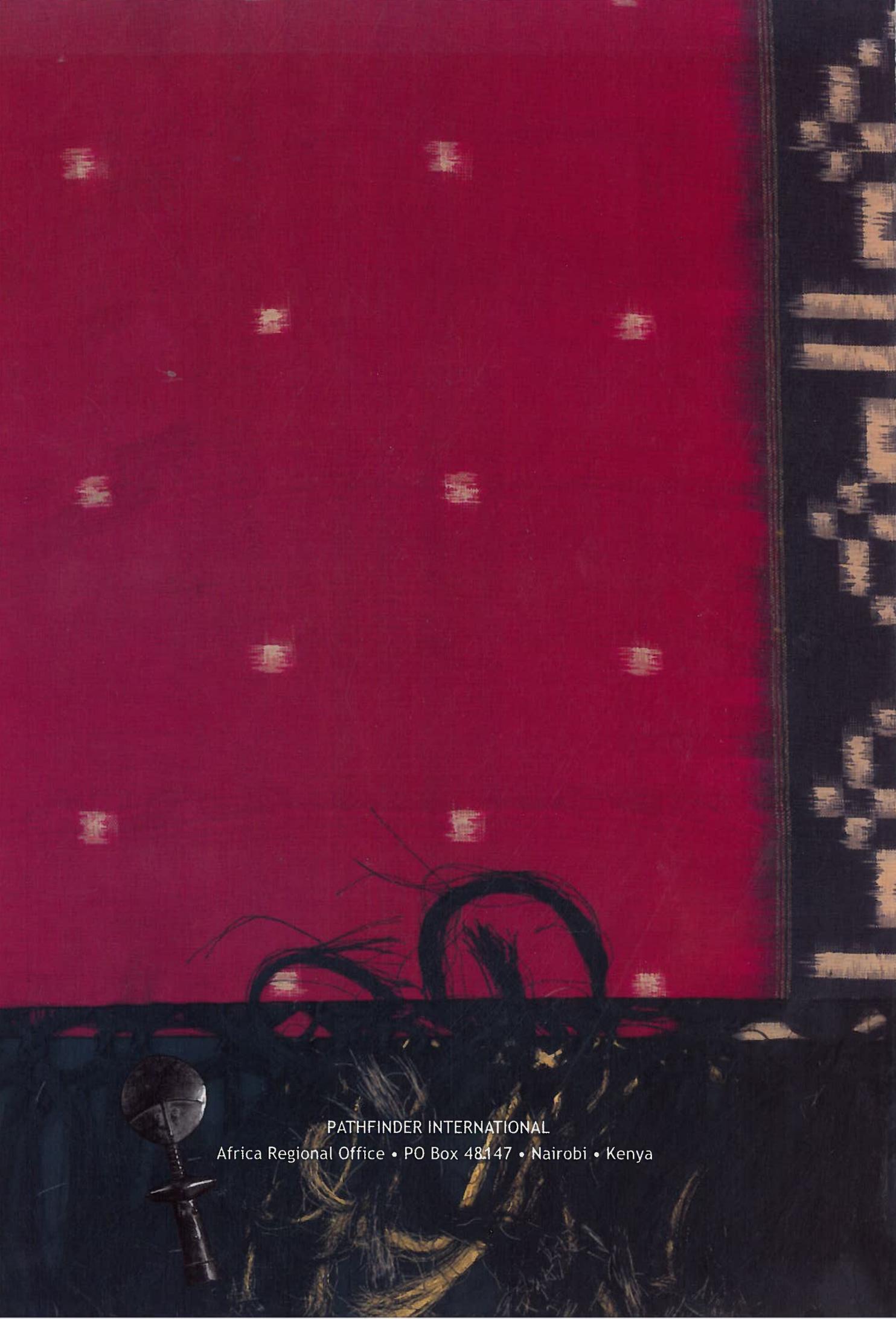
### Film

Creates awareness of adolescent reproductive health choices

*Yellow Card.* Mixes up teenage love, lust for life, and passion for football in a fast-paced look at the repercussions in a young man's life, set against an award-winning musical score







PATHFINDER INTERNATIONAL  
Africa Regional Office • PO Box 48147 • Nairobi • Kenya