

**Regional Workshop to Use the Findings
from Operations Research to Increase
the Access, Quality and Integration
of Contraceptive Services in
Latin America and the Caribbean**

Frontiers in Reproductive Health (FRONTIERS), Population Council

M. Estela Rivero-Fuentes

Antonieta Martin

April 2008

This study was possible through the generous support of the people of the United States through the United States Agency for International Development (USAID), under the terms of Cooperative Agreement No. HRNA-00-98-00012-00 and In-house project 5800 53117. The contents are the responsibility of the FRONTIERS Program and do not necessarily reflect the points of view of USAID or the United States Government.



EXECUTIVE SUMMARY

In October 2007, the Frontiers in Reproductive Health Program (FRONTIERS) held a three-day regional workshop in La Antigua, Guatemala, to disseminate results of its operations research projects. The workshop was attended by 60 participants from 11 countries: Bolivia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Peru and the United States. Participants included health providers, program managers, non-governmental organization (NGO) directors, bilateral-agreements country representatives, and directors of professional organizations, the list of participants was composed of delegates from Ministries of Health (MOH), Social Security Institutes (SSI), USAID missions, international agencies, and non-governmental organizations (NGOs).

During the workshop, participants received contraceptive technology updates, and learned about effective strategies tested by FRONTIERS to increase access to the IUD and vasectomy, integration of family planning with postpartum, postabortion and PMTCT. Featured were the Balanced Counseling Strategy (BCS), and Systematic Screening. Researchers discussed study results; program managers explained how they were used, and practitioners talked about implementing the interventions. This combination of perspectives successfully transmitted the message that the interventions were not difficult to apply, could have a great impact, and, as one participant wrote on the evaluation form, that “small changes could lead to great results”.

Workshop participants also received materials developed by FRONTIERS and other institutions to help integration efforts. The materials distributed included:

- a) Three CDs. The first was prepared specially for the meeting, containing all the Spanish-language versions of FRONTIERS final reports, operations research summaries, manuals, and job-aids, as well as WHO’s medical eligibility criteria for contraceptive use (MEC). The CD also included a compilation of scientific articles and job-aids on postpartum contraception; and the IUD toolkit. The second CD was “Improving Reproductive Health Services. FRONTIERS Operations Research. 1998-2005,” and the third, the “Frontiers in Reproductive Health Electronic Library 1990-1999.”
- b) The Spanish translation of Family Health International’s (FHI) “Frequently Asked Questions on Contraception.”
- c) The Spanish version of the systematic screening manual and examples of the algorithm used in Latin American countries.
- d) The Spanish version of the Balanced Counseling Strategy including cards, brochures and algorithm.

Participants prepared plans to put lessons learned at the workshop into practice. Seven countries prepared action plans (Bolivia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras and Nicaragua). Others proposed organizing an informal electronic forum to continue discussing the topics covered at the workshop. Four countries said they would attempt to adapt the BCS or the systematic screening technique to their local context, and three proposed to

strengthen the integration of family planning and prevention of mother to child transmission of HIV services.

The final workshop evaluations, returned by 23 participants, showed that they found the workshop very useful for their work. When asked what they liked the most, 57% mentioned the balanced counseling strategy and 52% mentioned the exchange of experiences. After the workshop ended, Population Council created an URL that displays the workshop presentations and all the materials distributed.

TABLE OF CONTENTS

| | |
|---|----|
| EXECUTIVE SUMMARY | i |
| INTRODUCTION | 1 |
| OBJECTIVES | 1 |
| AGENDA AND WORKSHOP ACTIVITIES..... | 1 |
| PARTICIPANTS | 2 |
| MESSAGES EMPHASIZED DURING THE WORKSHOP..... | 2 |
| PARTICIPANTS' FEEDBACK..... | 3 |
| Lessons learned..... | 4 |
| PERCEIVED OBSTACLES TO THE IMPLEMENTATION OF THE STRATEGIES AND INTERVENTIONS DISCUSSED..... | 5 |
| PLANS TO IMPLEMENT LESSONS LEARNED AT THE WORKSHOP..... | 6 |
| APPENDIX 1: FRONTIERS PROJECTS REFERRED TO DURING THE WORKSHOP, BY COUNTRY OF IMPLEMENTATION | 8 |
| APPENDIX 2: WORKSHOP AGENDA..... | 9 |
| APPENDIX 3. LIST OF PARTICIPANTS | 13 |
| APPENDIX 4: FEEDBACK QUESTIONNAIRES AND WORKING GROUP GUIDELINES | 17 |

LIST OF TABLES

| | |
|--|---|
| TABLE 1: TOP-THREE TOPICS PERCEIVED AS THE MOST USEFUL, BY WORKSHOP DAY | 4 |
| TABLE 2: MOST IMPORTANT LESSONS FROM COUNTRY GROUP WORK SESSIONS..... | 6 |

INTRODUCTION

In Latin America, the Population Council's Frontiers in Reproductive Health (FRONTIERS) program, funded by USAID, continued to support a program of operations research initiated by the Investigación Operativa en Planificación Familiar y Atención Materno-Infantil para América Latina y el Caribe (INOPAL) I, II and III programs, all of which had been funded by USAID and implemented by the Population Council between 1984 and 1998. The strategies and results presented during the workshop drew primarily from FRONTIERS and INOPAL projects in the region, but relevant results from Sub-Saharan Africa and Asia and the Middle East were also presented. Altogether, the presentations summarized 23 FRONTIERS projects (see Appendix 1) and the subsequent experience of program managers, and health providers in scaling-up and making the interventions sustainable.

The workshop emphasized integration of family planning with other health services and the need for systematic screening as an entry point for identifying and meeting various FP/RH needs. Presentations were also made about strategies to integrate family planning and postpartum, postabortion, and PMTCT services. Strategies for the introduction of vasectomy, the Balanced Counseling Strategy, and increasing IUD use were also discussed.

OBJECTIVES

- To contribute to the strengthening of family planning programs in the region through the communication of lessons learned and materials developed.
- To raise awareness of FRONTIERS-supported projects in the design, testing and implementation of innovative strategies.
- To give an overview of contraceptive methods available in the region, review WHO eligibility criteria, and the status of family planning programs.

AGENDA AND WORKSHOP ACTIVITIES

On the first day, participants heard about the current situation of family planning programs in Latin America and the Caribbean, strategies to increase access to the IUD in Guatemala and Honduras, and the introduction of no-scalpel vasectomy, in public hospitals in Guatemala.

The second day covered minilaparotomy, emergency contraception, natural family planning and strategies for integrating family planning and postpartum, postabortion and PMTCT services.

During the third day, participants listened to presentations on Systematic Screening and the Balanced Counseling Strategy, followed by break-out groups in which they learned how to apply the techniques. Before the workshop's closing ceremony, groups of participants from the same country identified the themes and lessons that were most useful for them, and each suggested three concrete actions they would take to implement lessons learned into practice. The workshop agenda is included as Appendix 2.

PARTICIPANTS

A total of 60 individuals from reproductive health organizations in Latin America and the Caribbean participated in the workshop. USAID missions and Ministries of Health in Bolivia, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Nicaragua and Peru helped identify participants from relevant institutions who had the potential to use the strategies discussed in the workshop. The list of participants, presented in Appendix 3, shows that the participants represented ministries of health, national social security institutes, non-governmental organizations, and international agencies.

Presenters were selected for their involvement in the operations research studies presented in the workshop and expertise in at least one of the workshop topics. Presenters were from:

- Asociación Guatemalteca de Mujeres Médicas (AGMM) in Guatemala
- Asociación Pro-Salud Preventiva para la Mujer Vivamos Mejor (APROVIME) in Guatemala
- Population Council offices in Bolivia, Mexico and New York
- Ipas in North Carolina
- Instituto Peruano de Paternidad Responsable (INPPARES), Perú
- Ministries of Health in the Dominican Republic, Honduras, Guatemala, and Mexico.
- UNDP in Guatemala
- EngenderHealth in Honduras
- USAID Mission in Haiti.

MESSAGES EMPHASIZED DURING THE WORKSHOP

The texts of the presentations are included on the workshop CD. Also, a website will be created to make these materials and the presentations available to the open public.

Current Situation of Family Planning Programs in Latin America and the Caribbean

- John Townsend, Population Council, USA

International Contraceptive Access (ICA) Foundation and the Levonogestrel Intra-Uterine System (LNG IUS)

- John Townsend, Population Council, USA and Klaus Brill, Bayer Schering Pharma AG

Family Planning in Guatemala's Ministry of Health

- Carlos Morales, MSPAS, Guatemala

Expanding Access to the IUD in Guatemala and Honduras

- Carlos Morales, Edwin Montúfar, Josefina Ajpop y Carlos Fernando Alvarado, MSPAS, Guatemala, and Alba Lidia Sánchez, EngenderHealth, Honduras

Voluntary No-Scalpel Vasectomy (VNSV): New Techniques for the Procedure and Strategies to Promote its Use and Increase its Access

- Salvador Estévez, Secretaría de Salud, México, Jorge Solórzano, PNUD, Guatemala and Otto René Alvarado, MSPAS, Guatemala

Postpartum Minilaparotomy in a Hospital in Honduras

- José Manuel Espinal, Secretaría de Salud, Honduras

Standard-days (Cycle-Beads) Method in Guatemala

- Lidia de Mazariegos, APROVIME, Guatemala

Contraception from a Rights Perspective, with a Focus on Emergency Contraception

- Daniel Aspilcueta, INPPARES, Peru

Postabortion Contraception: Review of OR Results in LAC

- Deborah Billings, IPAS, USA

OR on Postpartum Contraception in LAC: A Review of Results

- Ricardo Vernon, Population Council, Mexico

Integration of Contraception Services in PMTCT Programs

- Estela Rivero, (Population Council, Mexico), Osvaldo Lorenzo, (SESPAS, Dominican Republic), Yolani Valle, (Secretaria de Salud, Honduras) and Pierre Mercier, USAID, Haiti

Systematic Screening: Evidence of its Effects from OR

- Ricardo Vernon, Population Council, Mexico and Patricia Riveros, Population Council, Bolivia

Quality of Care: The Balanced Counseling Strategy (BCS) and its effects

- Toni Martin, Population Council, Mexico and Rossana Cifuentes, AGMM, Guatemala

PARTICIPANTS' FEEDBACK

Participants had several opportunities to give feedback about what they thought were the workshop's most important lessons, and overcoming potential barriers to implementation of the lessons in their own organizations. Participants filled out a questionnaire describing what was, in their opinion, the most important lesson of the day.

They were also asked to write a quick assessment of the extent to which services were integrated in their own institutions, which areas of integration were a priority for them, and which interventions presented during the workshop could be implemented in their institutions. On the last day of the workshop, participants filled out a final evaluation form (see Appendix 4).

Usefulness of the workshop and most relevant topics

Twenty three participants completed the final evaluation questionnaire; 19 found the workshop very useful and 4 participants found it useful. When asked which of the topics had been most useful, 57% mentioned the BCS. Other topics mentioned as being useful were no-scalpel vasectomy, the contraceptive updates, and the integration of family planning and postpartum, postabortion and PMTCT services (see table 1).

Table 1: Top-three topics perceived as the most useful, by workshop day

| Range | Day 1 ^a | Day 2 ^b | Day 3 – final evaluation ^c |
|-----------------|------------------------------------|---|---------------------------------------|
| 1 st | No-scalpel vasectomy (73%) | Integration of FP and PAC (66%) and PMTCT (66%) | BCS (57%) |
| 2 nd | Contraceptive updates (59%) | Postpartum contraception (34%) | No-scalpel vasectomy (22%) |
| 3 rd | Increasing access to the IUD (51%) | | Systematic screening (17%) |

a) Percentages based 41 responses. Multiple responses were accepted.

b) Percentages based 23 responses. Multiple responses were accepted.

c) Percentages based 23 responses. Multiple responses were accepted.

When asked what they liked best about the dynamics of the workshop, the most common replies were that it presented practical strategies to help improve the integration of services, and the opportunity to exchange experiences (mentioned by 52%). The exchange was credited with helping participants detect shortcomings in their own programs:

“This workshop has helped us to identify the strengths and weaknesses in our countries. It is also a motivation to revisit successful experiences and to reinforce the monitoring and evaluation of our interventions.”

When asked what they disliked about the workshop, most referred to the lack of time for more discussion (10 of the 14 participants). Other participants mentioned that they had missed having group-exercises:

“Everything was OK, but sometimes there was not enough time for discussion. Also, not doing the group exercises limited the exchange of experiences.”

Lessons learned

At the end of the first and second day, participants summarized in one sentence the most important lesson of the day. The most common messages include:

A) Integration of services requires team work:

“Program sustainability needs alliances, either between organizations or with civil society.”

“Teamwork: from the doorman to the Director. Everyone should be involved in improving the promotion and acceptance of vasectomy.”

B) Small changes can lead to great results.

“Everything is possible with will and training. No major resources are needed to implement interventions that benefit the majority.”

C) Many opportunities are missed for the provision of family planning services

“All occasions are good to offer clients all reproductive health services.”

“We should take action and leadership in the decisions to integrate services. Commitment should exist at all levels.”

“Health providers’ willingness is central to all actions.”

D) It is important to learn from experiences and evidence-based practices

“Even when we know a lot about family planning, there is always the opportunity to learn from others.”

“If we share our experiences, we grow together.”

PERCEIVED OBSTACLES TO THE IMPLEMENTATION OF THE STRATEGIES AND INTERVENTIONS DISCUSSED

In the recap exercises at the end of the first and second days, participants listed the barriers they thought would be faced if the interventions discussed were to be replicated in their institutions. The barriers mentioned for increasing access to the IUD, vasectomy, and integration of family planning and postpartum, postabortion and PMTCT services included:

- 1) Lack of institutional support. Half of the participants who answered the feedback questionnaires mentioned that efforts to improve access to the IUD and vasectomies and to increase the integration of family planning and other services depended heavily on support from the MOH, which was not always existent. Others also mentioned that organizations were not interested in forging alliances.
- 2) Negative staff attitudes and lack of training, particularly for IUD insertions, vasectomies, and the integration with PMTCT programs. Participants also mentioned that in some instances trained staff do not feel confident enough to insert IUDs or perform vasectomies.
- 3) Economic constraints, such as lack of funds and method stock outs.
- 4) Cultural perceptions, myths and fears relating the IUD and the vasectomy.
- 5) Lack of funding coordination among programs; this is particularly relevant in the case of family planning and PMTCT programs.
- 6) The influence of the church and other conservative groups.

PLANS TO IMPLEMENT LESSONS LEARNED AT THE WORKSHOP

At the end of the workshop, participants formed country-specific working groups to identify the three lessons or topics that they considered most relevant for their country, and to define three actions that would help implement these lessons (the guiding handouts are attached at the end of appendix 4), Representatives from seven countries completed this exercise.

Table 2 summarizes the lessons that countries found most important. With the exception of Ecuador, all countries mentioned BCS and systematic screening. Other topics considered to be of special relevance by were the no-scalpel vasectomy and the integration of family planning and PMTCT.

Table 2: Most important lessons from country group work sessions

| Lesson | Country | | | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| | Bolivia | DR | Ecuador | El Salvador | Guatemala | Honduras | Nicaragua |
| BCS | <input checked="" type="checkbox"/> |
| Systematic screening | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| No-scalpel vasectomy | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| FP/PMTCT integration | | | | <input checked="" type="checkbox"/> | | | <input checked="" type="checkbox"/> |
| Contraceptive methodology updates | | | <input checked="" type="checkbox"/> | | | | |
| Strategies to increase access to the IUD | | | | | | | <input checked="" type="checkbox"/> |
| Strategies to increase access to vasectomy | | | | | | | <input checked="" type="checkbox"/> |

Five countries (Bolivia, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, and Nicaragua) mentioned that they would implement the BCS and/or systematic screening. Concrete follow-up actions included:

Bolivia:

- a) Sharing workshop lessons with national and institutional authorities.
- b) Develop action plans.
- c) Promote the exchange of experiences between institutions and countries.

Dominican Republic:

- a) UNFPA and the Social Security Institute will call for a joint meeting to share the workshop results with national and institutional authorities.
- b) Take the lead on creating a forum to exchange experiences among workshop participants to create new alliances between institutions and cooperation agencies.

Ecuador:

- a) Train family planning counselors in the BCS.
- b) Train family planning counselors to promote postpartum minilaparotomy and vasectomy.
- c) Train more staff to strengthen postabortion family planning.

El Salvador:

- a) Share the lessons learned with the national contraceptive security committee and professional associations.
- b) Adapt and implement the BCS for the MOH, Social Security Institute and NGOs.
- c) Adapt and implement systematic screening in the MOH.
- d) Continue IUD, no-scalpel vasectomy and minilaparotomy training in the MOH and the Social Security Institute.
- e) Start actions to integrate family planning and PMTCT.

Guatemala:

- a) Strengthen family planning counseling in all sectors.
- b) Strengthen the implementation of systematic screening and BCS.

Honduras:

- a) Share the materials and results of the BCS and systematic screening with MOH authorities.
- b) Discuss the implementation of the BCS and systematic screening with the family planning and HIV/AIDS directors in the MOH.
- c) Develop an action plan.

Nicaragua:

- a) Share the materials and results of the workshop with national authorities.
- b) Organize talks in hospitals and health clinics to sensitize health staff about the need to integrate family planning and other services.
- c) Monitor the implementation of existing interventions.
- d) Strengthen the PMTCT program.

APPENDIX 1: FRONTIERS PROJECTS REFERRED TO DURING THE WORKSHOP, BY COUNTRY OF IMPLEMENTATION

| Country | Project |
|--------------------|--|
| Bolivia | Operations research to improve postabortion care (PAC) services in three hospitals in Bolivia |
| Bolivia | Technical assistance and training for PROCOSI's OR program |
| Bolivia | Technical assistance to Pathfinder on operations research |
| Bolivia | Testing a model for the delivery of emergency obstetric care and family planning services in the Bolivian public health system |
| Bolivia | Use of systematic screening to provide reproductive health services |
| Dominican Republic | Contraceptive services in postpartum, postabortion and PMTCT Programs, Dominican Republic |
| Guatemala | Availability and acceptability of IUDs in Guatemala |
| Guatemala | Improving client informed choice, continuation in family planning, method-mix, and cost-effectiveness at the postpartum/postabortion clinic of the Gineco-Obstetrics Hospital, IGSS |
| Guatemala | Increasing access to long-term contraceptives (IUDs) in rural areas through the MOH in Guatemala |
| Guatemala | Expanding access to vasectomy services in Guatemala |
| Guatemala | Reproductive health care in the postpartum period |
| Guatemala | Scaling-up a successful counseling model: Guatemala |
| Guatemala | Testing a three-phase counseling algorithm with relating job aids and supervision to improve the quality of family planning care in health centers and posts of the Guatemalan MSPAS |
| Haiti | Situation analysis of the use of contraception in postpartum, postabortion and prevention of mother-to-child HIV transmission |
| Honduras | Disseminating information on the IUD in rural Honduras |
| Honduras | Expansion of postpartum and postabortion contraception |
| Honduras | Expansion of the role of nurse auxiliaries in the provision of family planning services phase 1 |
| Honduras | Expansion of the role of nurse auxiliaries in the provision of family planning services phase 2 |
| Honduras | Systematic screening as a strategy to increase services integration and revenue |
| India | Systematic screening for integrating reproductive health services in India |
| Nicaragua | Situational Analysis of the Use of Contraception in Postpartum, Postabortion and PMTCT Programs, Nicaragua |
| Peru | Provider and client impacts of an intervention designed to improve the provider-client interaction in MOH clinics in Peru |
| Senegal | Using systematic screening to enhance integration of reproductive health service delivery in Senegal |

APPENDIX 2: WORKSHOP AGENDA

| Monday, October 8, 2007 | | |
|---------------------------------|--|---|
| 19:30-21:30 | Welcome dinner | |
| Tuesday, October 9, 2007 | | |
| 07:00 – 8:00 | Breakfast | |
| 08:00 – 8:45 | Registration | |
| 09:00 – 09:30 | Inauguration and presentation of distinguished participants: Pierre Mercier, USAID/Haiti John Townsend, Population Council/New York | Moderator: Alejandro Silva, MSPAS/Guatemala |
| 09:30 – 10:00 | Current situation of Family Planning programs in Latin America and the Caribbean | John Townsend, Population Council/NY |
| 10:00 – 10:15 | Coffee break | |
| 10:15 – 10:30 | Workshop objectives | Estela Rivero, Population Council/Mexico |
| 10:30 – 11:15 | Contraceptive technology update: The IUD and the IUS | Carlos Morales, MSPAS/Guatemala |
| 11:15 – 11:30 | Questions and answers | John Townsend, Population Council/NY |
| 11:30 – 12:00 | Expanding access to the IUD in Guatemala | Edwin Montúfar, MSPAS/Guatemala |
| 12:00 – 12:15 | The experience of a successful nurse in the IUD program in the MOH in Guatemala | Josefina Ajpop and Carlos Fernando Alvarado, MSPAS/Guatemala |
| 12:15 – 12:45 | Expanding access to the IUD in Honduras | Alba L. Sánchez, EngenderHealth/Honduras |
| 12:45 – 13:15 | Eligibility checklists for IUD clients, discard pregnancy and other job aids | Edwin Montúfar, MSPAS/Guatemala |
| 13:15 – 14:15 | Lunch | |

| | | |
|------------------------------------|--|--|
| 14:15 – 14:45 | Contraceptive technology update: Vasectomy | Salvador Estévez, Secretaría de Salud/Mexico |
| 14:45 – 15:00 | Questions and answers | |
| 15:00 – 15:30 | Results of the use of a systematic model to introduce no-scalpel vasectomy in hospitals and maternity wards in Guatemala | Jorge Solórzano, PNUD/Guatemala |
| 15:30 – 16:00 | The experience of a successful surgeon in the vasectomy program in the MOH of Guatemala | Otto René Alvarado, MSPAS/Guatemala |
| 16:00 – 17:30 | Coffee break | |
| 16:15 – 17:30 | Recap: Identification of the most important lessons of the day and written feedback | Moderators: Estela Rivero, Population Council/Mexico Salvador Estévez, Secretaría de Salud/ Mexico |
| Wednesday, October 10, 2007 | | |
| 7:30 – 8:45 | Breakfast | |
| 9:00 – 10:30 | Contraceptive technology update: Postpartum minilaparotomy, standard days method and emergency contraception | Moderator: Deborah Billings, Ipas/NC José Manuel Espinal, Secretaría de Salud/ Honduras Lidia de Mazariegos, APROVIME/Guatemala Daniel Aspilcueta, INPPARES/Perú |
| 10:30 – 11:00 | Coffee break | |
| 11:00 – 11:45 | Postabortion contraception: Review of OR results in LAC | Deborah Billings, Ipas/NC |
| 11:45 – 12:00 | Questions and answers | |
| 12:00 – 13:00 | OR on postpartum contraception in LAC: A review of results | Ricardo Vernon, Population Council/Mexico |
| 13:00 – 13:15 | Questions and answers | |

| | | |
|-----------------------------------|--|--|
| 13:15 – 14:30 | Lunch | |
| 14:30 – 15:45 | Integration of contraception services in PMTCT programs | Estela Rivero, Population Council/Mexico |
| 15:45 – 16:00 | Questions and answers | Oswaldo Lorenzo, SESPAS/Dominican Rep. Yolani Valle, Secretaría de Salud/Honduras |
| 16:00 – 16:30 | Coffee break | |
| 16:30 -17:30 | Recap: Current situation and areas to prioritize in the integration of family planning and postabortion, postpartum and PMTCT services; and written feedback | Moderator: Estela Rivero, Population Council/Mexico |
| Thursday, October 11, 2007 | | |
| 7:30 – 8:00 | Breakfast | |
| 8:00 – 8:45 | Systematic Screening: Evidence of its effects from OR | Ricardo Vernon, Population Council/Mexico |
| 8:45 – 9:00 | Questions and answers | |
| 9:00 – 9:30 | Quality of care: The Balanced Counseling Strategy (BCS) and its effects | Toni Martin, Population Council/Mexico |
| 9:30 – 10:00 | Expanding the use of the BCS in Guatemala | Rossana Cifuentes, AGMM/Guatemala |
| 10:00 – 10:15 | Questions and answers | |
| 10:15 – 10:30 | Coffee break | |
| 10:30 – 12:30 | Simultaneous mini-workshops on systematic screening and BCS Mini-workshop on systematic screening: A tool to help integrate family planning and other reproductive health services Mini-workshop on BCS: Improving counseling on contraceptive methods | Patricia Riveros, Population Council/Bolivia Toni Martin, Population Council/Mexico |

| | | |
|---------------|---|---|
| 12:30 – 13:00 | Country-working groups: Planning for the future | Moderator: Estela Rivero, Population Council/Mexico |
| 13:00 – 13:30 | Country-working groups presentations and conclusions | |
| 13:30 – 13:45 | Workshop evaluation: Written feedback | |
| 13:45 – 14:00 | Workshop closure | Ricardo Vernon, Population Council/Mexico |
| 14:00 – 15:00 | Lunch | |
| 15:00 – 19:30 | Free afternoon | |
| 19:30 – 22:30 | Dinner to present the book: Billings, Deborah, Ricardo Vernon, (Eds). 2007 “ <i>Avances en la atención posaborto en América Latina y el Caribe: Investigando, aplicando y aprendiendo</i> [Advances in Postabortion Care in Latin America and the Caribbean: Research, Implementation and Scaling-up].” Mexico, D.F.: Ipas, Population Council. | Presentors: Nadine Gasman, UNFPA/ Guatemala Gustavo Gutiérrez, Independent practice/ Guatemala Deborah Billings, IPAS/NC Ricardo Vernon, Population Council/Mexico |

APPENDIX 3. LIST OF PARTICIPANTS

| <hr/> Bolivia <hr/> | |
|--|--|
| Dr. José Luis Alfaro Technical Manager Centro de Investigación, Estudios y Servicios (CIES) | Instituto Dominicano de Seguros Sociales (IDSS) |
| Dra. Carmen Estepa Manager of Mobile Health Units and Services Centro de Investigación, Estudios y Servicios (CIES) | Dra. Clara I. Santillan Technical Coordinator Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA) |
| Dr. Julio César Koca Health Services Planning Manager Ministerio de Salud y Deportes | Dra. Nury M. Vargas Medical Provider Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA) |
| Lic. Patricia Riveros Consultant The Population Council | Dra. Rumalda A. Vázquez Medical Provider Asociación Dominicana Pro-Bienestar de la Familia (PROFAMILIA) |
| <hr/> Dominican Republic <hr/> | <hr/> Ecuador <hr/> |
| Dra. Ana Delia Figueroa Clinical Services Manager Secretaria de Estado de Salud Pública y Asistencia Social (SESPAS) | Dra. Magda C. Acosta Physician Centro Médico de Orientación y Planificación Familiar (CEMOPLAF) |
| Dr. Osvaldo A. Lorenzo Manager of the National Program to Reduce the Vertical Transmission of HIV Dirección General de Control de las ITS y SIDA (DIGECITSS) Secretaria de Estado de Salud Pública y Asistencia Social (SESPAS) | Dra. Tula L. Verdezoto Guaranda, Bolívar Medical Center Director Centro Médico de Orientación y Planificación Familiar (CEMOPLAF) |
| Dra. Luz A. Mercedes Medical Coordinator United Nations Population Fund (UNFPA) | <hr/> El Salvador <hr/> |
| Dra. Clavel Sánchez Reproductive Health Manager | Ing. Rafael A. Avendaño Executive Director Asociación Demográfica Salvadoreña (ADS) |
| | Lic. Claudia Lara Nurse, Integral Care for Women Program Instituto Salvadoreño del Seguro Social (ISSS) |

Dra. L. Esmeralda Ramirez
National Coordinator of the Family
Planning Program
Ministerio de Salud y Asistencia Social
(MSPAS)

Dr. Mario A. Morales
Reproductive Health Officer
United Nations Population Fund (UNFPA)

Dr. Carlos A. Morales
Local Coordinator, Integral Care for
Women Program
Instituto Salvadoreño del Seguro Social
(ISSS)

Dra. Irma Georgina Santamaría
Coordinator, Integral Care for Women
Program
Instituto Salvadoreño del Seguro Social
(ISSS)

Guatemala

Lic. Josefina Ajpop
Registered Nurse
Patzicia Health Center
Ministerio de Salud Pública y Asistencia
Social (MSPAS)

Lic. Otto René Alvarado
“Maternidad Primero de Julio” Hospital
Director
Ministerio de Salud Pública y Asistencia
Social (MSPAS)

Lic. Carlos Fernando Alvarado
IEC Coordinator
Patzicia Health Center
Ministerio de Salud Pública y Asistencia
Social (MSPAS)

Dra. Sandra Barahona
Physician
Alianzas/USAID

Dr. Rodrigo Barillas
Health Coordinator
Alianzas/USAID

Lic. Carlos Bauer
Executive Director
Asociación Pro Bienestar de la Familia de
Guatemala (APROFAM)

Dra. Rossana Cifuentes
President
Asociación Guatemalteca de Mujeres
Médicas (AGMM)

Nadine Gasman
Representative in Guatemala
United Nations Population Fund (UNFPA)

Dr. Gustavo Gutiérrez
Gynecologist
Independent practice

Lic. Lidia A. de Mazariegos
Director
Asociación Pro Salud Preventiva para la
Mujer Vivamos Mejor (APROVIME)

Dr. Edwin Montúfar
Reproductive Health Technical Advisor
Ministerio de Salud Pública y Asistencia
Social (MSPAS)

Dr. Carlos René Morales
Family Planning Advisor of the National
Reproductive Health Program
Ministerio de Salud Pública y Asistencia
Social (MSPAS)

Dr. Edwin Morales
Medical Services Manager
Asociación Pro Bienestar de la Familia de
Guatemala (APROFAM)

Lic. Blanca E. Rodríguez
Consultant

United Nations Development Programme
(UNDP)

Dr. Alejandro Silva
Coordinator of the National Reproductive
Health Program
Ministerio de Salud Pública y Asistencia
Social (MSPAS)

Dr. Jorge Solórzano
UEP Director
United Nations Development Programme
(UNDP)

Dra. Berta Taracena
Consultant
Proyectos, Consultorías y Desarrollo
(PROCONDE)

Haiti

Florence D. Guillaume MD
Deputy Chief of Party/Technical Director
Management Sciences for Health (MSH)

Dr. Lucito Jeannis
Haiti Representative
JHPIEGO

Pierre Mercier, MD MPH
Senior Medical Advisor/
Development Assistance Specialist
United States Agency for International
Development (USAID)

Honduras

Lic. Élide R. Aguilar
Nurse, National Integral Care for Women
Program
Secretaría de Salud

Dr. Manuel E. Carrasco
Chief of the Care for Men Program
Secretaría de Salud

Dr. Jose Manuel Espinal
Chief of Emergency Care, Maternal and
Child Hospital
Secretaría de Salud

Dra. Flor M. Matute
Manager of the Reproductive Health
Subprogram
Fondo de Población de las Naciones
Unidas (UNFPA)

Lic. Alba Lidia Sánchez
Honduras Country Director
EngenderHealth

Dr. Manuel A. Sandoval
Medical Director
ASHONPLAFA

Lic. Yolany C. Valle
Departmental Coordinator of the
Prevention of Mother to Child
Transmission of HIV Program
Secretaría de Salud

Mexico

Dr. Salvador Estévez
National Trainer and Certifier of the
Vasectomy Program
Centro Nacional de Equidad de Género y
Salud Reproductiva
Secretaría de Salud

Lic. Antonieta Martin
FRONTIERS LAC Communications
Officer
The Population Council

Susana Medina
FRONTIERS Administrative Assistant
The Population Council

Dra. Estela Rivero
FRONTIERS LAC Program Associate
The Population Council

Dr. Ricardo Vernon
FRONTIERS LAC Associate Director
The Population Council

Nicaragua

Dra. Dinorah Corea
Service Organization Coordinator
Ministerio de Salud

Dr. Alejandro Ortiz
Medical Care Coordinator
Ministerio de Salud

Dra. Sonia M. Picado
Physician

Peru

Dr. Daniel Aspilcueta
Executive Director
Instituto Peruano de Paternidad
Responsable (INPPARES)

United States

Deborah L. Billings, PhD
Senior Associate, Research and Evaluation
Ipas

John W. Townsend, Ph.D.
Reproductive Health Program Director
The Population Council

Dra. M. Fabiola González
Quality and Monitoring Manager
Centro de Mujeres Ixchen

Dr. Luis Alfredo Ortega
Sexual and Reproductive Health Specialist
Nicasalud - Famisalud/USAID

Pro Mujer Nicaragua

Dr. Luis Manuel Urbina
Safe Motherhood Advisor
Healthcare Improvement Project/USAID

Final feedback questionnaire
Thursday, October 11, 2007

This questionnaire will help us know your general opinion about the workshop, and to know what we can do to improve our future workshops and attempts to share our experiences. Answering the following questions may take you more than 5 minutes, but your answers will be very helpful to us.

1. In general, would you say that the workshop was very useful, somewhat useful, or not useful at all for your work?
2. What did you like the most about the workshop?
3. What did you like the least?
4. Would you say that the experiences and lessons discussed are useful for improving family planning services in your country or organization?
5. Of the topics and experiences discussed, is there one that is particularly relevant for your country or organization?
6. Do you plan to do something to share the workshop lessons once you go back to your country? What do you plan to do?

Thank you!

Guide 1

Guide for working groups 1: Identification of the day's most important lessons and of the interventions that can be useful in your program

Tuesday, October 9, 2007

Note: Instructions for dividing into groups and group dynamics are omitted as in the end, participants were asked to write an answer to the guiding questions individually.

During this exercise, each group should identify:

- Which concrete actions can be taken to increase access to the IUD in their country or organization
- Which obstacles may exist for these actions
- Which concrete actions can be taken to increase access to no-scalpel vasectomy in hospitals and maternity wards
- Which obstacles may exist for these actions

Guide 2

Guide for working groups 2: Current situation and recommendations to improve the integration of family planning and postpartum, postabortion and PMTCT services

Wednesday, October 10

Note: Instructions for dividing into groups and group dynamics are omitted as in the end, participants were asked to write an answer to the guiding questions individually.

Participants will discuss the following issues:

- How integrated are family planning services with postabortion, postpartum and PMTCT services in your country or organization?
- What should be the priority in these integration efforts?
- Which of the integration strategies discussed today would be feasible in your organization?
- Which would be the obstacles to these strategies?

Guide 3

Guide for working groups 3: Planning for the future

Thursday, October 11, 2007

This last session has the goal of allowing participants from the same country to discuss whether and how the lessons and topics discussed during the workshop may be of use to them, and to propose concrete actions for their implementation.

Participants from the same country should get together and form a working group. Each group will have a special place to work, with a blackboard and markers to support their work. Each group has an hour to identify:

- Which of the topics and lessons discussed during the program is of most use for their program
- Three concrete actions to put the lessons learned into practice that they will take when they go back to their country

We will gather again in the meeting room at 15:45. At that time, each group will present, in 5 minutes, the lessons that they identified as a priority and their action plans.