

**USAID**

**REPRODUCTIVE HEALTH**

**BASELINE SURVEY**

**A Survey of  
Projects and Activities  
Implemented and Planned  
by  
USAID Missions and  
Cooperating Agencies**

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## **ABSTRACT**

In December 1993, a questionnaire was sent to USAID Missions and cooperating agencies (CAs) concerning their activities in reproductive health. This was a preliminary step in the process of developing a reproductive health strategy for USAID. The purpose of the survey was to provide a baseline overview of current reproductive health activities and elicit recommendations for next steps.

Fifty missions and 39 CAs provided substantive responses. Together they described over 300 projects and activities considered to be within a reproductive health framework. The majority of these combine family planning, elements of maternal health and nutrition, and STD/HIV/AIDS preventive activities.

Missions and CAs alike generally expressed strong interest in broadening current approaches to better integrate reproductive health activities, and asked USAID/Washington for guidance. They emphasized the need to stay focused on priority areas during the next five years, especially family planning and protection from STDs/HIV, and urged the development of strong initiatives involving adolescents, men, and abortion-related activities.

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## EXECUTIVE SUMMARY

This report summarizes the findings of the Reproductive Health Baseline Survey conducted by USAID/Washington (USAID/W) between December 1993 and February 1994. It presents an overview of reproductive health activities being carried out by the U.S. Agency for International Development through its field Missions and Cooperating Agencies (CAs).

### PURPOSE

The purpose of this survey was to assemble preliminary information about projects and activities being carried out by USAID Missions and CAs. This was an exploratory first step intended to produce rapid feedback to USAID/W in defining an optimal reproductive health strategy for the Agency.

### METHODOLOGY

The survey was conducted under the direction of USAID/W's Reproductive Health Task Force and its members from the Offices of Population, Health, Nutrition, and Women in Development. In December 1993 a questionnaire was sent to 67 USAID Missions and 44 CAs of these four offices, requesting information on reproductive health activities (either ongoing during FY 92 and FY 93 or scheduled for FY 94 and 95). Missions and CAs were then asked to provide recommendations and rank priorities for the next five years.

### DEFINITION OF REPRODUCTIVE HEALTH

For purposes of the survey, "*reproductive health activities*" were defined as those that addressed at least two of the following topics or program areas:

- (A) **safe regulation of fertility**, including family planning, abortion, infertility, and fertility awareness;
- (B) **maternal health and nutrition**, including preconception, prenatal, childbirth, postpartum/neonatal, and breastfeeding;
- (C) **protection from sexually-transmitted diseases**, including prevention, referral, and treatment; and
- (D) **other reproductive health emphases**, including reproductive rights, sexuality/sexual behavior, and freedom from harmful practices (e.g., female genital mutilation).

## THE RESPONSE

Fifty USAID Missions and 32 CAs provided substantive responses. Together they presented descriptions of 301 projects, sub-projects and activities judged to meet the survey's operational definition of reproductive health. There was a great degree of general accord between the responses from the Missions and those from the CAs.

## MAJOR FINDINGS

1. **Linkage.** Most Missions and CAs are already linking various elements of reproductive health. Approximately 25% of the activities described link all four of the reproductive health areas listed above.
2. **Innovation and success.** Most of the 301 activities were described as innovative in some way. For the majority, the innovations involve broadening family planning programs by adding activities about STDs/HIV/AIDS or understanding sexuality and sexual behavior. Only a few Missions and CAs claimed success, given the newness of the activities (many just started or only in the planning stage).
3. **Problems and difficulties.** The most significant problems identified include:
  - a) Difficulties addressing STDs/HIV/AIDS:
    - Inability to provide supplies for STD and RTI diagnosis and treatment;
    - How to appropriately link family planning with STD services; and
    - Problems in condom supply and logistics;
  - b) Inadequacy of funding; concerns about sustainability; and
  - c) Effects of the Mexico City policy on abortion and its lingering "chill effect."
4. **Priorities for the next five years.** Missions and CAs were asked to rank areas of reproductive health they judged to be the highest priorities for USAID during the next five years. *Family planning* ranked first, for both Missions and CAs, followed by *protection from STDs/AIDS*. The next highest priority was *maternal health and nutrition*, which many Missions and CAs viewed as an integral part of basic health services. High priority was also given to *adolescents, male involvement in both pregnancy and STD prevention, and abortion-related activities*.
5. **Recommendations.** Missions and CAs were asked, "What suggestions or recommendations do you have for USAID/W to help direct our work in reproductive health over the next few years?" The responses were summarized as follows:
  - a) **Provide a reproductive health framework.** The majority of Missions and CAs responding expressed clear approval or enthusiasm for expanding efforts in

reproductive health, strengthening linkages, and/or integration of component areas. Some Missions and CAs in Latin America reported already doing so.

b) **Guidelines and priorities.** Many Missions and CAs urged USAID/W to provide guidelines, including priorities and a clear definition of reproductive health. USAID was urged to remain focused on key priorities, such as family planning and STD/AIDS, and to define very clearly what the priorities should be, given limited resources. There was also much emphasis on the need to recognize and support country-specific priorities.

c) **Increase efforts in STD/AIDS control.** Missions and CAs alike strongly emphasized the seriousness of this issue, and called for USAID to actively participate in addressing the problem by including STD/AIDS services as an integral part of any reproductive health framework.

d) **Develop strategies to address adolescents, male involvement, and abortion.** Many Missions and CAs urged for a concerted effort to provide adolescents with effective information and services. They also called for strategies to increase male responsibility and involvement in preventing both unwanted pregnancy and STD/HIV transmission. The need for abortion-related initiatives was also emphasized as a fundamental part in reducing maternal mortality and morbidity.

## **NEXT STEPS: WHERE DO WE GO FROM HERE?**

The recommendations and responses from the Missions and CAs suggest that USAID should develop a reproductive health framework within which issues are studied, strategies are designed and implemented, services are offered, and outcomes are evaluated. This framework should include:

1. Adopting a definition of reproductive health that centers on the health of individuals;
2. Identifying priorities and developing strategies and guidelines. Participants in the process should include strategic thinkers from USAID, CAs, other donors, and colleagues, including women's organizations;
3. Building on the experience of Missions and CAs that have already started programs in specific areas;
4. Striving for an optimal combination of linkage, referral, and integration of reproductive health activities appropriate for each country.

# I. INTRODUCTION

## 1. PURPOSE

The objective of this questionnaire survey was to gather baseline information about projects and activities of USAID field missions and cooperating agencies (CAs) in reproductive health. The USAID/Washington (USAID/W) Reproductive Health Task Force considered this the foundation for developing a field-driven strategy of reproductive health for the Agency.

## 2. METHODOLOGY

A brief three page questionnaire (see Appendix B) was developed to elicit information from the Missions and CAs, and was e-mailed or faxed in December 1993 to 67 USAID missions and the 44 CAs of the Offices of Population, Health, Nutrition, and Women in Development. Reproductive health activities were defined as those which address at least two of the following topics:

- A) safe regulation of fertility, including family planning, abortion, infertility, and fertility awareness;
- B) maternal health and nutrition, including preconception, prenatal, childbirth, postpartum/neonatal, and breastfeeding;
- C) protection from sexually-transmitted diseases, including prevention, referral, and treatment; and
- D) other reproductive health emphases, including reproductive rights, sexuality/sexual behavior, and freedom from harmful practices (e.g. female genital mutilation).

The questionnaire asked respondents to describe reproductive health activities that the Mission or CA had implemented during FY 92 and FY 93 or intended to manage during FY 94 and 95. Details were requested of activities funded not only by USAID but also by other sources. Respondents were also asked how, in implementing this activity, they have linked the areas of reproductive health; in what ways the activity has been successful or innovative; what problems and difficulties have been encountered; what suggestions or recommendations they had for USAID/W to help direct work in reproductive health over the next few years; and, given limited resources, the rank order of the three most important reproductive health initiatives that USAID should support in the next 5 years.

Responses were received by members of the Reproductive Health Task Force at USAID/W and forwarded for analysis and synthesis to International Health & Development Associates (IHDA). Some follow-up discussions with Missions and CAs were conducted by IHDA.

### 3. METHODOLOGICAL CONSTRAINTS

This survey was intended to give a general, baseline overview of USAID activities in reproductive health. In this it was successful. The means by which the data were gathered and the nature of the information being sought posed certain limitations, however. The survey was not intended to be a definitive or in-depth assessment of strengths and weaknesses of individual activities or approaches, nor of impacts or costs and benefits.

Meaningful quantification proved difficult for several reasons. One was the variation in the use of terms – program, project, sub-project, component, and activity – from one USAID/Washington office to another, between USAID/W and the Missions, and between CAs and USAID. Moreover, there was great variation of detail in the responses and in what the Missions and CAs treated as an "activity" (e.g., an entire cooperative agreement vs. a small sub-project).

In addition, financial analysis was not possible. Actual expenditure data were difficult to disaggregate from project budgets. This was especially true for the activities described because "reproductive health" is not a standard category under which USAID classifies expenditures. Further, the funding level of reported activities ranged from \$2000 to \$20,000,000.

Many projects were reported as new or yet to be launched, while others are continuations of well-established projects.

Finally, while the questionnaire asked for descriptions of the kinds of activities being undertaken, it did not require details of the proportion of an activity constituting a particular aspect of reproductive health, nor did it define qualitative boundaries for what was or was not legitimately reported as reproductive health.

## II.A FINDINGS: LINKAGE AMONG AREAS OF REPRODUCTIVE HEALTH

### 1. OVERVIEW OF RESPONSES

#### Quantitative Overview

Fifty-seven Missions and 32 CAs responded to the questionnaire, a rate of about 80%. Together they presented information on 301 projects, sub-projects, and activities.

Missions: 50 Missions sent substantive responses, together describing 101 activities.

- **Africa - 24 Missions**  
Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Chad, Côte d'Ivoire, Ethiopia, Ghana, Guinea, Kenya, Lesotho, Madagascar, Malawi, Niger, Nigeria, REDSO/ESA (East and South Africa), Rwanda, Senegal, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe.
- **Asia - 8 Missions**  
Bangladesh, Central Asia (Regional Mission), India, Indonesia, Nepal, Philippines, Sri Lanka, and Thailand (Regional Support Mission/East Asia).
- **Latin American and the Caribbean - 12 Missions**  
Bolivia, Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Jamaica, Nicaragua, Paraguay, and Peru.
- **Near East - 6 Missions**  
Egypt, Jordan, Morocco, Tunisia, Yemen, and Turkey.

Cooperating Agencies: A total of 32 CAs responded, reporting on 39 centrally-funded projects. (Several CAs are implementing two or more centrally-funded projects or sub-projects.) Together they presented descriptions of 200 activities.

- **Office of Population - 26 CAs/projects**  
AVSC, CARE, CEDPA, CONRAD, Development Associates (PAC IIb), East-West Center, The EVALUATION Project FHI, Georgetown University's Institute for Reproductive Health, IPPF/London, IPPF/Western Hemisphere Region, INTRAH, JHPIEGO, JHU/PCS/PIP, Macro International (DHS), MSH, National Academy of Sciences' Committee on Population, OPTIONS II (Futures), Pathfinder, Population Council (program grant, INOPAL/South America, INOPAL/Central America, Africa OR/TA Project, Asia-Near East OR/TA Project, also Ebert Program on Critical Issues in Reproductive Health and Population), Population Reference Bureau, PROFIT Project (Deloitte and Touche), RAPID IV (Futures), SEATS (JSI), and SOMARC (Futures).

- **Office of Health - 5 CAs/projects**  
AIDSCAP (FHI), MotherCare (JSI), PATH (HealthTech), Wellstart (Expanded Promotion of Breastfeeding), and ICRW (Women and AIDS Research Program).
- **Office of Nutrition - 7 CAs/projects**  
APHA Clearinghouse on Infant Feeding and Maternal Nutrition; Johns Hopkins University's Dana Center for Preventive Ophthalmology; Wellstart (Lactation Management Education Project); ICRW (Nutrition of Adolescent Girls Research Program); Nutrition Communication Project (AED); Opportunities for Micronutrient Interventions (OMNI) Project (JSI); and Vitamin A for Health (VITAL) Project (ISTI).
- **Office of Women In Development - 1 project**  
GENESYS Project (Futures); also co-funder, with Office of Health, of ICRW's Women and AIDS Research Program (listed above).

Six CAs in particular described a large number of activities. These were:

Georgetown/IRH:	36
Population Council:	25
Pathfinder:	18
SEATS:	18
PATH:	12
CARE:	12
Total:	121

The 121 activities described by these six CAs alone constitute over half of the activities described by all the CAs. Including all of the responses from these six CAs would have resulted in their having too great an influence on the overall analysis. To minimize this bias, a cut-off maximum of 10 responses per project was agreed upon. Thus, instead of 121 projects for these six CAs, only 60 projects (10 each) were included.

### Qualitative Overview

The Missions and CAs presented a great amount of valuable information. Many took the survey very seriously and provided thoughtful responses and excellent recommendations. Cumulatively, the responses give a good overview of current mission and CA involvement in reproductive health activities, as well as suggestions concerning priorities for USAID/W support and leadership in the immediate future and during the next five years.

There were no striking differences in the responses from the Missions and those from the CAs. The most significant variation was regional and, for CAs, mandate-related.

- o **Regional variation:** In general, responses from sub-Saharan Africa showed great concern about STDs and AIDS, emphasized the need for integration of services, and called for strengthening of the basic health infrastructure. Responses from Latin America also expressed great concern over STDs and AIDS, and indicated more developed programs in reproductive health than in other regions.

- o Variation by CA mandate. Among CAs, responses varied in accord with the CA's mandate and primary funding source. CAs of the Offices of Health and Nutrition gave higher priority to maternal health and nutrition, while CAs of the Office of Population emphasized family planning.

## 2. OVERVIEW OF FINDINGS

Most USAID Missions and CAs are already linking or integrating major elements of reproductive health in their activities. Missions and CAs described 301 projects and activities in over 50 countries that incorporate at least two main areas of intervention in reproductive health, as defined in the Introduction. About two thirds of the projects and activities described combine elements from at least three of the four areas of reproductive health. USAID Missions and CAs are linking these elements in several ways.

**Linking all four areas.** Approximately one quarter (28%) of the activities described combine elements of all four of the reproductive health areas above; 19% of Mission activities and 34% of CA activities.

**Linking three areas.** Approximately one third of the activities described combine elements of three of the reproductive health areas set forth (Missions, 32%; CAs, 35%). For both Missions and CAs the most common combination reported was *safe regulation of fertility, maternal health and nutrition, and protection from STDs/AIDS*. Other common combinations included "safe regulation of fertility," and either "maternal health and nutrition" or "protection from STDs/AIDS."

**Prominence of family planning.** Regardless of the number of elements linked, *family planning* appeared most frequently. More than 90% of the Mission projects, and more than 80% of the CA projects, involve family planning.

**Family planning and STDs/HIV.** Over half of all Mission and CA activities described include both *safe regulation of fertility* (usually family planning) and *protection from STDs/HIV*: 71% of CA activities vs. 53% of Mission activities.

**Other: Reproductive rights and sexual behavior.** About 20% of the activities are identified as linking "reproductive rights" to other aspects of reproductive health. About 20% of the activities are also described as linking "sexuality/sexual behavior" with some other aspect of reproductive health. Most of these are projects centered on family planning or STDs/HIV.

**Combinations depend on local needs.** Many Missions and CAs stated clearly that linkage and/or integration are important, but emphasized that the exact form of linkage, or combination of elements, must flow from local needs and circumstances. Only a minority of respondent, three missions and three CAs, argued for keeping priority on vertical programs or family planning alone.

### **3. EXAMPLES OF TYPES OF LINKAGE**

Missions and CAs described at least 25 different types of "linkages." This section begins with several examples that link all four areas, followed by examples of other combinations. Additional examples of linkages are provided in Appendix C.

#### **Projects Linking all Four Areas: Bilateral Projects of USAID Missions**

About 20 projects are described by USAID Missions as linking all four areas. Some are essentially "integrated health and family planning projects" that have now added STD/AIDS components and attention to other related reproductive health issues (such as sexual behavior). Nine projects are in Africa, 5 are in Latin America, 4 are in the Near East, and 2 are in Asia. An example is:

- \* **USAID/Cairo's "Healthy Mother/Healthy Child Project"** (to begin in FY 95). As planned, this project will address nearly all areas of reproductive health specified in the survey questionnaire (13 of the 16 indicated sub-areas). The project purpose is "to reduce under-five mortality by 30%, neonatal deaths by 30%, and maternal mortality by 40% in Egypt by the year 2000." The Mission hopes to ensure inclusion of a full range of reproductive health services with an emphasis on events around the time of pregnancy and childbirth. It plans to develop a program with private practitioners and public health workers to strengthen and link family planning and maternal and child health services. It also intends to include prevention and treatment of STDs and AIDS (with attention to sexuality/sexual behavior) and freedom from harmful practices, such as female genital mutilation.

#### **Projects Linking all Four Areas: CA Projects**

More than 45 CA activities link all four areas. Examples of family planning projects that also address many other aspects of reproductive health are:

- \* **PATH's "Contraceptive Method Mix" project.** This aims "to ensure that policy-makers and program managers are aware of the importance of providing the most appropriate mix of contraceptive methods to couples who wish to space or prevent childbearing." Documents and training materials emphasize the importance of viewing contraception within the context of women's personal, cultural, and health needs, as well as programmatic needs. The project also includes abortion-related activities, fertility awareness, maternal health and nutrition, breastfeeding, and sexual behavior.
- \* **INTRAH's MCH/FP Training Projects in Burkina Faso.** Links are made by bringing together the concepts of reproductive health and family health. This link is reflected in the service and training guidelines that address family planning, infertility, fertility awareness; maternal health and nutrition (preconception through postpartum and breastfeeding); protection from STDs and HIV/AIDS; and reproductive rights.

#### **Integrating Family Planning Into Basic Health Services**

More than half of the projects and activities described link family planning with maternal health and nutrition (about 50% of projects described by Missions and about 60% of CA projects and activities). Most commonly, the objective is to integrate family planning services into primary health care, MCH, or basic health services (public and NGO) which previously have not included family planning. For example:

- **Unimed Project in Brazil.** Through the PROFIT Project, complete MCH and FP services have been linked in a clinic setting as well as in the private practices of the doctors forming "Unimed" (Brazil's largest HMO) in Alagoas state in Northeast Brazil. This is the first time that the full range of family planning services has been included in Unimed's prepaid plans – significant in a country noted for its very poor and aberrant method availability.

### **"Reproductive Health" Projects**

Seven CAs state that their entire approach is reproductive health. These include AVSC, CEDPA, ICRW, IPPF, PATH, Pathfinder, and The Population Council. For example:

- **AVSC states:** "All of AVSC's work under its cooperative agreement is conducted within a reproductive health context. Thus, in the area "Safe Regulation of Fertility" we work to link family planning services – information, counseling, and provision of appropriate contraceptive methods – for abortion clients; and to ensure that any abortion services that may be provided are safe and sensitive to client needs. In the area of "Maternal Health and Nutrition" we work to link good quality family planning services – information, counseling, and provision of appropriate contraceptive methods – with perinatal services (i.e., prenatal and postpartum care services). In the area of "Protection from STDs/HIV" we work to install good quality infection prevention practices and systems in all family planning service and abortion-related programs with which we work."

- **IPPF states:** "IPPF's strategic plan links all of the above elements [those set forth in the survey] which are reflected in individual national plans and work programs."

In addition, 17 projects contain "Reproductive Health" in their titles. These include 7 Mission projects and 10 CA projects or sub-projects. (The Missions are: Cape Verde; Central Asia; Bolivia, Costa Rica, Guatemala; Tunisia and Turkey. The CAs are: Population Council, 5 projects; CARE, 2 projects; and FHI, INTRAH, JHU/PCS/PIP - 1 project each.) For example:

- **USAID/Bolivia's "Reproductive Health Services" project.** USAID/Bolivia refers to a "reproductive health portfolio" that includes three projects. The "Reproductive Health Services" project, with an FY 92-95 budget of about 18.4 million, provides grants and technical assistance to public and private sector institutions for service delivery in all areas of reproductive health. A second project, "Child Survival PVO Network II (PROCOSI)," is incorporating family planning activities into a large network of PVOs focusing primarily on child survival and maternal health and nutrition. A third project, "AIDS/STD Prevention and Control" has aimed at increasing access to STD/AIDS services and IEC while creating awareness and influencing policymakers on the prevalence of STDs in Bolivia, including relationships to family planning and infertility. A result is that AIDS/STDs will be integrated into the reproductive health portfolio during the coming year – an entirely new concept in Bolivia.

### 3. TECHNICAL FOCUS

Respondents were asked to specify the technical focus of their activities. The following options were presented:

IEC	Service delivery
Commodities/Logistics	Training
Operations research	Other
Policy dialogue	

Responses showed familiar combinations (e.g., IEC, training, and service delivery). "Policy dialogue" was frequently checked by projects of all sorts, regardless of their primary focus.

Under "Other" technical focus, Missions and CAs specified the following:

- Advocacy/lobbying
- Community-based distribution
- Cost recovery
- Extending and promoting private-sector services
- Management development
- Media coverage
- Monitoring & evaluation
- Policy research
- Public health impact, and
- Research on the determinants of differential sexual, family planning, and fertility behavior among young adults.

## II.B FINDINGS: SUCCESS AND INNOVATION

Missions and CAs were asked: "In what ways has this activity been successful and innovative?"

### 1. SUCCESS

While all Missions and CAs described activities as innovative, only a small number of respondents actually stated that their respective activities had achieved success. Most of the activities are very new; many are just starting or are only in the planning stages. Only one Mission (Niger) and four CAs (MotherCare, Pathfinder, Population Council, and SOMARC) provided statistics illustrating success. Such statistics pertained only to short-term gains (e.g., increase in contraceptive use), rather than impact or sustainability. The survey did not collect enough information to assess the extent of or reasons for success, nor to reach conclusions about cost effectiveness or potential for expansion and sustainability.

#### 1A. Success: examples

The following response is illustrative of respondents who claimed some success but provided no statistics:

\* Burkina Faso: "My project includes the following activities: family planning and MCH, AIDS prevention, nutrition education, diarrheal disease control, and health financing.... They have all had their problems and successes. We have been successful in improving contraceptive knowledge and practice. Condom use for AIDS prevention has skyrocketed under our project. And there is better awareness of nutrition and ORS use among the rural people. There is also improvement in the quality of services being provided. All these activities have contributed toward improving women's reproductive health -- some may even have helped improve men's and children's health in general."

The three responses below -- from two CAs and one mission -- are perhaps the best examples of the kind of data provided.

\* Integration of syphilis screening into antenatal care. "Congenital Syphilis Prevention," a sub-project in Kenya of the MotherCare Project, has developed a model for effective screening, diagnosis and treatment of maternal/partner syphilis. Reactive plasma reagin (RPR) screening units and drugs were provided and tested at 10 prenatal care clinics. Success has come in finding that RPR is a simple, time-saving and very cost effective procedure (approximately \$16 per averted adverse pregnancy outcome). The intervention has high public health impact and is easily integrated into prenatal care. It can also easily be placed into family planning services. Common areas of concern regarding syphilis prevention and treatment -- condom use, counseling of couples/partners, condom and drug logistics -- can be strengthened so that prenatal care, HIV-AIDS and FP services can all benefit. WHO has adopted the training module developed under this project and will distribute it worldwide.

- **The Population Council** describes successful results for several operations research projects in Honduras. It reports that 5 out of 8 OR projects have resulted in increased contraceptive use and other related project elements. For example:

- "Women had higher knowledge scores, satisfaction with services had improved, and the rate of contraceptive acceptance before discharge from the hospital increased from a pre-project level of 9% to about 30%."
- "At the end of 2 months post-partum, exclusive breastfeeding in experimental communities had increased from 20% at baseline to 50% in the endline survey."

- **The Niger Family Health and Demography Project:** "In four years time, the availability of family planning services went from availability only in the capital of Niamey to 70% of health facilities nationally."

Further examples of activities deemed successful by respondents are provided in Appendix D.

## 2. INNOVATION

It is clear from the responses that much innovative activity is taking place. Nearly all of the 301 activities described were reported to be innovative in some way.

- o **STDs/RTIs/AIDS.** More than two thirds of the 301 activities described address STDs/RTIs/AIDS in combination with other reproductive health measures, most commonly family planning. Many Missions and CAs are seeking innovative ways to promote STD/AIDS prevention, including activities aimed at better understanding of local sexuality, sexual behavior, and gender issues.

- o **Adolescents.** Fifteen Missions and 10 CAs are implementing or planning various initiatives to address adolescents, usually for both family planning and STDs/HIV. Some activities focus on research to understand adolescent sexuality and sexual behavior, others emphasize IEC, and some include provision of services. Several CAs (e.g., Pathfinder and the Population Communication Services Project) have numerous innovative activities addressed to adolescents.

- o **Family planning.** The most common innovations reported in the area of family planning include addressing in some manner: STDs/RTIs/AIDS, adolescents, men, sexuality and sexual behavior, fertility awareness, expanding contraceptive choice, women's issues and reproductive rights.

- o **Maternal health and nutrition.** A majority of innovations related to maternal health and nutrition include research on or integration of STD/RTI/AIDS activities into MCH programs. Other innovations involve breastfeeding or micronutrients.

## **2A. Innovation: examples**

This section presents several types of innovation. Further examples of innovative activities are provided in Appendix D.

### **Innovative Mission Projects and Activities**

#### *Information, education, and communication for AIDS/STD prevention*

- **Music brings the message.** One of the most outstanding ways USAID/Jamaica's AIDS/STD Prevention and Control Project has been successful and innovative is in its support of a local theater group (members between ages 5-17) in its musical production on AIDS/STDs. This production was well received in Jamaica, the eastern Caribbean, Canada, England and the United States.

#### *Integrating STD screening and treatment into MCH/FP service sites*

- **Integrating STD screening and treatment into the clinical service delivery sites that provide MCH/FP.** USAID/Kenya is working with AIDSCAP to reduce sexual transmission of HIV by: 1) changing behaviors, 2) increasing condom use, and 3) controlling STDs. "We are attempting to integrate HIV/AIDS prevention through our vast, national FP service delivery network.... Of top priority to our program is the ability to effectively integrate STD screening and treatment into the clinical service delivery sites that provide MCH/FP."

#### *Family planning, client choice, and breastfeeding*

- **Women's Reproductive Health and Technology Program (RHTP) in Central Asia.** This program is designed "to improve maternal and child health through the provision of safe, effective contraceptive methods and family planning services." It links family planning and abortion-related activities (to decrease abortion as a fertility management measure) with breastfeeding in a complementary relationship to the WELLSTART International Project on Expanded Promotion of Breastfeeding. It is anticipated that these two initiatives together should have a dramatic impact on maternal and child health status in the Central Asian Republics.

### **Innovative CA Projects and Activities**

#### *Comprehensive women's health services*

- **Strategic planning in Brazil for a women's health program.** OPTIONS provides technical assistance to the state government of Ceara for strategic planning to develop a women's health program. The program provides integrated services including pre- and post-natal care, treatment of STDs (including HIV/AIDS) and RTIs, fertility regulation (including abortion), and services for menopausal women. This activity was judged innovative because: 1) it is comprehensive, 2) the strategic planning is based on priority needs of families identified by Brazilians, and 3) it builds the capacity of the state government.

#### *Family planning, STD screening, and infection prevention*

- **Training for infection prevention and STD screening.** JHPIEGO has developed practical, low-cost infection-prevention procedures to make provision of surgical contraceptive methods safer for clients, providers and support staff. It has introduced STD screening procedures (history and simple testing) for the safer provision of IUDs.

*Research on HIV risk factors for women and adolescent girls*

- **Worldwide participatory data-gathering on HIV risk factors for women in the general population.** ICRW describes its "Women and AIDS Research Program" as successful and innovative in several ways. "It represented the first concerted worldwide effort to gather data on HIV risk factors for women in the general population. By focusing on adolescent girls, women in the workplace, traditional women's associations, and women community leaders, the program has contributed significantly to the data on HIV risk among women." In addition, the studies supported examined the broader social, economic, and cultural realities of women's lives in order to understand the context within which high-risk behavior occurs.

Examples of innovative projects funded by sources other than USAID are provided in Appendix D.

## **II.C FINDINGS: PROBLEMS AND DIFFICULTIES**

Missions and CAs were asked to identify "problems and difficulties encountered" in the activities they described as reproductive health. While many of the problems described by the Missions and CAs are interrelated, they can be grouped into the following areas:

- 1) System problems (infrastructure, administrative, funding, and logistical!);
- 2) Service quality issues;
- 3) Difficulties meeting STD/AIDS needs;
- 4) Cultural issues, including problems in addressing adolescents; and
- 5) Abortion issues.

The sections below summarize problems and difficulties reported.

### **1. SYSTEM PROBLEMS (Infrastructure, Administrative, Funding, and Logistical)**

#### **(a) Problems and Difficulties in the Host-Country Systems**

Many of the problems described, especially by Missions, concern the weak infrastructure and administrative capabilities of the health care system in many USAID-assisted countries. While "system" problems are generally more acute in the poorer countries, the following response from USAID/Guinea captures the nature of these problems as detailed by Missions and CAs in all regions:

"Most difficulties relate to deficiencies in management capability, which has resulted in limited access to health care. This is part of a larger and more pervasive problem involving the overall health system. At the time of the proclamation of the Second Republic in Guinea in 1984, the health care system was almost in a state of collapse. This, coupled with an extremely weak MOH, creates a background of systemic and institutional problems that must be addressed before other interventions can be effective. In addition, Guinea's pronatalist history and centralized development fostered policies hostile to family planning and private sector development, and these have only recently been reversed."

Other Missions and CAs describe similar problems and difficulties, such as inadequate management, coordination, logistics, public-private sector relationships, and political commitment, among others.

#### **(b) Financial Issues**

Several Missions and CAs express concern over problems related to funding, financing, and sustainability. Some present rather complex issues. For example:

"The challenge for the Family Planning Private Sector II project is finding ways to assist the small commercial enterprises and NGOs to become financially self-sustaining through marketing selected services to cross-subsidize the FP services." (USAID/Kenya)

"As our emphasis has been on family planning, the process of integrating reproductive health services, through the expansion of services offered, reduction of barriers to abortion and abortion-related care, and the modification of training courses, has put strains on limited resources originally designated primarily for family planning efforts." (Pathfinder)

**(c) Problems and Difficulties Attributed to the "Supply" Side: USAID/Washington**

Several Missions and CAs describe problems stemming from USAID (and other donor) procedures and policies, as well as contraceptive supply difficulties. These are illustrated by the following comments:

"Our social marketing activity is funded under the Congressional earmark for HIV/AIDS; this limits emphasis on condoms to prevent pregnancy." (USAID/Botswana)

"In some instances, efforts to address a wider range of reproductive health services have not been fully supported by USAID. There are very strong priorities within the Offices of Health and Population, for example, which often do not support expanded efforts due to funding or other restrictions.... Often there are differences in programmatic support and priorities for condom promotion between Office of Population and Office of Health-funded activities that impede project implementation." (SOMARC)

**2. SERVICE QUALITY ISSUES**

Many service quality difficulties noted by the Missions and CAs are problems commonly encountered by family planning programs. These include such problems as: poor counseling, lack of adequately trained health care professionals, and physicians' conservatism about services that can be provided by non-physicians. While many of these problems were presented in the context of family planning, they have immediate relevance for reproductive health programming in a broader sense. For example:

"Our MCH centers are very crowded. Nurses don't have time to provide quality care or even adequate counseling when a long, long queue of clients is waiting with a range of problems, some of them urgent." (USAID/Zimbabwe)

**3. DIFFICULTIES MEETING STD/AIDS NEEDS**

The many problems identified under the two categories above are long-standing, familiar kinds of problems. In contrast, meeting STD/HIV needs is *the* major problem area identified by Missions and CAs as a whole when contemplating reproductive health programming. The difficulties identified can be summarized and illustrated as follows.

**a) Inability to provide drugs and supplies for STD/RTI diagnosis and treatment:**

At least a dozen Missions, plus several CAs, cite as a problem their inability to provide cost-effective HIV and STD screening kits and STD treatment. In their recommendations (see Section V below) they are even more assertive on this point. One Mission also notes:

"Restrictions on drug purchases to U.S. only -- even under the FDA -- mean that U.S. assistance dollars will only buy one-third to one-tenth of what they would procure if we were able to do worldwide competition." (USAID/Malawi)

**b) Issues in linking family planning with STD/AIDS IEC and services:**

"Deciding what to teach CBDs about STDs and what skills CBDs should have in the areas of STD counseling, infertility counseling, and AIDS education." (JHU/PCS/PIP)

"An important issue for resolution with the project will be the role of longer-term contraceptive methods in the context of high HIV prevalence, and how -- or whether -- we attempt to influence the method mix." (USAID/Botswana)

"Our staff has developed a model of integrating AIDS/STD prevention into family planning with 4 levels; it is not easy for an FPA to advance from one level to the next without support of various types (training, funding, technical assistance)." (IPPF/WHR)

"In our Tanzania AIDS Project, as with our Family Planning Services Support Project, the condom bill is substantial (25% of the project). Dutch assistance is expected for the social marketing condom supplies. But as AIDS awareness grows, condoms will be a growing budgetary outlay." (USAID/Tanzania)

#### **4. CULTURAL ISSUES**

Many of the cultural problems confronting family planning programs also hinder efforts to address STDS and AIDS. This is because both directly concern the same often tabooed topic: sex. The many cultural difficulties identified by Missions and CAs, especially as they concern STDS/AIDS, can be summarized as follows.

- o Cultural reticence in discussing sexual matters;
- o Religious beliefs; fear of church criticism;
- o Lack of solid information for program planners on local sexual practices and behavior;
- o Conservatism on the part of the MOH and many health care providers in dealing with STDs/HIV;
- o A social environment that does not allow for free discussion and availability of information, especially to adolescents; and
- o Lack of sense of obligation on the part of some men to inform their partners of STDs or HIV infection, or to be involved in family planning.

## 5. ABORTION ISSUES

The continuing illegality of abortion in many countries and the resulting frequency of unsafe abortion with high rates of mortality and morbidity are major problems for reproductive health. Nine Missions and ten CAs showed concern over unsafe abortion, several referring to the Mexico City policy and difficulties it created. Comments included the following:

"The Ebert Program has noticed a continuing lack of willingness on the part of some donors to fund certain important areas of work, particularly abortion research and STDs/AIDS activities. In the U.S. political environment of the recent past, abortion-related issues have suffered the effects of long-standing neglect and lack of resources. Political controversy over legalization of abortion and funding limitations on abortion activities have hindered the intellectual effort needed to understand the meaning of unwanted pregnancy in women's lives, its causes and its consequences for individuals, families, and for the community." (Population Council, Ebert Program [not USAID-funded])

"We did not face many difficulties in linking family planning projects with other areas of reproductive health. But one problem was related to the interpretation and implementation of the Mexico City Policy. In a country like Turkey where abortion is legal and widely practiced, the Mexico City Policy certainly caused confusion among local organizations. The policy caused over-cautiousness and reluctance in establishing stronger links between family planning and abortion-related services. (USAID/Turkey)

### III. MISSION AND CA RECOMMENDATIONS AND PRIORITIES

#### 1. SYNTHESIS OF MISSIONS' AND CAs' RECOMMENDATIONS

Missions and CAs were asked: "What suggestions or recommendations do you have for USAID/W to help direct our work in reproductive health over the next few years?"

Many Missions and CAs provided thoughtful, well-articulated recommendations that offer excellent ideas for USAID/W. The most frequent Mission and CA recommendations can be summarized as follows:

- 1) Define and develop an expanded reproductive health approach;
- 2) Assure funding; but also allow flexibility;
- 3) Develop country-specific strategies;
- 4) Establish clear priorities;
- 5) Family planning and safe contraceptive services should be first priority;
- 6) Deal seriously with AIDS;
- 7) Support screening and selective diagnosis and treatment for STDs/RTIS/HIV;
- 8) Provide information and services to adolescents and young adults;
- 9) Increase male responsibility and involvement;
- 10) Develop a strategy to address abortion;
- 11) Seek out and incorporate the concerns of women;
- 12) Improve collaboration between the Offices of Health and Population.

Discussion of these recommendations follows, with examples of Mission and CA recommendations.

1) **Define and develop an expanded reproductive health approach.** The majority of Missions and CAs recommended USAID/W to define reproductive health and develop a reproductive health framework (missions, 70%; CAs, 62%). Of these, at least 8 Missions and 6 CAs explicitly encouraged an expanded reproductive health framework but specified that family planning should remain the focus. A minority (3 Missions and 3 CAs) recommended vertical programming or a continued focus primarily on family planning without broadening to

other areas -- unless there is a major funding increase. Among Mission and CA recommendations for a reproductive health approach are the following:

"USAID's proposed shift to a broader reproductive health focus is required. Service integration will be a key factor in improving reproductive health. With HIV/AIDS a significant force...separation of services is no longer a realistic reflection of clients' needs. Sexual behavior and STD infection affect fertility and HIV risk; HIV risk affects contraceptive choice and sexual behavior; HIV status affects fertility decisions; these all affect child-rearing, which affects the next generation's reproductive health ... the list goes on. More work is required to identify and promulgate effective models of integration."  
(USAID/Botswana)

"We applaud AID's recent efforts to broaden the definition of reproductive health away from a narrow focus on family planning and maternal health." (ICRW)

"Our experience is that it is more acceptable for service delivery personnel to provide family planning services within a reproductive health framework.... The most important step is to develop a framework that allows agencies to incorporate a reproductive health focus."  
(Population Council, INOPAL II)

2) **Assure funding; but also allow flexibility.** Missions and CAs alike emphasized the need for clear support throughout USAID/Washington to fund and implement these activities.

"If an overall 'reproductive health' approach is indeed going to be a new initiative within USAID/W, it will be necessary to have very clear programmatic priorities for choosing among the wide range of potential issues that can be addressed. It will be equally important that, once the priority areas are identified, there is clear support throughout USAID/W to fund and implement these activities." (SOMARC)

"We have already aimed to improve linkages among activities related to family planning, abortion and maternal health in our 1994 workplan. Several other reproductive health themes could be easily incorporated/expanded into the family planning activities in innovative and cost-effective ways. IEC materials developed can be revised to involve additional reproductive health issues. Training activities could be expanded to include these themes as well. Flexibility in using population funds for such complementary items could enhance our ability to achieve a broader reproductive health focus without significantly increasing the costs and efforts." (USAID Program, US Embassy, Turkey)

3) **Develop country-specific strategies.** Missions and CAs also emphasized that approaches must be based on country-specific needs. The following recommendations are representative:

"Reproductive health needs vary according to age, urban/rural conditions, occupations, and preferences. No global solutions may be effective to provide heterogeneous populations with the services they require." (Population Council - INOPAL II)

"The decision as to what the most important reproductive health initiatives are must be based on a country-specific assessment of the family planning/health service delivery infrastructure and on a country-specific assessment of the health and family planning problems. Thailand provides an excellent example: while the family planning program is highly developed, the AIDS problem in Thailand requires the intensive collaborative efforts of health and family planning services. In Egypt, where AIDS/HIV is relatively unimportant but the family planning service delivery structure still needs strengthening, we believe work in that area is the most important reproductive health intervention." (USAID/Cairo)

4) **Establish clear priorities.** There must be very clear programmatic priorities for choosing among the wide range of potential issues that can be addressed. The following view is representative:

"At this point we are not clear what the elements of reproductive health are in the context of our projects.... We would like guidance including on the priority of elements and how to integrate reproductive health into primary health care and STD/HIV prevention programs. The success of USAID's work in family planning, child survival, and, potentially, AIDS has been our ability to clearly focus on what works and how we quantify it. We need to do the same with reproductive health, and to expect that changes in reproductive health will translate into changes in family planning, AIDS and MCH variables." (USAID/INDIA)

5) **Family planning and safe contraceptive services should be first priority.** At least 8 Missions and 6 CAs specified that family planning should remain the central focus in an expanded reproductive health framework. Comments of several dozen Missions and CAs both explicitly recommend and implicitly imply keeping family planning as a central focus. Missions and CAs also emphasized the importance to reproductive health of contraceptive safety and service quality. For example:

"We need to remember that family planning services are a primary objective and that we cannot invest our resources in all aspects of reproductive health services. At the same time, we must keep in mind that family planning services should not be developed in isolation of other reproductive health services and that our job is to establish the linkages between family planning and other reproductive health services.... The challenge is to identify, prioritize, and invest resources in developing the most important and productive linkages." (AVSC)

"Quality of care must become integral to all AID-supported health programs.... Quality of care mechanisms to ensure continuity, appropriateness and acceptability of services must be developed and implemented." (USAID/Honduras)

6) **Deal seriously with AIDS.** The majority of Missions and CAs stated that family planning programs have to address AIDS. Survey responses showed that there is already substantial variation in the way Missions and CAs are approaching AIDS and STDs. Cost and technical issues are extremely troublesome, yet AIDS cannot be ignored by family planning programs.

"USAID/W needs to realize that in many countries HIV/AIDS is an issue that may overwhelm all other programs, especially those in reproductive health. It's time to get over the 'us vs. them' mentality, and realize that AIDS is part of life (in East Africa) and that more effective means need to be found to ensure that AIDS control is a complete part of all FP/reproductive health counseling and service provision. " (USAID/Tanzania)

**7) Support screening and selective diagnosis and treatment for STDs/RTIS/HIV.** Missions in countries where STD prevalence is high are especially emphatic on the need for USAID to participate in addressing this problem, not only through prevention but also through diagnosis and treatment. Many missions and CAs (at least 17 missions and 13 CAs) are either currently engaged in activities related to screening, diagnosis, and provision of drugs and treatment for STDs/HIV, have such activities planned, or are recommending USAID become more involved. The following suggestions from USAID/Kenya capture the essence of recommendations from many others:

"We believe that 20+ years of experience in Kenya have taught USAID how to inform, counsel, and change sexual behaviors in the control of fertility. These lessons can be applied to address the HIV/AIDS epidemic... Additional resources must be made available for proper screening and cost-effective treatments of STDs for this integration to succeed." (USAID/Kenya)

**8) Provide information and services to adolescents and young adults.** Greater effort is needed to provide effective information and services to adolescents for both contraception and safe sex (or the sequelae of unsafe sex). At least 15 Missions and 10 CAs identified adolescents as a priority, even though the survey questionnaire did not pose any questions specific to adolescents. Of all topics volunteered by respondents that were not mentioned in the questionnaire, "adolescents" was most frequently mentioned. There is broad consensus that USAID should do more to meet the needs of this large, vulnerable group.

**9) Increase male responsibility and involvement.** Strategies must be developed to increase the commitment of men to safe sex, responsible parenthood, and use of contraception. Four Missions and 12 CAs made recommendations similar to the following:

"Expand the focus from women and children to include *men* (they are the primary decision makers and are in economic control over reproductive behavior)." (USAID/El Salvador)

"We must increase our efforts to include men in reproductive health initiatives. The reason is obvious: For both genders to enjoy healthy sexual relations, and healthy reproductive lives, both genders need not only to be aware of but also to act on their reproductive health responsibilities." (USAID/Honduras)

**10) Develop a strategy to address abortion.** Five Missions and 9 CAs reported that they are or soon will be supporting abortion-related activities. An additional 6 CAs and 4 Missions stated that this area should be a higher priority in the future. Specific recommendations include:

"Liberalize restrictions on funding for abortions." (USAID/Bangladesh)

"Expand post-abortion approaches to include treatment of septic and incomplete abortion as well as counseling and services for post-abortion contraception." (Pathfinder)

"Abortion and the associated sequelae need to be addressed through programs equipped to deal with septic and incomplete abortions on an emergency basis with follow-up counseling/services aimed at preventing subsequent abortions." (USAID/Kenya)

"There especially needs to be increased funding for activities to understand unwanted pregnancy and for provision of safe abortion.... Abortion-related initiatives are key to reducing maternal mortality and morbidity." (Population Council)

11) **Seek out and incorporate the concerns of women.** Seven CAs recommended that USAID do more to incorporate women's groups and women's perspectives in its planning and implementation. Recommendations included:

"Women's interests must be integral both to research and the formulation of project activities and policy. We recommend development of a women-centered population agenda, incorporating a family planning and reproductive health program policy that recognizes women's concerns." (Population Council, Ebert Program)

"USAID should consider funding in special areas of concern to reproductive health...in consultation with a broad spectrum of concerned cooperating agencies and women's health advocacy/rights groups." (AVSC)

"Whenever possible, seek out and incorporate the concerns of women in LDCs, and maintain enough flexibility in projects to be responsive to local needs. Ensure that programs focus on women's overall health, not simply their health as mothers." (Population Reference Bureau)

12) **Improve collaboration between the Offices of Health and Population.** At least a dozen respondents emphasized that there must be better linkages, communication, and coordination between the two offices. This is needed both for cost efficiency and for program impact. For example:

"We applaud the establishment of a population, health and nutrition cluster within USAID/W and suggest this be used as a foundation for developing further collaboration across these offices. Forming linkages between the Offices of Population, Health, Nutrition, and Women in Development would enable AID to most effectively develop its understanding of reproductive health and lead to productive and sustainable project activities." (ICRW)

"It is important for R&D/POP and Health to work together collaboratively on developing appropriate reproductive health strategies and projects. In the field, often the same set of health workers provide reproductive health services....A team approach between Health

and Population staff to managing field support programs for reproductive health is essential." (USAID/Cairo)

"AID/W should use the reinvention/reengineering exercises as an opportunity to create a climate of greater collaboration and partnership within the bureaus, offices and divisions to help us all be more effective at delivering services and conducting research relevant to the sector as a whole." (USAID/Guinea)

## 2. RANK ORDERING OF PRIORITIES FOR THE NEXT 5 YEARS

The survey questionnaire asked Missions and CAs to rank priorities for the next five years, choosing options from a matrix of sub-areas of reproductive health set forth in the questionnaire (see Appendix B, page B-3.). Missions and CAs were asked:

"Given limited resources, please rank order the three most important reproductive health initiatives that USAID should support in the next five years."

The totalled results show the Missions' overall rankings and the CAs' overall rankings to be identical. Missions and CAs both ranked *family planning* as a clear first priority (Missions - 93%, CAs - 75%). Missions and CAs both ranked *protection from HIV/AIDS* as a clear second priority (Missions - 37%, CAs - 36%). *Maternal health and nutrition* was the next highest priority for both Missions and CAs.

## IV. CONCLUSIONS AND SUGGESTED NEXT STEPS

This survey was intended to gather baseline information from Missions and CAs about activities in reproductive health that have already been undertaken or are planned for the near future. A better understanding of current technical and field approaches to reproductive health provides USAID/W with the basis for developing an optimal strategy in this area in the next few years. The findings presented in this report reveal that there are already many promising activities and approaches in reproductive health being put in place by Missions and CAs. Further, widespread support was expressed for refining Agency thinking about reproductive health, and guidance is desired from USAID/Washington about how to proceed.

A. Respondents urged the development of a reproductive health framework within which reproductive and sexual health issues are studied, strategies are designed and implemented, services are offered, and outcomes are evaluated. Such a framework ought to include: a definition of reproductive health which centers on individual health; country-specific strategies and activities; appropriate combinations of linkage, referral, and integration of reproductive health activities, and ongoing involvement of local groups in decision-making to ensure that reproductive health services are responsive to local needs.

B. It is recognized that USAID has a comparative advantage among donors in supporting the provision of family planning services, and the great majority see this as USAID's number one priority. However, continued commitment to providing family planning services may be strengthened by extending services and improving their quality in ways that are responsive to women clients and complementary to their other health needs. Renewed commitment to Safe Motherhood programs is also seen as part of a sound approach to women's reproductive health, while recognizing that women's health means more than simply maternal health.

C. In addition, particular emphasis was placed by Missions and CAs on the following key areas for future activity:

### HIV/AIDS, STDs, and RTIs

Many Missions and CAs urged greater attention to STDs/HIV/AIDS and asked USAID/W for guidance and help. Several complex issues need to be addressed. One is the request to move beyond preventive activities to diagnosis and treatment where STD prevalence is high. USAID Missions and CAs would like to see an Agency strategy that facilitates moving beyond IEC and condom distribution in countries with particular need. Donor coordination to supply commodities and pay for services is encouraged wherever possible. A second issue concerns the difficulties caused by budgets and "earmarks" that make it problematic to use "family planning condoms" for STDs/HIV, and vice versa. A third issue concerns the need for STD/RTI screening in family planning service delivery.

Finally, the large (\$168-million budget) AIDSCAP project being implemented by FHI is carrying out many STD/HIV/AIDS activities of direct relevance to reproductive health. While several missions reported on work being done in their countries through the AIDSCAP project, the project itself provided only a very brief response to this survey. The experiences of this

project need to be assessed in detail and incorporated into the development of a USAID reproductive health strategy.

### **Adolescent Reproductive Health**

Many missions and CAs are beginning to include adolescents in their activities, and recommended that adolescents be given a high priority. Respondents would like to see a strategy that vigorously and effectively serves the needs of young people (whether married or not) which would include: (1) education concerning sexuality and sexual responsibility, HIV/AIDS and other STDS, and contraception and family planning; and (2) contraceptive and STD services as needed for those who are sexually active. It is recommended that future activities be built upon the foundations that already exist in the field.

### **Men**

Several missions and CAs identified increased focus on men as a priority. Even a "woman-centered" reproductive health approach demands greater attention to men. Men have a direct, major role in contraceptive decision-making, but also an indirect role as a dominant factor in women's calculations concerning their own economic, social, and family needs. Men's sexual behavior has direct impact not only on their own health, but also that of their wives, partners, and offspring, especially in the context of STDs/HIV. Thus men are a major determinant of contraceptive use by women and couples and, in fact, of women's health in general. A successful approach to reproductive health calls for their full participation and commitment.

### **Abortion**

Missions and CAs noted that abortion is a major reproductive health problem that, despite its magnitude, has received little attention. Respondents noted that unsafe abortion continues to be a major cause of mortality among women, while also consuming a great portion of medical resources and limited health care budgets in many USAID-assisted countries. Many women and their partners continue to regard and use abortion as a traditional method of family planning.

Although family planning professionals know that contraceptive use reduces the number of abortions, family planning and health programs have done relatively little in recent years to link the two or to communicate to the public about the relationship between contraception and abortion. At the service delivery level in most countries, abortion continues to be addressed only in the form of treatment for septic and incomplete abortion, with little effort to educate abortion clients about modern contraceptive methods. While USAID is politically constrained in addressing abortion, it appears that more can be done to elevate this issue to one of higher priority in the future.

## APPENDIX A

### GLOSSARY OF ACRONYMS USED

AED	Academy for Educational Development
AGI	Alan Guttmacher institute
AIDS	acquired immune deficiency syndrome
AIDSCAP	AIDS Control and Prevention Project
ASEAN	Association of Southeast Asian Nations
AVSC	Association for Voluntary Surgical Contraception
CA	cooperating agency (of USAID)
CBD	community-based distribution
CEDPA	Centre for Development and Population Activities
CONRAD	Contraceptive Research and Development
DA	Development Associates
FP/MCH	Family Planning/Maternal and Child Health
FHI	Family Health International
FPA	Family Planning Association (affiliate of IPPF)
GTI	genital tract infection
HIV	human immunodeficiency virus
ICRW	International Center for Research on Women
IEC	information, education, and communication
IPAS	International Projects Assistance Services
IPPF	International Planned Parenthood Federation
IPPF/WHR	IPPF/Western Hemisphere Region
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
JHU	Johns Hopkins University
LAC	Latin America and Caribbean
LAM	lactation amenorrhea method (of family planning)
MCH	maternal and child health
MR	menstrual regulation
MSH	Management Sciences for Health
OMNI	Opportunities for Micronutrient Interventions
O.R.	operations research
PATH	Program for Appropriate Technology in Health
PCS	Population Communication Services Project (of JHU)
PHC	Primary Health Care
PIP	Population Information Program (of JHU)
RTI	reproductive tract infection
SEATS	Family Planning Service Expansion and Technical Support Project
STD	sexually transmitted disease
VITAL	Vitamin A for Health Project
WHO	World Health Organization

**APPENDIX B**  
**QUESTIONNAIRE SURVEY**

**TO:** HPN Officers at USAID Missions  
**FROM:** Elizabeth Maguire, Acting Chief, Population, Health and Nutrition Cluster  
**DATE:** December 20, 1993  
**RE:** **BASELINE QUESTIONNAIRE OF REPRODUCTIVE HEALTH ACTIVITIES**

As set forth in USAID's strategy for Population and Health, and emphasized recently by the USAID Administrator, USAID anticipates expanding efforts in the area of reproductive health and forging closer linkages between family planning and other aspects of reproductive health. We are now identifying options for USAID support to improve reproductive health services and linkages with family planning. To accomplish this task and to be able to discuss these options at the Cooperating Agencies Meeting (February 22-25, 1994), we need better information about what is now being carried out in the field. Therefore, we would like you to respond to this questionnaire which requests brief descriptions of reproductive health initiatives your mission has managed during FY '92 and '93, or intends to manage during FY '94 and '95.

For simplicity, we are preliminarily defining reproductive health activities as those which address at least two of the following topics:

- (A) safe regulation of fertility, including family planning, abortion, infertility, and fertility awareness;
- (B) maternal health and nutrition, including preconception, prenatal, childbirth, postpartum / neonatal, and breastfeeding;
- (C) protection from sexually transmitted diseases, including prevention, referral, and treatment;
- (D) other reproductive health emphases (see next page).

(For example, a project combining family planning services with STD referral, or an activity combining prenatal nutrition with counseling on breastfeeding, would both be considered "reproductive health activities". Thus the topics combined might be within a single category -A, B, C or D- or might combine two or more categories.)

For us to process and prepare the information for the February CAs meeting, we need your response by January 15, 1994 at the latest. We regret the shortness of time, and anticipate following up with you later for details and clarification. Please let us know whom we may contact for further information.

Name of contact person: \_\_\_\_\_

Mission: \_\_\_\_\_

Phone and fax numbers: \_\_\_\_\_

Send Replies to: Judy Manning or Erin McNeill, USAID/W Office of Population  
by Jan. 15, 1994 fax: 010-1-703-875-4413

electronic mail: JudyManning@RD.POP@AIDW or Erin McNeill@RD.POP@AIDW  
via internet e-mail: JManning@USAID.gov or EMcNeill@USAID.gov

**Thank you very much for your cooperation and interest!**

**Summary of Reproductive Health Activity**

(if you have more than one activity, please duplicate this page)

Mission: USAID/ \_\_\_\_\_

Project Title: \_\_\_\_\_

Purpose / Objectives: \_\_\_\_\_

*Area(s) of reproductive health:*

A. Safe Regulation of Fertility:

- \_\_\_\_\_ family planning
- \_\_\_\_\_ abortion-related activities
- \_\_\_\_\_ infertility
- \_\_\_\_\_ fertility awareness

B. Maternal Health and Nutrition:

- \_\_\_\_\_ preconception
- \_\_\_\_\_ prenatal
- \_\_\_\_\_ childbirth
- \_\_\_\_\_ postpartum / neonatal
- \_\_\_\_\_ breastfeeding
- \_\_\_\_\_ micronutrients

C. Protection from STDs/HIV:

- \_\_\_\_\_ HIV/AIDs
- \_\_\_\_\_ other STDs
- \_\_\_\_\_ other reproductive tract infections

D. Other Emphases:

- \_\_\_\_\_ Reproductive rights
- \_\_\_\_\_ Sexuality / sexual behavior
- \_\_\_\_\_ Freedom from harmful practices (i.e., female genital mutilation)

Other (please indicate): \_\_\_\_\_

*Technical focus:*

- \_\_\_\_\_ Information, Education, Counseling
- \_\_\_\_\_ Training
- \_\_\_\_\_ Service Delivery
- \_\_\_\_\_ Policy Dialogue

\_\_\_\_\_ Operations Research

\_\_\_\_\_ Commodities / Logistics

Other (please indicate): \_\_\_\_\_

Budget: FY 92 \_\_\_\_\_ FY 93 \_\_\_\_\_ FY 94(est) \_\_\_\_\_ FY 95(est) \_\_\_\_\_

1) *In the implementation of this activity, how have you linked the areas of reproductive health which you have marked above?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) *In what ways has this activity been successful and innovative?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) *What are the problems and difficulties that you have encountered?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please feel free to continue any comments to the above questions on an additional page



## APPENDIX C:

### LINKAGES AMONG AREAS OF REPRODUCTIVE HEALTH

This Appendix expands on Section II.A. It first presents additional examples of linkage. It then presents a series of tables summarizing types of linkages.

#### Bilateral Projects Linking All Four Areas

- **Botswana: Integrating STD/AIDS services with existing MCH/FP services.** Botswana's MCH/FP services are already fully integrated. The government currently provides targeted services in parallel, but not systematically. A new USAID project will begin early 1994. Risk assessment tools will be used to assist service providers to target clients with an appropriate range of FP/STD/AIDS (i.e., reproductive health) services. This will be one of the few African programs integrating STD services with other services. This follows condom social marketing efforts in which first-year sales exceeded target by 74%, successfully reaching adolescents and adult males (both of which are represented in the sales force).
- **The Niger Family Health and Demography Project.** This project has the purpose of strengthening the capacity of Niger institutions to place, support and monitor family health services on a national basis. Both maternal health and nutrition services, and STD activities, are done chiefly by NGOs funded by the project. In four years time, the availability of family planning services has gone from only in the capital of Niamey to 70% of health facilities nationally. Niger's Health Sector Support Project also provides support for family planning, family health, and STD/AIDS policy reform and program development.
- **Rwanda Integrated Maternal and Child Health and Family Planning ("RIM") Project.** Launched in FY 93, its purpose was stated as: "To increase the capacity of the MOH to provide comprehensive reproductive health care, including STDs prevention, treatment, and control." Project plans included: Family planning and fertility awareness; protection from STDs/HIV: AIDS/HIV, other STDs and other RTIs; maternal health and nutrition (all 6 sub-categories set forth in the questionnaire); and initiatives concerning sexuality and sexual behavior. USAID/Rwanda questioned whether service providers would accept the approach. "Providers appear quite wedded to the 'If it's Tuesday it must be family planning day (and not parental care day)' approach that is the norm due the existing vertical program organization of the MOH."
- **USAID/Uganda's Delivery of Improved Services for Health (DISH).** This project, just designed, has as its purpose to "Increase contraceptive prevalence, STD diagnosis and treatment, HIV testing and counseling in 10 of Uganda's 40 districts." It seeks to integrate family planning, HIV/AIDS, STDs and maternal health as a core package of services. Cost recovery is another emphasis.
- **Zimbabwe Family Planning.** USAID/Zimbabwe identifies this project as spanning the four areas, including abortion-related activities (e.g., training in post-abortion counseling, requested by the ZNFPC for 1994) and reproductive rights, sexuality/sexual behavior, and

freedom from harmful practices. The project illustrates the strategy of working in close coordination with other donors. USAID tends to focus on "safe regulation of fertility" while other donors assist in other areas of reproductive health. DANIDA is helping integrate STD and HIV/AIDS into the ZNFPC's curricula for training nurses and community-based distributors. ODA is funding a 5-year supply of condoms. A World Bank loan funds the training of nurses who work in MOH integrated MCH/FP services.

### Other Mission Projects

#### *Integrating family planning into hospital-based maternity services*

• **USAID/Jordan's Comprehensive Postpartum Project** (to begin implementation in April). Family planning IEC and services are to be linked with preconception, prenatal, delivery and post-partum care for the mother and infant in a comprehensive and integrated manner through the creation of Comprehensive Post-Partum Centers in major maternity hospitals and facilities. (Over 80% of deliveries take place in hospitals and other institutional settings.)

#### *Linking family planning, postpartum/neonatal care, reproductive rights, and freedom from harmful practices*

• **USAID/Cairo:** Under POP/FP III, ties are being established between the MOH's Family Planning System Development Project and the MOH's Child Survival project. A formal linkage in the form of a Memorandum of Understanding has been put in place. This plans collaboration in the following areas:

- shared IEC and training materials,
- mutual referrals, and
- pre-service and in-service training of providers emphasizing family planning, reproductive health, and child survival.

#### *Linking family planning and STD/AIDS prevention and services*

• **USAID/Malawi: Support to AIDS and Family Health (STAFH).** "The STAFH Project's two interventions, AIDS/STD prevention and Family Planning, require both behavior modification and targeting the sexually active. The project will employ similar strategies whether in reducing unintended pregnancy or transmission of HIV and STDs. These strategies include: IEC; staff training in counseling; providing high quality services; and adequate supplies of condoms, other contraceptives, and STD drugs. Given the scarcity of health personnel in Malawi, the project will rely on the same individuals to achieve the dual objectives and, therefore, a coordinated approach is seems warranted and to provide for the most efficient use of resources."

#### *Linking family planning, STD counseling and treatment, and basic health services*

• **USAID/Tanzania:** "FPSS addresses the need to build a comprehensive FP service delivery program within an integrated FP/MCH program. Service providers trained in modern

FP methods also provide MCH services, counseling/treatment for STDs, and basic PHC services. FP is therefore a fully integrated service, not a vertical program."

- \* **Madagascar Population Support (APPROPOP) Project** will link family planning with diarrheal disease control and other health services by having the family planning component of APPROPOP (bilateral project) work closely with the centrally-funded BASICS child survival project. MSH, implementing APPROPOP, says the project will work to make antiseptics and antibiotics for treatment of STDs available at family planning clinics and to improve infection prevention techniques in general.

#### *Linking family planning, perinatal services, STDs and HIV/AIDS; adolescents*

- \* **USAID/Costa Rica:** "Linkage is through the clinical training programs, patient education programs, and actual service delivery in family planning services, postpartum and prenatal services. IEC materials focus on reproductive risk and sexuality education. HIV activities will deal with peer educators through the integrated adolescent health program of the public sector health institutions."

### CA Projects

#### *Linking family planning and abortion-related services*

- \* **Kenya:** Marie Stopes Diagnostic and Treatment Centre in Nairobi, a full-service reproductive health center, has been supported by Pathfinder and IPAS to train service providers to improve their skills in menstrual regulation (MR) counseling and services (manual vacuum aspiration) and post-MR family planning.

#### *Integrating HIV/STD services into family planning services*

- \* **Brazil:** The Bemfam HIV/STD Prevention Program is designed to test the advantages and difficulties of integrating HIV/STD into traditional family planning services. The hypothesis is that Bemfam can improve its ability to meet the needs of clients more effectively by integrating HIV/STD components into family planning programs and services. Answers are not available yet.

#### *Integrating family planning into AIDs services*

- \* At the AIDS Information Centre in Kampala, Uganda, CEDPA supports a project designed to promote and provide family planning services to clients who request AIDS testing and subsequent counseling through AIDS post-test clubs.

#### *Operations research on sexuality and sexual behavior related to HIV/STDs*

- \* **Brazil:** "Cohort Studies of Populations at High Risk for HIV Infection." This project seeks to obtain longitudinal data on sexual behavior and HIV incidence in order to inform behavior change strategies.

### *Family planning, STD/HIV prevention, and male motivation*

- In Malawi, SEATS is using CBD and male motivators for IEC and condom distribution aimed at increasing male motivation for both family planning and STD/HIV prevention.

### CA Programs and Projects Funded by Other Donors

The survey asked respondents to describe initiatives funded by other donors. Several dozen innovative programs and activities were described. Among them are these two examples:

- **The Robert H. Ebert Program on Critical Issues In Reproductive Health and Population** (worldwide, funded by Rockefeller Foundation and others). The Population Council established the Ebert Program specifically to emphasize and link four critical areas of reproductive health:

- 1) improving the quality of reproductive health services;
- 2) unwanted pregnancy and unsafe abortion;
- 3) new approaches to postpartum care; and
- 4) addressing STDs, including AIDS, within the larger context of women's reproductive health.

The Ebert Program grew from an awareness that many important reproductive health problems – and the ways women experience them – have been neglected by policymakers, program planners, and practitioners. It now brings women's perspectives and clients' needs to bear on mainstream family planning and related reproductive health programs. Work in these four areas has also illuminated a new issue: the need for a better understanding of how sexual behavior and gender power relationships influence reproductive health.

- **Reducing maternal and infant morbidity and mortality by strengthening family planning and preventive health services, including AIDS prevention.** This is the objective of the "Healthy Start for Child Survival" project in Indonesia, being implemented by PATH under funding from AIDAB, Australia. In this country where maternal mortality rates are highest of all ASEAN countries, the project combines family planning counseling and referral and prenatal and postnatal care, including breastfeeding information, micronutrient supplementation, and home delivery of hepatitis B and tetanus toxoid vaccinations (using auto-destruct syringes to prevent cross-infection with HIV and hepatitis B). PATH's innovative community-based pregnancy and birth notification system features outreach to motivate pregnant women to attend prenatal sessions and follows up with home delivery of services to the infant and postpartum woman within a week of birth.

## APPENDIX D

### SUCCESS AND INNOVATION: FURTHER EXAMPLES

This appendix expands upon Section II.B through the presentation of additional examples of reproductive health activities that USAID Missions and CAs have judged successful and/or innovative.

#### 1. SUCCESS

Further examples of activities judged "successful" include the following. Those that provided statistics to describe the success are presented first.

##### CA Projects

###### *Perinatal approach to reproductive health*

- **The Population Council, Honduras: "Reproductive Health and Perinatal Care."** The objectives of this operations research project were "to test the effects of a Perinatal Reproductive Health Program" and "to establish a reproductive health program for pregnant women and women in the postpartum period aimed at improving the reproductive health of the beneficiaries of the Honduran Social Security Institute." The project reports success in that: (1) women had higher knowledge scores, (2) satisfaction with services had improved, and (3) the rate of contraceptive acceptance before discharge from the hospital increased from a pre-project level of 9% to about 30%.

###### *Safe motherhood and family planning*

- **Bolivia: Cochabamba Reproductive Health Project.** This project of MotherCare combines family planning and safe motherhood interventions aimed at reducing maternal and neonatal mortality and morbidity in urban and periurban areas. NGO service delivery sites provide family planning as well as maternal and neonatal health information and services as integral parts of comprehensive maternal health care. MotherCare states that evaluation of impact is difficult to measure, but reports success in IEC campaigns through which awareness of family planning methods and danger signs during pregnancy rose significantly (28-43%).

###### *Condom promotion for family planning and for AIDS/HIV/STDs*

- **SOMARC** reports that, since it first began developing dual messages for condom promotion for family planning and for AIDS/HIV/STDs, there has been increasing evidence that these joint initiatives are very effective. SOMARC's recently-finalized cross-country Special Study of Condom Promotion for AIDS/HIV confirmed the effectiveness of this type of intervention. In Mali, one of the first countries to introduce the "Be Wise: Always Wear Protector Condoms" campaign, the campaign was judged highly successful in communicating its dual message, creating awareness of "Protector" brand condoms, encouraging top-of-mind

awareness of condoms, and increasing condom use from 45% among urban men before the campaign to 61% among urban men after.

#### *Post-abortion family planning*

- **Pathfinder** reports that its support to the Marie Stopes clinics in Kenya, assisted by IPAS, has been innovative in its improvements of existing menstrual regulation (MR) services and post-MR family planning. "Through project training, the ability of these service providers to increase the level of contraceptive acceptance by clients post-MR has increased from 21% to an average of 75%."

#### *Serving adolescents*

- **Clinics near schools.** To provide health education and family planning services for young adults, ABBEF (the IPPF affiliate in Burkina Faso) has established clinics near 2 schools. SEATS reports that the effort is successful in that the services, which include information on STDs/HIV/AIDS, are being used by adolescents because of the easy access.

#### *Revision of STD drug and treatment standards to encompass syndromic approach*

- **USAID/Malawi's Support to AIDS and Family Health Project (STAFH).** While USAID/Malawi says it is too early to assess success, important progress is being made. STD research trials conducted with project support resulted in a revision of the national drug formulary for Malawi, revision of the essential drug list, and revision of the treatment standards to encompass the syndromic approach developed through this research and collaboration effort.

#### *Training for village health care workers*

- **In Nepal, Development Associates** has trained village health workers in various aspects of reproductive health. Often they are the only people with health training available to villagers. DA reports that, in addition to imparting health delivery skills, this project has raised the status of women in the villages.

## 2. INNOVATION

This section presents major types of innovation followed by one or more examples for each. Unfortunately, space does not permit inclusion of all the many good examples identified by the missions and CAs.

### USAID Mission Projects

- **Zimbabwe Family Planning.** USAID/Zimbabwe describes this project as innovative for the following reasons:

- STD/HIV/AIDS counseling is now included in the curricula for basic or refresher training of community-based distributors. Family planning posters all bear messages at the bottom such as "If at risk of STDs/HIV ... use a condom."
- Nurses trained in IUD insertion have also been trained in GTI diagnosis.
- "Perinatal" FP counseling has been introduced in maternity wards at two hospitals.

#### *Family planning, reproductive rights, and women's issues*

- **"National Seminar of Women's Groups and Family Planning Leaders" In Brazil.** The purpose of this activity, supported by USAID/Brasilia, was to facilitate discussion on the agenda for the Cairo Conference on Population and Development. In this meeting, plus smaller follow-on meetings supported by Pathfinder, discussion about family planning versus reproductive rights was conducted within the framework of the national integrated women's health program. These are controversial and highly emotional issues in Brazil. The activity was innovative in creating a forum for discussion of controversial policy issues, attempting to pave the way for collaboration between feminist and family planning groups.

#### CA Projects

##### *Linking reproductive health subsystems in an overall system of client-centered service delivery*

- AVSC describes its approach as unique and innovative by virtue of its focus on service systems and the interrelationships of the components that are essential for a good quality, comprehensive, and client-centered services. This includes paying attention to the overall system of client-centered service delivery and programming for the linkages among different reproductive health subsystems – such as referrals among prenatal, postpartum, and abortion services and family planning services. It includes paying attention to the underlying technology and technical issues (e.g., methods, clinical/technical techniques, infection preventive systems) while at the same time paying attention to client information needs (e.g., information materials, counseling). And it includes developing quality assurance and quality management systems that serve the needs and interests of both clients and the program/institution.

##### *Family planning, reproductive rights, and women's issues*

- **Institutionalization of gender considerations in development is the purpose of the GENESYS Project** (implemented by the Futures Group with funding from WID). The project is innovative in trying to bridge the conceptual and policy gap between women's issues and population issues. Recognizing that there has not been sufficient dialogue between women's groups and population groups, the project seeks to provide a forum for dialogue between these sometimes opposed groups.

- **Informed consent guidelines and systems aimed at ensuring reproductive rights.** AVSC reports: "In the area of "Reproductive Rights", AVSC has taken a lead to help family planning services ensure free and informed choice and appropriate contraceptive decision-

making. We do this by supporting the development and adaptation of informed consent guidelines and systems; contraceptive information materials and services for clients and potential clients; development of counseling guidelines and services for clients; establishment of local quality assurance systems and the provision of technical assistance, training, and external monitoring for the preceding."

### *Comprehensive reproductive health care services*

SOMARC has found that providing a full range of reproductive health care services can be extremely beneficial to clients as well as institutions and has helped family planning organizations recognize the benefits of being able to offer a range of services, such as gynecology, pediatrics, minor outpatient surgery, in order to increase their client base. In Mexico, SOMARC assisted MEXFAM, a private family planning association, in the development of a comprehensive "service-oriented" marketing strategy to increase the demand and use of its family planning facilities. Market research suggested that although family planning services are important to the potential target market, there was additional demand for an entire range of health care services. As a result, MEXFAM has reoriented its service delivery strategy and will expand its services to include gynecology, pediatrics, and other general preventive services.

### *Family planning and STDs/RTIs/HIV/AIDS*

- "Perceptions of Reproductive Morbidity and Their Implications for FP Services among Nigerian Women." Through operations research, The Population Council is exploring the feasibility of integrating services for identifying RTIs in a high-volume FP clinic. The first phase featured focus-group discussions on RTIs to understand women's descriptions of "normal" vs "abnormal" symptoms and their views of the way one acquires, prevents and deals with conditions. (A vast number of serious symptoms were all considered normal.) This information is to be used in organizing the delivery of integrated FP-RTI services in phase especially for the delivery of IUD services.
- Research on STDs/HIV in the context of family planning and specific contraceptive methods. FHI, under its Cooperative Agreement with the Office of Population, has begun or is planning several studies on STD/HIV issues and family planning. These include:
  - Brazil: "HIV Risk Assessment in Family Planning Clinics." During routine counseling for family planning at two clinic sites, risk factors for HIV infection were also discussed as were HIV prevention and partner negotiation. A "photovovela" was used to stimulate discussion. This study demonstrated that, contrary to the belief of many, a large number of family planning clients at these two sites are at risk of HIV infection. Many women openly discussed their partners' infidelity and their own experiences with anal intercourse. Women expressed frustration that men rarely have the opportunity to discuss health threats and what can be done to prevent them.
  - Barrier methods are the focus of three new activities. (1) A monograph on barrier contraceptives will include sections on contraceptive efficacy, prophylactic efficacy, acceptability, new products, and research needs. No other publication has compiled this information in one concise, easy-to-use source that is accessible to non-

researchers. (2) **Research in Zambia on long-term use of barrier contraceptives by HIV-discordant couples.** This study aims to determine the long-term acceptability of barrier contraceptives for couples who seek prevention of both pregnancy and disease. (3) **Barriers to barrier method use and factors associated with incidence of STD.** This study, being developed, will focus on obstacles to barrier method use among family planning clients who have an STD or are identified as being at increased STD risk.

– **Kenya: IUDs, oral contraceptives, and HIV.** Two studies are planned:

(1) **Complications of IUD use in HIV-positive women, and (2) oral contraceptive use and HIV infection among women.**

### *Expanding method choice*

- **PATH's "Female Barrier Methods of Contraception"** has as its purpose "to make diaphragms and other female barrier methods of contraception more available to women in developing countries." The aim of PATH activities related to female barrier methods has been to improve access to methods that can provide safe and appropriate pregnancy prevention for many women and also provide women-controlled protection against many STDs. All activities stress the importance of appropriate IEC/counseling, including helping women become more aware of their bodies and their sexual behavior.

- **Adding temporary methods as alternatives to sterilization.** The Dominican Republic has the highest rate of female sterilization in the LA/Caribbean region. This method is presently used by 83% of contracepting women of reproductive age in the project area. CARE's Western Provinces Family Planning Services Project seeks to build awareness about reversible methods and access to quality family planning services in the private and public sectors.

### *Participatory approaches with women's groups on AIDS, maternal and neonatal health*

- **"Women and AIDS Research Program."** In this ICRW program, research teams analyzed the power balance in gender relations and the way in which social, economic and cultural factors contributed to an unequal dynamic in heterosexual relationships, that in turn increase women's vulnerability to HIV infection. By encouraging research teams to collaborate with local non-governmental service organizations in designing and implementing research projects, the program was able to ensure that the research was relevant to the needs of the community and that the findings would be used to develop interventions. (For example, in Brazil, university researchers work with an NGO to carry out participatory research with low-income adolescent girls. In Jamaica, a research team worked with SISTREN, a grassroots women's theater company, to produce a video on HIV and STD prevention based on the project's research findings.) Experiences revealed that when research is conducted in a participatory manner, by including the members of the community in the research process, the community is more likely to take ownership of the results, which, in turn, will help ensure sustainability of the interventions.

- **"Autodiagnosis" to identify and prioritize reproductive health problems.** In Bolivia, MotherCare has been working through women's groups to reduce maternal and

neonatal mortality and morbidity by affecting behaviors that influence outcomes of pregnancy and delivery. Save the Children/Bolivia has devised a participatory approach – "autodiagnosis" – through women's organizations whereby women identify and prioritize their reproductive health problems and work with the larger community to solve them. This has resulted in both increased contraceptive prevalence and decreased perinatal mortality rates.

#### *Addressing needs of adolescents and young adults*

- **Adolescent sex education: Training teachers and increasing parent involvement.** The "Teen Star Program" in Chile trains secondary school teachers to educate male and female adolescents, and their parents, about fertility awareness as the basis for self-understanding of male and female reproductive processes and for the practice of family planning. Georgetown University's Institute of Reproductive Health describes this project as innovative because it: (1) deals with adolescent fertility issues from the perspective of fertility awareness (emphasizing delay of sexual activity), (2) includes parents in the process of adolescent sex education, and (3) creates the capability for teachers to continue this effort after the project ends.

#### *Nutritional status and reproductive health of adolescent girls*

- **ICRW's "Nutrition of Adolescent Girls Research Program"** (supporting 11 research projects in various countries) has linked reproductive health to maternal health and nutrition activities, focusing on adolescent girls prior to childbearing. Judged innovative by ICRW are: (1) the focus on adolescents, particularly adolescent girls; and (2) the broad conception of nutrition and nutritional status. Adolescents have long been overlooked by the international health and development communities. Improving the health and nutritional status of these girls, particularly before childbearing starts, may have a considerable effect on maternal mortality and infant and child survival.

#### *Research to reduce maternal and infant mortality*

- **Impact of vitamin A and beta-carotene in reducing maternal and infant mortality.** The Dana Center for Preventive Ophthalmology at John Hopkins University is evaluating the impact of an adequate maternal dietary intake of vitamin A and beta-carotene, achieved through low-dose weekly supplementation, in reducing rates of stillbirth, early infant mortality (>6 months of age), intrauterine growth retardation, infant morbidity, maternal morbidity and (with lower statistical power) maternal mortality. This project is a community trial among more than 37,000 women from a total population of about 165,000 people in 270 communities in the rural plains of Nepal. The project will also provide evidence about ways in which the status of other micronutrients affect maternal, fetal and infant health.

#### *Breastfeeding and contraception*

- **Harmonizing breastfeeding and contraceptive messages.** In Honduras AED helped with materials development and training of health workers in ways to address women's questions and concerns. This helped foster dialogue between the nutrition and family planning sections of the MOH. Many key issues had to be resolved, including ways to

harmonize the breastfeeding messages with those describing when to initiate the use of contraceptives.

#### *Family planning training: Incorporating STDS/HIV*

- **Family planning training emphasizing methods contraindicated because of STDs.** AIDS and STDs are increasingly included in training courses that focus primarily on family planning. In its course for paramedical workers in Brazil, Development Associates considered this integration especially important for methods that are contraindicated because of STDs. Trainees graduate with broader reproductive health skills than if they had been taught only one technical skill.

- **Systematic national family planning training strategy includes STDs, RTIs, and MR.** In Turkey, the Family Health Training Project has assumed a lead role in coordinating development of a national training strategy based on Situation Analysis, conducted at 19 training centers throughout the country. National Standards for Family Planning Training Centers have been institutionalized by the MOH, Master Trainers trained and deployed, and a self-assessment tool for monitoring training is now being used. Through collaboration of Development Associates and JHPIEGO, nurses, midwives and physicians are receiving improved training in family planning, STDs and other reproductive tract infections. Training for physicians also includes MR/early abortion (legal in Turkey).

#### *Training traditional practitioners*

- **Training traditional practitioners in reproductive health.** In Bolivia, training for Quechua traditional birth attendants had the dual objectives of improving their delivery practices while broadening their range of services to include pre- and post- natal care, family planning, and STD/AIDS knowledge and referral. All training, supported by Development Associates' Family Health Training Project, was provided in the native language (Quechua).

- **Targeting HIV/AIDS awareness activities to clergy and indigenous medical practitioners.** USAID/Sri Lanka's PVO Co-Financing II Project was reported to be innovative in targeting HIV/AIDS education and awareness programs to important groups such as religious leaders and indigenous medical practitioners who are influential in Sri Lankan villages.

#### *Private sector initiatives*

- **Innovative strategies to include family planning in private sector health services.** OPTIONS conducts research on the ability of the private sector to deliver services, calculates the costs of achieving proposed targets using the target-cost model, and undertakes market segmentation exercises that enable program planners to respond appropriately to the needs of a diverse clientele. In India, OPTIONS has worked toward expanding the private sector health care system to serve all of a woman's health needs (including family planning services). OPTIONS assisted government officials to identify policy restrictions that impede private sector service delivery, and then facilitated a dialogue between policymakers and private practitioners to resolve these issues. This project was innovative due to the comprehensiveness of the individual research surveys (particularly that of rural traditional

doctors, of whom 500 were interviewed). It was successful because of the systematic nature of the approach that proceeds from data collection to dissemination of findings to policy dialogue.

*Integrated services, infection control, and male motivation*

- **Nairobi City Council Family Planning Services Project.** This project, implemented by Pathfinder, has as its purpose to integrate and strengthen services within 46 clinics run by Nairobi City Council and to develop a CBD program. It offers integrated services to mainly younger women aged 15-35 years. Services include MCH/FP/STD/HIV/AIDS information and counseling at clinics and through community-based workers. The project is a pioneer in infection prevention and control measures which it is institutionalizing in 36 clinics. The project also has a strong male motivation component through special STD clinics and condom distribution.

*Institution-building within the Ministry of Health*

- **"Filling holes" in MCH/FP and STDs.** A SEATS project has worked with the Ministry of Public Health in Morocco in attempting to "fill holes" in areas of coverage. SEATS describes the effort as very successful in terms of proximity to and working relationship with the MOPH and the ability to provide a quick response to needs. Among other activities, the project helped the MOPH develop STD policies and protocols for integration of STD management into MCH/FP services.

*Reproductive health evaluation and indicators*

- **The search for reproductive health indicators.** The EVALUATION Project's conceptual model distinguishes the influence of family planning programs on fertility from their influences on other reproductive health and on social welfare impacts. A working group has considered indicators of FP program impact alternative to fertility, many of these being in the broader area of reproductive health. "We learned that there was tremendous interest in this topic and that the momentum of action in broadening the RH scope of USAID population assistance should be maintained by the Office of Population."

- **Mexico: Cost-effectiveness of sustainability strategies in private family planning programs.** A Population Council operations research project with the Mexican Federation of Private Family Planning Associations is seeking to design economically viable ways of cross-financing services and to determine prices of each type of family planning and reproductive health service, including STDs. The project will provide a unique data set concerning cost structures of family planning and reproductive health services in non-governmental institutions.

## Projects Funded from Other Sources

- **"Special Reproductive Health Program" In Tunisia.** Of all the projects and activities described for this survey, most comprehensive in the reproductive health services it offers is a program of the Tunisian government (ONFP) reported by USAID/Tunis. This is the "Special Reproductive Health Program" which includes 14 of the 16 categories identified in the survey questionnaire as "areas of reproductive health" (all but "micronutrients" and "freedom from harmful practices"). This program also includes information and services related to cervical cancer, breast cancer, child malformation, and clinical sexology. Its purpose is to "expand access, increase range of services and improve the quality of FP services within the public and private sectors." Services are currently offered in two small sites within Ariana and Hammam-Lif FP centers. The government seeks to expand to 8-10 sites throughout Tunisia. USAID/Tunis reports: "This is being carried out by ONFP on its own. USAID/Tunisia has no reproductive health activities." (USAID supported this program in the past before bilateral health and family planning assistance was phased out in the 1980s when Tunisia became a USAID "graduate" country.)

- **Unwanted pregnancy and safe abortion.** The Population Council's Ebert Program has redirected attention to the problem of unwanted pregnancy, its causes and outcomes. During the past three years, the Ebert Program has been influential in helping to set the abortion agendas of such international institutions as WHO's Safe Motherhood and Human Reproduction Programs and the Interagency Group on Safe Motherhood. It has also begun to highlight the role of sexual violence and gender power relations in impacting on unwanted pregnancy and abortion. In seeking to expand choice of abortion methods and diminish the consequences of unsafe abortion, the Council has focused on conducting research on such new abortion technologies as the medical abortifacient RU 486 and manual vacuum aspiration.

- **Reproductive Health Small Grants.** From 1990-1993, PATH provided small grants (ranging from about \$2,500 to \$25,000) to support NGOs and other groups working "to improve family planning services and realize linkages between family planning and other women's health interventions." Grants have been awarded for 47 projects in 27 countries, many for innovative programs, including contraceptive services for Nigerian and Nicaraguan women being treated for abortion complications, efforts to reduce female circumcision in Kenya, adolescent pregnancy prevention (including STD information) in Peru, and an assessment of women's reproductive health needs in Nigeria. Many of the projects funded by small grants develop into larger projects with other sources of funding. Although funding was not sufficient to allow systematic evaluation, PATH notes that these projects could provide a wealth of lessons for reproductive health programming.

- **FHI is working with PAHO to develop, test, and implement an integrated quality of care framework for reproductive health (family planning, maternal health, and AIDS/STDs).** The innovation has been in forging links among these three elements. The task been approached from a feminist perspective *and* program perspective. The model will be field-tested in three Latin American/Caribbean countries this year. Implementation has been slower than anticipated. Trying to link the three areas is more difficult than it seems – conceptually and logistically. Trying to decide what minimum-level quality is for each of the three areas has also been difficult.