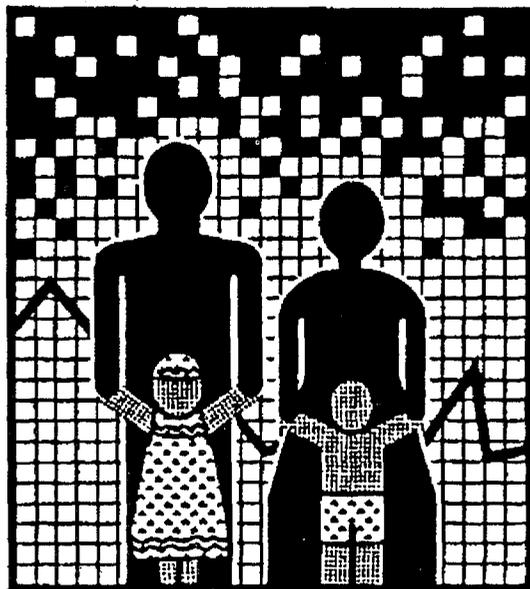


# ANNUAL REPORT



**OPERATIONS  
RESEARCH**  
TECHNICAL ASSISTANCE

**AFRICA PROJECT II**

**THE POPULATION COUNCIL**

**October 1994**

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**September 1995**

USAID Contract No.  
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## **I. PROJECT MANAGEMENT**

The past twelve months have seen a number of changes to the staffing of the Africa OR/TA Project II, primarily through the recruitment and placement of new members. As of February 1st, 1995, Ian Askew replaced Andy Fisher as Project Director. After six and a half years as Project Director Andy has subsequently become Program Director for Family Planning at The Population Council. Ian will remain based in the Nairobi office in order to maintain close contact with field-based activities. Following a lengthy recruitment process, Dr. Naomi Rutenberg joined the Project in August, 1995 to replace Ian Askew in the Nairobi, Kenya office as Deputy Director for East and Southern Africa. Naomi is a demographer by training and was formerly a Senior Research Scientist with The Futures Group International, based in Washington.

A "buy-in" from USAID's Africa Bureau provided additional resources to support the Project's growing activities in the area of integrating STI/HIV services into MCH/FP services. A new position was created in the Nairobi office to coordinate these activities, as they are being undertaken primarily in East and Southern Africa. Dr. Ndugga Maggwa was recruited for this position and joined the Project in January, 1995. Maggwa is a medical doctor specializing in STIs and trained in epidemiology; he was previously Head of the Research Division at the Centre for African Family Studies (CAFS) in Nairobi, Kenya.

One of the innovative features of the Africa OR/TA Project II is its National Fellows Program. Aimed at giving returning or recent post-doctoral or medically-qualified graduates an opportunity to develop OR skills in their home country, and thereby enhancing their ability to contribute skills locally, each Fellowship is for two years. Three Fellows were recruited and placed over the past year. Dr Jane Chege joined in October, 1994 as the Kenya Fellow based in the Nairobi office; Jane has recently completed her PhD on gender and fertility at the University of Lancaster in the U.K. and was previously a Lecturer in Sociology at Kenyatta University. She has been responsible primarily for implementing a study on the impact of CBD programs in Kenya.

Dr Nafissatou Diop joined in May, 1995 as the Senegal Fellow based in the Dakar office. Nafy is a recent graduate in Demography from the Université de Montréal, Canada, where she completed her thesis on adolescent fertility in Senegal. Previously Nafy worked with the Senegal Ministry of Health as part of the team responsible for implementing the Situation Analysis study. She is responsible for further dissemination and analysis of the Situation Analysis data, and will also be responsible for at least one experimental OR study.

Dr Inoussa Kaboré joined in August, 1995 as the Burkina Faso Fellow based in the Ouagadougou office. Inoussa is a medical doctor who has worked previously with a national USAID-supported Child Survival Project and as a researcher with one of the leading reproductive health NGOs in Burkina Faso. With his combination of medical and research skills, Inoussa will focus on providing technical assistance to the MOH for its large-scale CBD project.

The Project has also benefitted from the placement of two Michigan Fellows. Annamaria Cerulli joined the Dakar office in October 1994, having recently graduated from Columbia University's MPH program with a concentration in Population and Family Health. Prior to this, Annamaria worked as a Program Assistant in the Health Sciences Division of the Rockefeller Foundation. Julie Solo joined the Nairobi office in January 1995 on completion of her MPH in Population Planning and International Health at the University of Michigan. Prior to this, Julie worked at the Ford Foundation and the Alan Guttmacher Institute.

There have also been staff changes in other offices. Vin Miller, the Data Management Analyst based in the New York office, left the Project in May, 1995 and was replaced almost immediately by Kate Miller. Kate recently completed her MPH at Columbia University and subsequently worked with the Columbia University / SEATS Project on its urban Situation Analysis study. Dina Kotkin, a Staff Assistant in the New York office left the project in June, 1995 and was replaced by Emmy Kondo. The Ouagadougou and Dar es Salaam offices have recruited their Administrative Assistants, Jeanne Marie Zongo and Eunice Odungu respectively.

After seven years with the Africa OR/TA Project, Cecilia Ndeti left in July 1995 to become a freelance consultant. Because of the current uncertainty with USAID funding, the Project was instructed to "freeze" this position until the actual funding level for the next year has been confirmed. While the responsibilities for this key position have been covered temporarily by other staff in the short-term, if the situation continues beyond the end of 1995 the Project will have to seriously reconsider whether it can fulfil all of its current obligations which were planned on the assumption of a full level of staffing.

## **Project Staff**

### **Nairobi, Kenya**

Ian Askew, Project Director (since February 1995)  
Naomi Rutenberg, Deputy Director  
Cecilia Ndeti, International Resident Advisor (until July 1995)  
Lewis Ndhlovu, International Resident Advisor  
Ndugga Maggwa, International Resident Advisor  
Jane Chege, Kenya Fellow  
Julie Solo, Michigan Fellow  
Benter Oluoch, Administrative Assistant

### **Dakar, Senegal**

Diouratie Sanogo, Deputy Director  
Placide Tapsoba, International Resident Advisor  
Nafissatou Diop, Senegal Fellow  
Annamaria Cerulli, Michigan fellow  
Marthe Bruce Dieng, Administrative Assistant

### **Dar es Salaam, Tanzania**

Eustace Muhondwa, Host Country Social Scientist  
Eunice Odunga, Administrative Assistant

### **Ouagadougou, Burkina Faso**

Yousouf Ouédraogo, Host Country Social Scientist  
Inoussa Kaboré, Burkina Faso Fellow  
Jeanne Marie Zongo, Administrative Assistant

### **New York, U.S.A.**

Andrew Fisher, Project Director (until February 1995)  
Robert Miller, Senior Research Associate  
Joanne Gleason, Program Manager  
Nicholas Gouédé, Communications Specialist  
Ben Bilbao, Staff Assistant  
Dina Kotkin, Staff Assistant (until June 1995)  
Emmy Kondo, Staff Assistant (since June 1995)

## II. OVERVIEW OF PROJECT ACTIVITIES

### a) Summary of activities completed

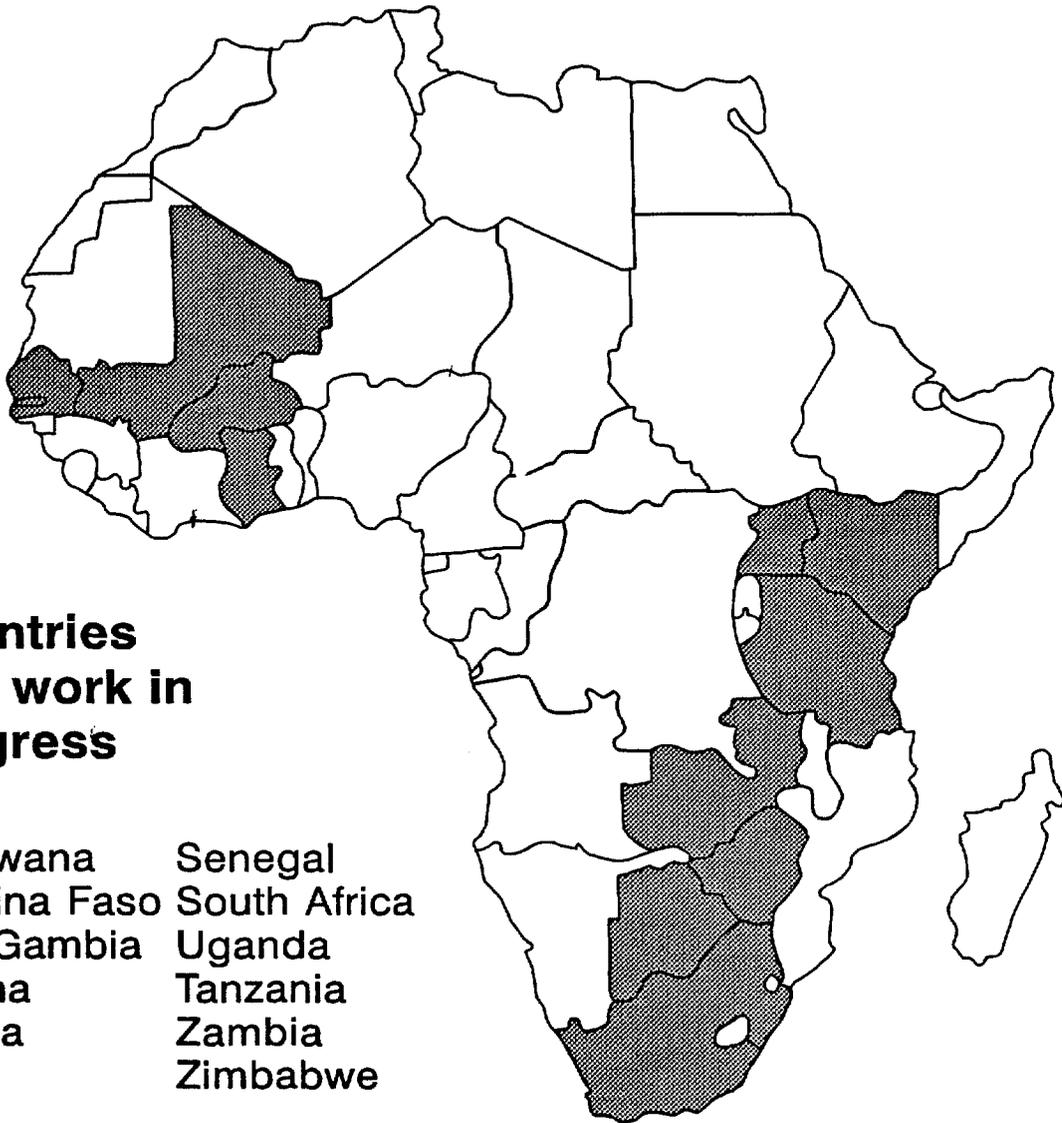
While the first year of the Africa OR/TA Project II focussed primarily on planning and developing country strategic workplans for the Project's focus countries, this second year has been characterized by a proliferation of subproject and technical assistance activities as many of the country workplans begin to be implemented. Country strategic workplans for the Project's focus countries have been developed and approved for Kenya, Tanzania, Burkina Faso and Senegal, and are awaiting approval in Botswana and Zimbabwe; workplans will be completed during the coming year for Zambia and Mali. Activities have begun in virtually all of the Project's focus countries (i.e. Botswana, Burkina Faso, Ghana, Kenya, Mali, Senegal, Tanzania, Zambia, Zimbabwe), as well as some limited activities in a few non-focus countries (i.e. The Gambia, Malawi, South Africa, Uganda).

All Project activities initiated and completed during the first two years are listed in Section IV. To date, 15 subprojects and 20 non-subproject technical assistance activities have been undertaken, of which 3 subprojects and 11 TA activities have been completed. Four of the subprojects are experimental studies to test new service delivery interventions; two are evaluative studies to assess the effect of on-going interventions; and nine are diagnostic subprojects. A summary of these activities by country is as follows; they do not equal the number of activities listed in Section IV because some activities are implemented in more than one country.

Country	Subprojects	Technical Assistance
Botswana	1	-
Burkina Faso	3	5
The Gambia	1	1
Ghana	2	1
Kenya	4	6
Malawi	-	1
Mali	-	1
Senegal	1	2
South Africa	-	-
Tanzania	1	4
Uganda	1	-
Zambia	-	-
Zimbabwe	-	2
Regional	3	5

## Countries with work in progress

Botswana	Senegal
Burkina Faso	South Africa
The Gambia	Uganda
Ghana	Tanzania
Kenya	Zambia
Mali	Zimbabwe



The Project is expected to complete between 20 and 40 subprojects, and thus is on target to reach this requirement. The total value of the subprojects obligated to date is \$2,747,509, which marks a little over half the total amount of \$5 million available to the Project for subcontracts. Under the new USAID budgeting system this total amount may change, but at present the Project is on schedule for achieving its planned expenditures. This second year also marked the completion of negotiations on six "buy-ins" to the Project, thus substantially increasing the resources available to the Project for subproject and technical assistance activities. These buy-ins, which total \$2,738,460, are as follows:

<b>Country</b>	<b>Value</b>	<b>Duration</b>
Botswana	\$481,745	Sept. '95 - Sept. '96
Burkina Faso	\$139,139	June - Dec. '95
Senegal	\$309,598	Aug. '95 - Sept. '98
Zambia	\$1,033,654	Dec. '94 - Sept. '98
Zimbabwe	\$390,324	April '95 - July '98
Regional FP/STI integration	\$384,000	Jan. '95 - Dec. '96

The widespread communication and dissemination of the results of the Project's OR and TA activities is a priority consideration. The Project's Communications Specialist, Nicholas Gouédé, supported by Senior Research Associate, Robert Miller, has developed a wide range of communication mechanisms that expedite dissemination to audiences worldwide. These include:

- publication of two issues of the bi-annual "African Alternatives", in English and French languages and their distribution to over 10,000 recipients;
- production of the Project publicity brochure and a special brochure for the Navrongo Field Station;
- preparing and sending "Announcements" to the USAID Assistant Administrator - six have been sent to date;
- production of folders, in English and French, to be used during dissemination seminars;
- disseminating all subproject reports to donor and collaborating technical assistance agencies;
- ensuring the translation and production of a condensed report (i.e. 20 pages) for each completed subproject in the alternative language so that Anglophone audiences can learn of activities in francophone countries and vice versa;
- developing a common cover and format to standardize the reporting of subprojects;
- creating and managing a selective mailing list of approximately 300 organizations and individuals worldwide who will receive all the Project's reports and communication materials;
- designing, managing and producing the series of occasional "Updates" that provide two-page summaries of results. To date one has been produced and four more are in production;
- creation of an e-mail network of almost 200 individuals that receive regular updates and announcements of Project activities;
- creation of the "OR Home Page" on the World Wide Web which will provide immediate access to data and most project documents;

In addition, the Project maintains a list of all publications and presentations that have been made by Project staff or have been supported through the Project. To date, the list includes 14 final subproject and TA reports (including some for subprojects initiated under the first Africa OR/TA Project), 8 papers published in journals, and 19 papers presented at conferences. The list is presented in Section V of this report. The intention is to ensure that a repository of copies of all papers produced are available upon demand in the New York office, with limited supplies also available at each of the offices in Africa. This system will be strengthened over the coming year.

#### **b) *Progress towards Project objectives***

The overall objective of the Africa OR/TA Project II is to broaden understanding of how to improve family planning services in Sub-Saharan Africa, and to apply OR/TA to improve family planning services in Sub-Saharan Africa by:

- increasing access to a full range of family planning services and methods;
- developing service delivery strategies that are client-oriented and acceptable to various special population groups;
- improving the operations of programs to make them more efficient and financially sustainable;
- improving the quality of existing services;
- strengthening the capabilities of family planning program managers to use operations research to diagnose and solve service delivery problems.

USAID has recently proposed that projects such as the regional OR projects report their progress and achievements in relation to the Population, Health and Nutrition Center (PHNC) strategic objectives and program outcomes. It has been suggested that this Project contributes to Strategic Objective #1 - *“increased use by women and men of voluntary practices that contribute to reduced fertility”*, and specifically to the research Program Outcome #1.1 - *“new and improved technologies and approaches for contraceptive methods and family planning identified, developed, tested, evaluated and disseminated”*. Three indicators are being used by USAID to measure the progress of its OR Projects towards this program outcome:

- number of strategies / subsystem improvements tested or demonstrated;
- major findings identified for application in programs;
- service delivery programs and / or policies that incorporated changes based on operations research results.

The issue of how to measure and report these indicators was reviewed at the Africa OR/TA Project II's last TAG meeting (August 15th, 1995). It was agreed that, to the extent possible, these three indicators would be highlighted in the Project's quarterly activity report

which is circulated to USAID and other interested parties (and is presented here as Section IV). This mechanism provides an opportunity for USAID to regularly review progress towards its outcomes and objectives, and facilitates the collection of information which can be used to evaluate the Project upon its conclusion. The small number of OR activities fully completed to date makes it a little premature to begin reporting for these "impact" indicators within this Annual Report, but their reporting will be a central feature of the next Annual Report.

Moreover, because these types of impacts do not always occur during the lifetime of a particular subproject, or even during the lifetime of the overall OR/TA Project, there is a need to review previously completed OR subprojects to gain a better understanding of their long-term impacts. USAID has previously undertaken such a review through the MORE Project, but little effort has been made to document impact since that project was completed in 1990. A proposal to assess the utilization of OR study results and their impact on service delivery programs and policies in Africa has been under development during this period and, if approved, will be initiated during the forthcoming year. Any early results from this study will be reported in the next Annual Report.

It is important to note that the overall mandate for the three regional OR/TA Projects has evolved to meet USAID's PHN Center definition of reproductive health. Discussions with USAID staff have indicated a strong desire for the OR/TA Projects to function as the PHNC's "cutting edge" in expanding its activities into the broader domain of reproductive health. We are more than happy to comply with this request and throughout the year have vigorously sought to reorientate our activities in this direction. Progress towards each of the Project objectives is described below.

**i) Increasing access to a full range of family planning services and methods**

The majority of Africa's population live in rural areas where access to, and utilization of, modern health services are extremely limited. This problem is particularly acute in the Sahelian region of western Africa, and a number of government health ministries in the region are seeking cost-effective ways to increase both access to and acceptability of such services. The Africa OR/TA Project II is supporting three efforts to address this issue in Sahelian countries.

The major activity is a collaborative effort with The Population Council's Research Division (supported by funding from USAID, FINNIDA, and the Rockefeller, Thresher and Mellon Foundations) to support the Navrongo Health Research Centre (NHRC), a community-based health services field research station run by the Ministry of Health in northern Ghana. Assistance is being provided for a number of demographic, social and operations research studies that seek to assess the feasibility and impact of reorganizing health services provision in a highly traditional, demand-constrained environment. Over the past year a series of diagnostic, baseline studies have been completed that have provided information on both the potential demand for services and insights into how services could best be organized. Information was gained through a large panel survey, focus group discussions, community meetings, in-depth interviews, a Situation Analysis study of the six health service facilities,

and through existing demographic surveillance and management information systems which have been modified to collect appropriate data.

Based on this information, a reconfiguration of health service resources was pilot-tested in three villages. Three Community Health Nurses from the health centers were assigned to village health posts which had been built by the villagers themselves. These nurses then developed a schedule of compound-to-compound visits, such that each compound was visited once every three months. This reorganization from clinic-based to compound-based service delivery has proved both acceptable and effective; for example, contraceptive prevalence has increased from almost zero to over ten percent after just three rounds of compound visits. Since completion of the pilot activities, a major program of training and reorganization has taken place so that this community-based model can be implemented throughout the study area. Three variations of the basic model are to be tested and compared over the next two years.

In addition to testing these general health service delivery models, the NHRC also provides an opportunity to undertake small-scale OR studies that address specific reproductive health issues. Over the course of this year a number of issues were reviewed, including post-abortion complications, female genital mutilation, reproductive tract infections, and breastfeeding, as well as the introduction of new and underutilized family planning methods such as female sterilization, Norplant® implants, the female condom, LAM and emergency contraception. A number of OR studies to address some of these issues will be initiated next year.

A similar activity, albeit on a smaller scale, was begun during this year in neighboring **Burkina Faso**. The Government's Direction de la Santé de la Famille (DSF) is seeking to establish a "community health laboratory" where it can experiment on a pilot basis with innovative approaches to improving health services in traditional rural settings. The Africa OR/TA Project II, working closely with the Rockefeller Foundation, is supporting the DSF and the Unité d'Enseignement et de Recherche en Démographie (UERD) at the University of Ouagadougou to establish a community-based family planning project accompanied by an intensive program of operations and service research in Bazega District, southern Burkina Faso. Together these activities will provide the basis from which the Government will seek support from other donors to broaden the activities into a field research station.

During this period the Africa OR/TA Project II assisted the Division and UERD to plan for these activities and provided a national Fellow (Dr Inoussa Kaboré) to work exclusively with them. All health facilities in the study area were included in the national Situation Analysis study so that data on clinic services could be used to guide their strengthening. Training for the CBD agents will be undertaken next year.

The third activity in the Sahelian region to address this issue is continued support for an on-going program of OR studies in **The Gambia**, implemented by the local office of Save the Children/USA (SCF). Over the past five years the Africa OR/TA Project II has supported two OR studies that sought first to test the role of Imams in promoting family planning in Islamic societies, and then the role of TBAs in a rural community-based program that provides family planning information and services. During this year the Africa OR/TA Project II has

supported a third study that seeks to assess the relative contribution of these demand creation and contraceptive distribution components, and to look at whether the increased use of modern contraceptives supplements or replaces traditional methods of fertility regulation. The study will be completed early next year. The results will be used by the Gambian Ministry of Health to guide its plans to expand this model of service delivery nationwide. The results will also be disseminated widely throughout the region as they will have important implications for other service programs operating in this socio-cultural environment.

During this period the Project has also undertaken a major study in Kenya that has assessed the role of long-established community-based distribution (CBD) programs in improving access to family planning information and services. Kenya has led the continent in developing a wide variety of CBD models over the past 15 years, and policymakers and donors throughout the region are now keen to learn more about the role which these models can play within the overall family planning program so as to guide future resource allocations. In particular, there is strong interest in the impact that CBD has on levels of knowledge and use, and in the relative cost-effectiveness of the different models currently being implemented. Over the course of this year the Africa OR/TA Project II has supported a study which assesses and compares the impact and cost-effectiveness of five of the major CBD programs in Kenya, including Governmental, NGO and church-based programs. The study involved fieldwork in nine sites around the country, and interviews were held with over 3,000 women and men and 150 CBD agents. The results from the study will be available early next year.

**ii) Developing service delivery strategies that are client-oriented and acceptable to various special population groups**

In seeking to address this objective the Africa OR/TA Project II has focussed on developing and testing three broad reproductive health themes: integrating STI/HIV services into existing MCH/FP services; linking family planning information and services with post-abortion care; and developing reproductive and sexual health services for adolescents of both sexes and for males.

***Integrating STI/HIV services into MCH/FP services:*** Due to considerable interest in the possible benefits to be gained by linking the provision of STI/HIV information and services with MCH/FP services, the Africa OR/TA Project II was requested by USAID to join a regional initiative in east and southern Africa to address this issue. The initiative, coordinated by USAID/REDSO in Nairobi and involving collaboration with Pathfinder International, Harvard University's Data for Decision-Making Project, the US Center for Diseases Control, and the Commonwealth Health Secretariat, began late in 1994 and will continue until the end of 1997. A medically-qualified Associate with international expertise in STIs, Dr Ndugga Maggwa, has been recruited to focus solely on this issue.

A self-administered questionnaire was developed jointly with Pathfinder International and sent to program managers throughout the region asking for information on their experiences with integrating these two often vertically-implemented services. This information was compiled into an inventory by Pathfinder International. The Africa OR/TA Project II also

jointly organized an international conference, held in Nairobi, Kenya in May, at which the inventory and a number of case studies were presented; the Africa OR/TA Project II supported ten participants. Participants from all over the sub-region discussed the issue from various perspectives and developed an agenda to guide the activities undertaken by the initiative over the next two years.

The Africa OR/TA Project II's primary role in the partnership is to undertake case studies that document existing efforts at FP/STI integration for wider dissemination, and wherever possible, to implement prospective intervention studies of new integration models. During this past year, three case studies were initiated: a) the Mkomani Medical Society in Mombasa, Kenya; b) the "Strengthening STD/HIV Control" Project in Nakuru and Nairobi, Kenya; and c) the Family Life Education Project in Busoga Diocese, Uganda. Opportunities for future case studies were identified in Zimbabwe and South Africa and will be pursued during the coming year.

In a number of countries (e.g. Botswana, Mbeya Region / Tanzania and possibly Zambia) the use of pre- and post-intervention Situation Analysis studies to evaluate FP/STI integration interventions that are implemented and supported by other organizations does provide the opportunity for such prospective studies. This approach to undertaking "natural experiments" has been made possible by the development of special modules on STI services that can be included in regular Situation Analysis studies. Over this year the modules have been used in Botswana, Kenya, and Tanzania/Mbeya Region, and the results will be presented at APHA and to USAID/Washington in November, 1995.

*Linking family planning information and services with the treatment of post-abortion complications:* Rates of maternal morbidity and mortality from abortion complications in sub-Saharan Africa are the highest in the world. Following the explicit support for post-abortion care at the Cairo Conference, the Africa OR/TA Project II has initiated activities addressing this issue in three countries: Kenya, Burkina Faso and Senegal.

The study in Kenya is being implemented jointly by the Africa OR/TA Project II and the Population Council's Ebert Program in collaboration with IPAS, the MOH Division of Family Health, and the Family Planning Association of Kenya. The study's first phase was completed in August, during which 18 hospitals that provide post-abortion treatment were visited. The study sought to describe the existing facilities at each hospital for treating abortion complications and for providing family planning information and services. Based on this study six sites have been identified for the second phase, during which three models linking family planning information and services directly to post-abortion treatment are being tested. Each model includes the introduction (or re-introduction) of MVA as the preferred means of treating abortion complications, the difference between the models being the way in which family planning information and services are linked to the emergency treatment. An innovative component of this study is the attempt to measure the impact of the interventions on various indicators of client behavior, notably acceptance and continuation of contraceptive use and avoidance of unwanted pregnancy. The experimental study continues for another two years and includes both pre- and post- intervention measures.

In **Burkina Faso** and **Senegal** plans have been developed for similar studies, although without the research component that follows women over time to measure longer-term behavioral change. The proposal for a study in Burkina Faso is being developed and implementation is planned for mid-1996; the study will be implemented in two teaching hospitals in Ouagadougou and Bobo-Dioulasso. Technical assistance is being provided by the Africa OR/TA Project II, the Council's Expanding Contraceptive Choice Program and JHPIEGO. In both hospitals MVA is being introduced for the first time and so much of the study will focus on documenting the introduction process and its implications for other sites in the country and regionally. To date the study in Senegal is in the planning stages only and may begin in late 1996. The study will be implemented by Le Dantec Hospital in Dakar, which is being supported by USAID to become a regional training center for MVA.

*Providing reproductive and sexual health services for adolescents and males:* Although the focus of most activities concerning reproductive health has been on providing services to adult women, there is growing recognition that two other population groups have specific needs for reproductive health services: adolescents of both sexes and all sexually active males. How best to provide services to these groups is proving to be a difficult problem worldwide. The Africa OR/TA Project II has been undertaking a number of activities that address this problem and will continue to do so over the next few years.

In **Botswana** the Africa OR/TA Project II is working with a network of half a dozen NGOs that specialize in providing services to adolescents. In collaboration with the Botswana National Productivity Centre (BNPC), the Botswana MOH's Health Research Unit and the Centre for African Studies (CAFS) (based in Nairobi, Kenya), a one-year program of institutional strengthening activities has been planned with the aim of assisting the NGOs to develop the capacity to offer appropriate reproductive health services to adolescents effectively and efficiently. The program includes the development and implementation of up to three small-scale experimental OR studies in adolescent reproductive health.

Although efforts have been made to provide information and limited services to in-school adolescents in **Tanzania**, little has been done to address the needs of the out-of-school youth. During this year, discussions have been held with interested organizations for a project that would seek to test alternative approaches to providing information and services to out-of-school adolescents through youth centers and outreach activities. These discussions will continue in the forthcoming year with the aim of preparing a proposal for an intervention study.

With regard to services for males, there is an interest in **Tanzania** to explore ways in which vasectomy services can be more actively promoted. A number of service organizations are interested in developing this theme and preliminary discussions have been held over the past year to develop a project proposal. A diagnostic study will be undertaken next year to learn more about decision-making for permanent methods, and to identify ways in which a vasectomy promotion campaign might be introduced.

The Africa OR/TA Project II is also providing technical assistance for three other activities addressing adolescents and males. In Kenya and Zimbabwe assistance in research design, data collection and analysis is being provided to the IPPF-affiliates in both countries as part of a Rockefeller Foundation-supported project that seeks to test innovative approaches to providing services to adolescents. The Africa OR/TA Project II is also working in Kenya with the IPPF-affiliate FPAK on a large-scale project funded by IPPF that seeks to develop and test district-wide interventions to increase male participation in responsible reproductive decision-making. Project staff are assisting in the design and evaluation of the interventions for this study which will continue for another three years.

Staff are also providing on-going technical assistance to IPPF's Sexual Health Project management based in London, and to the participating IPPF-affiliates in Tanzania, Ghana, Burkina Faso and The Gambia. This project, supported by ODA, seeks to develop innovative and highly participatory ways by which service organizations can work with communities to articulate their sexual health concerns and consequently to find appropriate means of resolving any problems identified. The Africa OR/TA Project II is providing in-country assistance in Tanzania and Burkina Faso through resident staff and assistance to IPPF in London from Nairobi-based staff.

**iii) Improving the operations of programs to make them more efficient and financially sustainable**

As a general principle the Africa OR/TA Project II has, from the start, placed more emphasis on cost issues than the previous OR/TA Project. This is partly due to the increasing interest by donor agencies in knowing more about the cost-effectiveness of alternate interventions, and partly because most activities during the first Project were for primarily for demonstration purposes, and so cost issues were not a priority concern. This emphasis on cost issues is reflected in the following activities:

- 1) In February 1994, a one-day orientation workshop was organized for staff on cost and cost-effectiveness analysis. A recognized costing expert, Dr Barbara Janowitz from FHI, organized the workshop which covered general principles of cost analysis. No attempt was made to train staff in the economic principles of cost analysis - rather the focus was on orienting staff as to when a cost analysis would be appropriate and how such an analysis could be undertaken.

At this workshop it was agreed that, wherever possible, every study that includes testing or evaluating one or more interventions will include a cost and/or cost-effectiveness analysis. Furthermore, it was also agreed that because no Project staff members possess the technical skills necessary to design such studies, local consultant health economists would be used to ensure that appropriate study design and data collection and analysis principles are followed.

- 2) To date, all **intervention** and **evaluation** studies developed by the Africa OR/TA Project II have included a cost analysis, i.e.:
- a) As part of the first phase at the Navrongo Field Station attention was paid to ensuring that a sophisticated computerized financial accounting system was put in place. This system is now up and running and will provide information on all cost aspects of the interventions being tested. A Ghanaian health economist is currently being recruited to work with the Navrongo staff over the next few months in developing a model to measure and compare the relative cost-effectiveness of the experiment's different service delivery models.
  - b) The regional initiative to explore the integration of STI/HIV and MCH/FP services provides an excellent opportunity to include an analysis that compares the unit costs of providing these services separately and together. The unit cost will be the cost of providing a particular service (i.e. FP, STI, HIV/AIDS) to a client per clinic visit, and will distinguish between first and repeat visits, capital and recurrent costs, and joint and non-joint costs; where possible, costs will also be calculated over time. Such an analysis obviously has strong data requirements and inevitably a compromise will be necessary to obtain the best analysis possible with the data available. A Kenyan consultant working with the REDSO/ESA Health Care Financing Project is assisting in designing the study, and during the coming months will work with Ndugga Maggwa to test the model in Kenya and Botswana. If successful, the cost analysis will be included as a standard component of all the forthcoming integration case studies.
  - c) The relative cost-effectiveness of the different CBD programs is a key indicator on which the USAID/Kenya Mission requires information to guide future resource allocation. A Kenyan consultant health economist is currently working with Jane Chege to design a cost analysis and to assist in data collection and analysis. The cost analysis includes fixed, variable and utility costs, with an attempt to break down program expenditures by field / headquarters levels. Cost-effectiveness ratios will be calculated per CYP, per new acceptor, per revisit client, and, where data allow, per effective referral. The results should be available early in 1996.
  - d) The post-abortion care studies in Kenya, Burkina Faso and Senegal will collect data on the costs of introducing and maintaining a post-abortion care intervention which links MVA with post-abortion family planning counseling. A methodology developed by IPAS will be adapted for measuring the costs of treating incomplete abortions, and the costs of integrating family planning services into post-abortion care will be calculated using a model similar to that being developed for the FP/STD integration studies. A total cost per patient visit will be the key indicator for the cost analysis.

- 3) A number of the Situation Analysis studies have included questions for FP and MCH clients on the actual costs incurred to obtain the services (e.g. consultation, commodities, other consumables, travel), and their perception of the acceptability of the cost. This is obviously more relevant in situations where there are already some charges for services, and the data collected may provide some indication of the possibilities and limitations of efforts to charge for services.

**iv) Improving the quality of existing services**

Quality of care continues to be a major issue of interest to program managers and donors in Africa. Most of the experimental and evaluative studies being undertaken by the Project are addressing service interventions that seek to improve the quality of services, either through strengthening the way in which they are provided, or broadening the availability of supporting reproductive health services within existing MCH/FP programs. As these activities are considered in more detail under other Project objectives, the focus of this section is on the Project's activities that explicitly seek to describe and measure the quality of existing services, thereby providing program managers and donors with data on which they can plan further improvements in quality.

The Population Council's Situation Analysis approach remains the single most used approach for measuring service quality at the program level. Over the past year the Africa OR/TA Project II supported directly studies in or contributed substantial technical assistance to seven Situation Analysis studies in **Kenya, Senegal, Burkina Faso, Mali, Botswana** and two in **Tanzania** (Zanzibar and Mbeya Region).

Country / Region	Sample sizes for Situation Analysis studies				
	SDPs	Staff interviews	Observations	FP clients	MCH clients
<b>Botswana (national)</b>	184	456	406	386	724
<b>Burkina Faso (national)</b>	309	662	502	502	1,260
<b>Kenya (national)</b>	264	588	1,028	997	1,801
<b>Mali (2 provinces)</b>	89	118	227	227	205
<b>Senegal (national)</b>	180	361	1,123	1,123	837
<b>Tanzania / Zanzibar</b>	100	191	141	141	510
<b>Tanzania / Mbeya Region</b>	52	120	111	111	170

In addition to providing national policymakers and program managers with detailed information about both service quality and subsystem functioning, many of these studies have introduced new or improved methodological issues which have broadened the way in which Situation Analysis studies can be used. For example:

- the studies in Kenya and Burkina Faso are the second time that such studies have been undertaken in these countries and thus provide an opportunity to assess whether service quality has changed over time;
- the Kenya study necessitated the active involvement of the numerous organizations that provide services in the country. A highly participatory process for planning, implementation and data interpretation was developed which could be replicated elsewhere;
- the studies in Senegal and Zanzibar included visits to all family planning SDPs and therefore give a unique view of the entire family planning program as opposed to a sample of SDPs;
- the studies in Kenya, Botswana and Mbeya Region included items which collected information on other reproductive health services, notably STI services and abortion;
- the Kenya study was preceded by a preparatory study which sought to describe in depth clients' and providers' definitions of quality
- the Senegal study focussed on developing a set of summary indicators of quality which were defined by the program managers themselves. These indicators will be measured again in two years time and so will be used to evaluate the effect of planned programmatic interventions on service quality;
- the Burkina Faso study placed special emphasis on collecting data from clients and staff concerning the beliefs, attitudes and practices relating to female genital mutilation;
- the Senegal study has compared two different approaches to asking questions on the sensitive issue of abortion;
- in Mali, the Situation Analysis study was commissioned by the national CBD program to provide data on both the clinics backing up the CBD agents as well as the CBD agents themselves; this provided only the second opportunity (the first was in Zimbabwe in 1992) to expand the approach to non-clinical service points.

These country-level studies are complemented by the region-wide activities of Robert Miller and Kate Miller in New York to strengthen the methodology underlying the Situation Analysis approach. During this period the Council's global subproject to strengthen the Situation Analysis approach was completed and was succeeded by an Africa-specific subproject to continue methodological developments. These regional-level activities have so far included:

- establishing a database of all data, instruments and reports from five African countries with standardized variables wherever possible to facilitate cross-national comparisons;
- continued refinement of the data collection instruments and guidelines for their implementation - a revised manual for Situation Analysis studies will be published by the end of 1995;
- a data rights statement has been finalized for studies in Africa;
- exploration of the possible linkages between the DHS and Situation Analysis studies;
- exploring potential application of the approach in developed country settings i.e. Louisiana and California states, USA; Ireland; Chile;
- preparation, presentation and publication of numerous papers on various aspects of the Situation Analysis approach and service quality to various donor and technical assistance agencies;
- distribution of data sets to other agencies, e.g. FHI and PCS.

In addition, both Robert Miller and Kate Miller have been actively assisting selected country-specific studies where there has been a need to develop certain methodological issues which will have regional significance. They have participated in studies in Kenya, Botswana, Senegal and Tanzania/Zanzibar.

Results from previous Situation Analysis studies undertaken by The Population Council in a number of francophone countries (Burkina Faso, Zaire, Senegal, Madagascar, Benin) were presented for discussion at a regional conference on "Maximizing Access with Quality". This conference, sponsored by USAID and held in Ouagadougou, Burkina Faso, was attended by a number of Population Council staff acting as resource persons and facilitators and brought together family planning program managers from throughout francophone west Africa.

**v) Strengthening the capabilities of family planning program managers to use operations research to diagnose and solve service delivery problems**

Over the past year the Africa OR/TA Project II has provided substantial technical assistance to program managers through training in OR and in strategic planning. Inevitably, this has been undertaken most thoroughly in those countries where the Project maintains a resident presence (i.e. Kenya, Senegal, Tanzania, Burkina Faso). This presence greatly facilitates the development of a good working relationship with program managers so that Project staff can react quickly and appropriately to requests for such assistance through individual "one-on-one" and "learning-by-doing" technical assistance.

The process by which country strategic workplans are developed has contributed greatly to this objective. The development of every workplan has been a long process, with good reason. To achieve a consensus as to which OR and TA activities are relevant to the needs of the country, which contribute to both the country USAID Mission's and the USAID HPNC's strategic objectives, and which are appropriate for the Africa OR/TA Project II to support, has required Project staff to spend large amounts of time meeting with representatives from all parties concerned. This exercise appears to have been particularly beneficial for the national program managers as it required that they have a full understanding of what exactly OR is, how it is different from basic research and from evaluation, and how it can help them to diagnose problems and test possible solutions. In coming up with a final workplan, it has been necessary in all cases both to identify what are (and what are not) researchable problems, and to prioritize amongst more activities than can be undertaken with the resources available. Participating in this process of problem identification, definition and justification has strengthened managers' understanding of OR's role in program planning and implementation.

Three countries, Botswana, Zambia and Zimbabwe, have explicitly requested that strengthening OR and management capabilities be a central component of the Project's country workplan. Consequently, each country workplan includes a number of formal training workshops in OR, planning and general management, which will begin in the next few months. In response to requests from national organizations, the Tanzania workplan includes capability strengthening, through both technical assistance and formal training. One of the key aims of the Project's support to the Navrongo Field Station in Ghana is to strengthen its

ability to become a regional, if not international, leader in undertaking high quality health and population research that will provide policy and program relevant information for program managers. This aim is being addressed through coordinating the placement of a number of post-doctoral Fellows funded by other donors as well as the placement of one of the Project's National Fellows next year.

The Project's National Fellows program has proved to be extremely successful to date. During the last year, Fellows have been placed in Kenya, Senegal and Burkina Faso. Not only does this program provide young researchers with two years practical experience of addressing important reproductive health problems in their own country and thereby strengthening their OR skills, but also all the Fellows have demonstrated an ability to relate directly with national program managers. These relationships have definitely contributed to raising the managers awareness of OR and its utility in diagnosing and solving operational problems.

The most easily measured means of achieving this Project objective is the holding of training workshops for program managers and researchers and, indeed, the Project is contractually required to hold approximately six OR workshops. Given the high level of interest in OR expressed by managers throughout the region, Project staff are having to devote substantial efforts to providing training through workshops. A list of all training workshops which have either been organized and supported through the Project or at which Project staff have been the principal resource persons is given below.

<b>Training workshops held to date</b>				
<b>Location</b>	<b>Regional or National</b>	<b>Dates</b>	<b>Topic</b>	<b>Participants</b>
Nairobi, Kenya	National	Dec, 1993	Quality of care	NGO personnel
Dakar, Senegal	Regional	July, 1994	Situation Analysis	Regional training team
Nairobi, Kenya	Regional	Aug, 1994	Situation Analysis	Regional training team
Ouagadougou, Burkina Faso	National	Oct. 1994	Computer training	MOH personnel
Harare, Zimbabwe	National	Feb, 1995	Qualitative research	ZNFPC Researchers
Ouagadougou, Burkina Faso	Regional	March, 1995	Operations research	African health managers
Dakar, Senegal	National	June, 1995	Operations research	Regional Medical Officers
Dakar, Senegal	National	Aug, 1995	Proposal development	MOH personnel

In addition to these workshops, it should be noted that for all Situation Analysis studies and for the larger OR studies, a training workshop is usually held for the researchers involved in the fieldwork. These workshops are inevitably attended also by program managers who provide their perspective on the data to be collected. To date there have been seven Situation Analysis training workshops, two workshops on questionnaire survey methods for the Kenya CBD impact study, and one workshop on qualitative data collection and analysis for the Kenya study on clients' and providers' perspectives on quality.

### **III. COUNTRY STRATEGIES**

In this section activities are described for each country. One of the key aspects of this Project is the country-specific focus of most of the activities. The Project was deliberately designed to be as responsive as possible to the stated needs of selected focus countries. The development of country strategic workplans promotes this emphasis and provides a useful framework for the Project to organize and manage its operations. Inevitably, however, some tensions emerge between the specific needs of the individual countries and USAID Missions, and the broader interests of USAID's HPN Center. The new USAID budgeting system would appear to facilitate the Project's ability to respond to both sets of needs. Country Missions can obligate funds for their country-specific activities, and the HPN Center can also obligate "core" funds for OR activities that are of wider regional interest, but which individual country Missions may not perceive as a priority activity. There remains, however, the need to manage carefully the human resources available so that the Project does not become overstretched in trying to respond to such a large number of requests.

#### **BOTSWANA**

The Africa OR/TA Project II is currently undertaking two broad sets of activities in Botswana: beginning activities under a buy-in with the USAID Mission to improve the program planning, management, and evaluation capabilities of NGOs which are delivering reproductive health education and services to youth; and supporting the Division of Family Health, Ministry of Health with a study to assess the integration of STD/AIDS services into MCH/FP services through a Situation Analysis study.

Much of this period was spent continuing negotiations with USAID/Botswana for the proposed buy-in to the Africa OR/TA Project II. The buy-in was finalized at the end of September, 1995. The purpose of the buy-in is to improve the program planning, management, and evaluation capabilities of NGOs which are actively delivering reproductive health education and services to youth, particularly regarding family planning and AIDS/STIs. Because of the extended period of contractual negotiations for the buy-in and the enforced end-date of September 1996 (because of USAID's phase-out of support to Botswana), the scope of work is now limited to 12 months and thus somewhat curtails the range of activities that were originally planned in August 1994.

The revised scope of work includes a proposal development workshop at which the NGOs participating in the program will collaboratively develop two or three OR studies which could be completed within 6 months; technical assistance for this workshop will be provided by the MOH Health Research Unit. In addition, technical assistance will be provided to all of the NGOs to assist them in developing organizational development, project management and strategic planning skills. This assistance will be provided through the Botswana National Productivity Centre (BNPC), which specializes in general management consultancy and training, the Kenya-based Centre for African Family Studies (CAFS) which specializes in family planning management training, and staff from The Population Council's reproductive health program. A full-time project coordinator, Dr. Mercy Montsi, has been hired by the

Africa OR/TA Project II to provide daily management and monitoring of the buy-in activities, and will be based at the BNPC in Gaborone. Dr. Montsi, who begins work in October 1995, has extensive experience in NGO development as well as reproductive health education for youth.

The purpose of the Situation Analysis study in Botswana is to provide baseline data for an assessment of the effect of the USAID-supported Botswana Population Assistance Project (BOTSPA) FP/STI/AIDS integration activities. Under the BOTSPA project, the Division of Family Health is training providers to include STI counseling and screening in their family planning activities. The data collection instruments for the Botswana study included a number of new items to assess the degree to which these activities are currently (i.e. pre-training) integrated into family planning services, and the quality of care provided. Fieldwork for the Situation Analysis study took place in June and July 1995, during which 184 service delivery points--nearly 40 percent of all FP/STD service delivery points in the country--were visited. Observations of family planning client-provider interactions and client exit interviews were conducted for almost 400 family planning clients. Exit interviews were collected from an additional 725 MCH clients and 456 clinic staff were interviewed. A data interpretation workshop with MOH Family Health Division staff, program managers from selected districts, and donors will take place October 5-6 in Gaborone to review the preliminary data and discuss analysis strategies.

## **BURKINA FASO**

This reporting period has seen a number of major developments for the program in Burkina Faso. The country office, opened during the previous reporting period, has continued to develop and is now fully functional with the recruitment of an office manager. The program of OR activities for Burkina Faso has been largely determined by the phasing out of a USAID presence in the country. Although the USAID Mission closed on September 30, 1995, research activities anticipated after the Mission's closure are of regional importance to USAID and were included in the Mission's phase-out plan.

The major activity that the Africa OR/TA Project II has been asked to support is a large-scale CBD experiment in a rural area of Burkina Faso. The Government is in the process of setting up a "Community Health Laboratory" in Bazega District, somewhat analogous to the Field Station at Navrongo, Ghana. The Burkinabé Government is currently seeking financial support for this activity from a number of donor agencies, but would like to pilot the concept of an intensive field-based research project through an operations research framework with USAID support. The USAID Mission has fully supported this and the Africa OR/TA Project II is working intensively with the Government to develop a pilot family planning CBD experiment that can form the basis for the subsequent development of a "laboratory" that addresses various community health issues. Technical assistance from the Africa OR/TA Project II is being provided primarily through a National Fellow, Dr Inoussa Kaboré, who began work in August, 1995. Prior to his arrival, the Host Country Social Scientist, Youssouf Ouédraogo, and Medical Associate Placide Tapsoba assisted the MOH in the development of a concept paper to guide planning and the search for funding.

In addition to demonstrating and testing the immediate effects of the CBD approach, the proposed study seeks to measure behavioral changes over time through a panel design. It is expected that data comparable to that being generated by the Field Station in Navrongo will be available. The research component of the study is being undertaken by the Unité d'Enseignement et de Recherche en Démographie (UERD) of the University of Ouagadougou in direct collaboration with the service delivery efforts of the Division of Family Health. UERD is partially supported by the Rockefeller Foundation in its efforts to become a national and regional resource for population research; part of the Rockefeller Foundation's support is for a demographic surveillance system implemented by UERD in Bazega District, thus increasing similarities with the Navrongo Field Station.

Through a buy-in to the Africa OR/TA Project II, the USAID Mission had requested that the Project support the Ministry of Health in undertaking a national Situation Analysis study. This study, the second in the country, was underway during this reporting period and should be completed by the end of 1995. The fieldwork was completed during this period and the data are currently being entered and analyzed. One unique aspect of this study is that a sub-sample of clients and providers were asked detailed questions about Female Genital Mutilation (FGM). A second unique feature is that the study will permit a longitudinal analysis of changes in service quality and subsystem functioning over the time since the first study in 1991. The UNFPA Mission in Burkina Faso has expressed a strong interest in funding a further phase of secondary data analysis and dissemination for each of the country's 30 provinces to improve utilization of the study results; Project staff have assisted the Burkinabé MOH to prepare and submit a proposal to UNFPA for this activity.

One advantage of having a country office is that it enhances the Project's ability to provide intensive non-subproject technical assistance (TA). Youssouf Ouédraogo has provided much TA over the current reporting period. In addition to assisting the MOH in developing a concept paper for the Community Health Laboratory and in organizing a conference to review the paper, TA was provided for three other activities: i) to the MOH for planning the extension of the successful TBA project (first tested as an OR subproject under the previous Africa OR/TA Project) to a further five provinces; ii) to the National Center for Scientific Research in developing its five-year agenda for health research; and iii) as a resource person for an international training workshop in operations research organized by GTZ for health managers from 12 African countries.

## **THE GAMBIA**

Under the previous Africa OR/TA Project a successful relationship was established with Save the Children/USA (SCF), which has a large community-based health care program in the North Bank Division of the country. Two subprojects were implemented, one to test the role of Imams in promoting family planning amongst an Islamic population, and a follow-on study to assess the effect of training TBAs to provide family planning information and services. Contraceptive prevalence rates three times the national average were documented in the project villages, and the Ministry of Health has expressed interest in replicating the approach nationwide. There remains a need, however, to address two important questions relating to

service delivery - what is the relative contribution of the demand mobilization and contraceptive distribution components; and has the increased use of modern contraceptives supplemented or replaced traditional methods of fertility regulation?

A proposal for a study designed to address these two issues was prepared by SCF and submitted to the Africa OR/TA Project II for consideration. Although not a focus country for the Africa OR/TA Project II, and population is not an objective for the USAID Mission in The Gambia, the proposed study was felt important enough by USAID in terms of demonstrating the long-term impact of OR and the regional significance of the questions posited above to justify support. The study includes both a prospective quasi-experimental design to compare the effectiveness of demand mobilization and service delivery interventions, and a retrospective study of fertility histories in both the experimental and comparison areas.

Although the study was approved during this reporting period and officially started on April 1st, some field activities had been carried out prior to this date. Preliminary study findings were presented to Ministry of Health staff in Banjul, and researchers are presently concluding a study final report. Upon request from MOH program managers, SCF and Africa OR/TA Project II staff will provide assistance with a nationwide dissemination of the final results and a scheme for replicating the study at a national level.

## **GHANA**

The Africa OR/TA Project II's activities in Ghana over this period focussed primarily on the Field Station in Navrongo. Numerous visits were made to Navrongo by Placide Tapsoba and by Jim Phillips to provide technical assistance to staff at the Navrongo Health Research Centre (NHRC). Phase I diagnostic activities were completed during this period, including data collection at the community level to inform the planning process, and the implementation of *micro-pilot* studies to assess the feasibility of introducing various service delivery interventions. Some of the key findings are outlined below.

The societal context for the study remains traditional, with virtually everyone living in compounds of extended families, with compounds grouped to form villages. Although some exposure to outside ideas and influences arises from trade and migration, the district remains isolated, rural, and remote. Traditional religions predominate, and traditional forms of village government and social organization persist. Focus group discussions of women's perceptions of autonomy suggest that multiple actors must be involved in a woman's decision to adopt contraception, an obligation that confronts women using modern contraceptives with considerable risk of embarrassment and ostracism. Although women feel obligated to discuss contraception with others before they can adopt a method, few have ever done so. Even a supportive husband may find little scope to encourage his wife to adopt a method because others must be involved in contraceptive decision-making. Few men have any idea about what contraception is, and even less information about the views of others. In rare instances when others are approached for information, consultation involves approaching *soothsayers* who typically counsel against the adoption of contraception by warning of the dangers of offending ancestral spirits, risking permanent sterility, or other concerns.

The specific elements of a "culturally appropriate" service program are not known, and so three villages were designated as *micro-pilot* villages and a new model of service delivery was introduced. The model piloted the re-deployment of clinic-based Community Health Nurses (CHNs) to the community; when they are redeployed in the community, they are called Community Health Officers (CHOs). Training and supervisory plans, an MIS system, community liaison schemes, and other basic elements have been developed and tested. Keeping operations small has enabled the project to utilize the detailed results collected for strategic planning. In this approach, continuous focus group discussions were conducted, not only to identify constraints to family planning, but also to involve groups of villagers in the design of operations. Two service delivery elements were fully developed and appeared to work well:

- **Community communication.** Open community discussions are a productive means of building acceptance of outreach. Traditional village gatherings, known as durbars, can be used to explain the project activities and educate communities about health and family planning.
- **Compound-to-compound service outreach.** Nurses were redeployed from clinics to village locations, and equipped with motorcycles for compound-to-compound outreach. Each nurse was given an MIS register for recording all maternal and child health service activities, planning coverage, and reporting on progress.

In the three pilot villages, only two of about 900 women were using modern contraceptives in February, 1994. Each round of meetings between nurses and villagers added about two percentage points to the prevalence rate, so that after three visits, the rate is currently over ten percent. As of July 1995 there were 241 acceptors, of which all but three were using the injectable; the remainder used the pill.

These results from phase I informed the development of a proposal for phase II; a slight delay in processing the proposal led to phase II activities beginning in July 1995. During phase II the service activities piloted in phase I are being expanded to cover the whole study area, and four sub-models will be developed to test variations on the overall themes already explored. The outputs and impact of these interventions will be closely measured through a variety of data collection mechanisms, including service statistics, panel surveys, demographic surveillance, cost analysis and focus group discussions.

In February, 1995 Ian Askew attended a meeting convened by the Ghana USAID Mission at which all CAs working in Ghana under the bilateral GHANAPA Project met with their counterpart Ghanaian organizations. The purpose of the meeting was to plan jointly all USAID-supported population and AIDS activities to be implemented over the period April 1995 - March 1996, and to calculate each CAs' Field Support budget for these activities under the new USAID budgeting system. Discussions were held with representatives of a number of organizations, and in addition to agreed continuation of support for the Field Station, the Africa OR/TA Project II was requested to undertake two other activities during this planning period.

First, to begin planning for a national Situation Analysis study that would be implemented in the first quarter of 1996, the intention being to assess progress in strengthening family planning facilities since the previous study, undertaken in early 1993. Secondly, the IPPF-affiliate, PPAG, wishes to strengthen its capacity to undertake OR activities, and a request was made for the Project to provide technical assistance to PPAG in late 1995 to assess the feasibility of developing this capacity. To date, however, no further request has been received from PPAG.

The NHRC was represented at the meeting by Alex Nazzar who met with representatives of AVSCI and JHPIEGO to discuss possible technical assistance contributions. Agreement was reached that AVSCI would provide staff training and clinic upgrading to strengthen the capability of the clinics in the study site to offer sterilization and other clinical family planning methods, and JHPIEGO would provide training in safe contraception, post-abortion counseling and services, and STI diagnosis and treatment.

## **KENYA**

This reporting period has been one of intensive activity for the Africa OR/TA Project II in Kenya. Three new members joined the Nairobi Office, one specifically to work on studies in Kenya (Jane Chege, the National Fellow) and two to work on both Kenyan and regional activities (Ndugga Maggwa, Associate for FP/STI/AIDS integration activities and Julie Solo, a Michigan Fellow). During this period, one study was completed, four others were planned and/or initiated, and a number of technical assistance activities were on-going.

The first phase study of the national Situation Analysis study was completed in January 1995. Lewis Ndhlovu was the Principal Investigator for the study which sought to ascertain both the clients' and providers' perspectives on service quality offered clinical SDPs. A full report of all the findings has been prepared, and the study results have been used to guide modifications to the Situation Analysis approach generally, and its utilization for the nationwide study in Kenya specifically. The key findings were that, for the most part, clients and providers identified similar elements when defining what they felt to be a good quality service. Definitions of quality tended to be more nebulous than the elements described by the Bruce-Jain framework, and included many aspects of sub-system functioning, cost and accessibility. The study also confirmed the perception that service providers in Kenya are generally not inclined to provide services to unmarried or adolescent clients.

The second phase of the Situation Analysis study, the national survey of clinical SDPs, began in January 1995 and will be completed by February 1996; the study is being implemented jointly by the Family Health Division, Ministry of Health and the Africa OR/TA Project II (Lewis Ndhlovu and Julie Solo). Extensive and participatory planning was undertaken with the major organizations interested in the results, including the Ministry of Health, local NGOs and several CAs working in Kenya. Each organization was invited to identify the types of information it would be particularly interested in obtaining through the study, and to identify any SDPs which it would like to have included deliberately in the study.

The fieldwork was carried out between May and July 1995. A nationally representative sample of almost 300 SDPs was visited during the fieldwork, with the sample being stratified by public/NGO sector and by level of SDP (hospital/health centre/dispensary). The nine major collaborating institutions participated in a data interpretation workshop in September. The workshop provided an opportunity for preliminary analysis of the data and the identification of key issues for further analysis. Results of the workshop will guide the writing of the final report as well as the national dissemination seminar.

This period also saw the completion of phase 1 of a study to test the linking of family planning counseling and services to the treatment of post-abortion complications. The objective of the first phase was to assess the current post-abortion client loads and institutional capabilities for linking services at 18 hospitals around the country. The first phase activities were carried out jointly by Julie Solo of the Africa OR/TA Project II, Esther Muia of The Population Council's Reproductive Health Program, and Khama Rogo of the Centre for the Study of Adolescence, a Kenyan NGO, with technical assistance from IPAS staff. Data were collected during one day visits to each hospital, using an instrument developed by combining IPAS's questionnaire for documenting the problem of unsafe abortion with The Population Council's Situation Analysis instruments.

The phase I site visits highlighted: 1) the need to rehabilitate the services for the management of incomplete abortion, as MVA services had effectively stopped in many of the hospitals visited due to lack of equipment and/or supplies; 2) a strong consensus among providers about the need to improve post-abortion services, with a large proportion of providers being of the opinion that some form of post-abortion family planning is essential; and 3) many providers have negative or judgmental attitudes towards incomplete abortion patients and this is often translated into poor quality of care for these women.

The information collected in phase I on caseload, infrastructure and provider perspectives was used to guide the selection of study sites for the phase II testing of alternative models for linking services. Six hospitals were selected, primarily because they carried the heaviest case load, there was interest among hospital management and senior staff on the gynecological ward, the hospitals had the physical facilities to house the proposed intervention, and they represent different regions of the country. Staff from all six sites participated in a two-day workshop in Nairobi in August to begin planning and preparation for phase II. The three models to be tested, each in two hospitals, are: 1) post-abortion family counseling and services will be provided by gynecological ward staff on the ward; 2) post-abortion family counseling and services will be provided by family planning staff on the gynecological ward; and 3) clients will be escorted from the gynecological ward to the family planning clinic for post-abortion services. All hospitals will receive training in post-abortion care as well as upgrading of facilities and MVA equipment.

The main emphases of the study are the feasibility, acceptability, quality of care and cost of the three models. Some population-level data will be collected by following up both pre- and post-intervention clients to assess contraceptive acceptance and continuation in the six months following the time they received post-abortion care. Phase II will be implemented through a sub-contract with IPAS and through an in-house project.

During the previous reporting period, a review of Kenyan CBD programs had been undertaken at the request of USAID/Kenya. This review was, in effect, the first phase of a larger study to assess the impact and cost-effectiveness of the major CBD programs in Kenya. During this period the Kenya National Fellow, Jane Chege, was recruited with specific responsibility for developing and implementing the CBD impact study. An in-house subproject was developed through consultation with USAID and virtually all the CBD agencies. The study design compares six of the major CBD programs in Kenya (MOH/GTZ, FPAK, Mandeleo Ya Wanawake, CHAK, Nairobi City Council, and Family Life Promotion and Services (FLPS)) in terms of the role that the CBD programs have played in influencing demand, supply and use of family planning services at the community level. The programs will be compared also in terms of how they operate in a high versus low contraceptive prevalence area, their cost-effectiveness, and in terms of their effect on empowering female CBD agents.

Ten study sites, distributed over six of the eight provinces in Kenya, were identified for the study. The training for the field research teams and the fieldwork was carried out between June and August 1995. Household interviews were conducted in more than 3,000 households. Additionally 200 CBD agents and staff from 61 service delivery points where CBDs refer their clients were interviewed, and cost data from the six agencies involved in the study has been collected. Data entry and analysis are currently on-going.

The integration of STI/AIDS services with existing MCH/FP services has been a priority concern for the USAID Mission in Kenya, and a CAs Integration Group has been formed to consolidate efforts addressing this issue. Staff from the Africa OR/TA Project II continue to play an active role within the group, acting as the convener for the research and evaluation sub-group. This role has been strengthened with the addition to the Africa OR/TA Project II staff of Dr Maggwa. As part of this regional initiative, Dr Maggwa has carried out case studies of two projects in Kenya that have already attempted to integrate these services: the Mkomani Society clinics in Mombasa (an NGO project supported primarily by Pathfinder International); and the "Strengthening STD/HIV Control" Project in Nakuru and Nairobi (a collaboration between the Ministry of Health, University of Nairobi and University of Manitoba, supported by CIDA).

A workshop to set the "Africa Agenda" for STI integration into MCH/FP services was organized in collaboration with REDSO, Pathfinder, and the Data for Decision Making Project, Harvard University, in May in Nairobi. The Project assisted with data collection for an inventory of existing activities and with two case studies. The data from these exercises was used to prepare technical summary papers for the workshop. The Africa OR/TA Project also provided financial support to participants from various African countries.

In addition to these OR subprojects, technical assistance (TA) was provided to the Family Planning Association of Kenya (FPAK) for two activities. First, Cecilia Ndeti worked with The Population Council's Regional Director, Ayo Ajayi, and New York-based Associate Barbara Mensch to assist FPAK with a project to develop reproductive health services for adolescents; this project is supported by the Rockefeller Foundation and is being undertaken jointly in Kenya and Zimbabwe.

Second, staff have been collaborating with Johns Hopkins University / Population Communication Services (JHU/PCS) in providing TA to FPAK for its "Male Involvement" study. This project is supported by IPPF's "Challenges Fund" with a total budget of US\$7 million, and includes a combination of different interventions implemented district-wide in three districts, the purpose being to strengthen the role played by males in Kenya in decisions and behavior related to family planning. The Africa OR/TA Project II's function is to aid FPAK in designing and implementing the operations research component of the project so that the individual and combined effects of the interventions can be measured. To date, assistance has been directed towards finalizing an appropriate research design that will adequately provide valid and replicable results and analysis of data on men's and women's knowledge, attitudes, and practice collected through a household survey in the target areas. The survey data provide the baseline measures for the project and are an important input into the development of the IEC component. Assistance to this activity will be provided over the life of the Project.

## **MALI**

Although Mali was originally selected as a focus country for the Africa OR/TA Project II, the first opportunity to visit was not possible until February of 1995 due to other Mission commitments. During a number of visits by Diouratié Sanogo, a draft country workplan was drawn up in consultation with the USAID Mission and the Ministry of Health. Given the scale of activities requested, and the Mission's willingness to support this level of activity, it was agreed that a National Fellow would be recruited next year and placed in the Population Council's country office. The draft workplan identified the following activities:

*Operations Research Studies:* The USAID Mission and the Ministry of Health identified a number of potential OR studies, of which the highest priority were studies to document the practice and effect of female genital mutilation, and to ascertain the key factors determining the use of the IUD in Mali. In addition, a number of OR studies associated with the CBD program were also identified. These include: enhancing male involvement in family planning; testing the feasibility and effect of adding ORS and Vitamin A distribution to the role of the CBD agents; testing the introduction of CBD services for nomads; and examining the factors determining the sustainability of CBD activities. The Africa OR/TA Project II has received additional funding from USAID/Washington (\$200,000) to undertake OR on the topic of FGM in Mali, thus strengthening the resources available for this topic over the next three years.

*Technical Assistance:* Through a grant from the USAID Mission, The Population Council is implementing a nationwide CBD program that will upscale the CBD approach piloted during the first Africa OR/TA Project. As part of the preparatory activities for this national program, the Ministry of Health has requested CERPOD to undertake a Situation Analysis Study with a CBD component. Although CERPOD staff participated in the regional training for Situation Analysis held during the previous reporting period, they have yet to undertake such a study. Consequently, the Africa OR/TA Project II was requested to provide technical assistance to CERPOD to design and implement the study.

Discussions with the Ministry of Health and the family planning NGO coordinating group GP/SE ("Groupe PIVOT/Survie de l'Enfant") revealed a keen interest by both organizations for training in OR methodology. Although both organizations are able to organize and support training workshops, technical assistance from the Africa OR/TA Project II is sought to provide resource persons with expertise to act as trainers.

TA for the Situation Analysis study has already started. During the past twelve months, a number of visits to Mali were undertaken to assist in the revision and adaptation of standard data collection instruments to the Malian setting, and to assist in the training of researchers for data collection. In addition, the CERPOD research team made a one-week visit to the Population Council's office in Dakar to work with OR/TA staff in the development of data entry programs for Epi Info.

A request was also received from the MOH to assist its Health, Population, and Rural Water Supply (PSPHR) Program to develop a concept paper that defines the linkages between the MOH CBD Program and its Community Health Centers. The objective of this linkage is to determine ways to strengthen the sustainability of the CBD Program. The scope of work for this TA is currently under development.

## SENEGAL

This reporting period was also extremely busy in Senegal. Buy-in negotiations with the USAID Mission were completed and the implementation of several activities initiated. As part of the buy-in negotiations, a National Fellow, Dr. Nafissatou Diop, was recruited.

*Situation Analysis Study:* Senegal's first Situational Analysis study was completed. The study covered all functional clinics that provide family planning services (180 SDPs), thus providing a unique opportunity to assess the quality of service of the entire national family planning program. The main findings suggested that the clinic infrastructure is generally satisfactory, although in rural areas electricity and water are lacking in 30 percent of the SDPs. Only six out of 87 urban SDPs had the minimum equipment considered indispensable for providing clinical methods such as an exam table, stethoscope and weighing scale. Results also highlighted a weak management system, lack of systematic supervision, and insufficient IEC materials and activities at most SDPs. Major problems in quality of care related to inadequate information about family planning methods, especially possible side effects and their management; less than half the new clients were informed of the possibility of switching methods.

The results of the study were presented at a two-day dissemination seminar in January 1995, which included national representatives from the MSAS and the PNPf, major funding agencies, and NGOs working in family planning in Senegal. The study's final report is available in French and a condensed report is currently being prepared in English. Four hundred copies of the French final report were printed and are now being distributed to different audiences at the national, regional and district levels. A second presentation of the results took place at a five-day workshop on the implementation of the USAID Senegal Child

Survival/Family Planning Project. At this workshop, study results served as basis for revising project strategies, identifying key areas for operations research, and identifying quality of care indicators to evaluate the project in the next five years. Dissemination seminars have been organized for the presentation of results for each of the ten Regions. In addition, two dissemination seminars specifically for ASBEF and Sanfam - the two leading NGOs providing family planning services in the private sector - have been organized. The goal of these seminars was to maximize the impact and utilization of the study results, and to date, the response of local managers and service providers has been productive and encouraging.

*Quality of Care Indicators Study:* As part of a secondary analysis of the Senegal Situation Analysis data, Africa OR/TA Project II staff developed quality of care indicators to be used for evaluating service delivery in Senegal. Kate Miller, from the New York office visited Senegal twice to work on the secondary analysis. This analysis is specifically designed to respond as closely as possible to the indicators developed previously by the SCS/FP Project. A draft paper reporting on the quality of care indicators for Senegal was prepared and presented at a seminar in Dakar in August. The dissemination seminar was attended by staff from the PNPf, MSH, USAID/Senegal, Le Dantec Hospital, Sanfam and ASBEF. The indicators will be measured again during a second Situation Analysis study scheduled for late 1997 or early 1998. As developing, testing, and refining indicators is an iterative process, we anticipate that the refinement of indicators will continue to the end of the OR/TA Project II in August 1998. A draft report in English is available and the French version is forthcoming.

*TA to MSH:* MSH is the lead CA coordinating the Senegal Child Survival / Family Planning Project, and Africa OR/TA Project II staff members Diouratié Sanogo, Annamaria Cerulli and Placide Tapsoba have provided extensive technical assistance to MSH, especially in preparing for the national seminar held in January to launch the Project. This assistance is one component of a larger package of TA being provided to MSH, which included the use by MSH of Project office space and equipment for several months prior to their establishment of a national office.

A second component of TA was the joint preparation and authorship of an exhaustive review of the literature on child survival and family planning services in Senegal by Annamaria Cerulli and Diouratié Sanogo. The purpose of the review was to present a background document for the national seminar and to guide planning for future efforts of the bilateral project. The review included 17 research studies on family planning and 38 research studies on child survival undertaken in Senegal in recent years. It also addressed the roles of the major family planning and child survival programs implemented in Senegal over the past ten years. A set of recommendations were made for improving the demand, quality, accessibility and integration of family planning and child survival services. A summary of the review was presented and well received at the national workshop, and copies of the report, in both french and English, have been widely distributed in Senegal and elsewhere. The report has stimulated interest in other francophone countries, for example, Burkina Faso, to have a similar review undertaken.

As a result of the January workshop, a list of 92 potential indicators were developed. In accordance with the workshop's final recommendations, a Technical Advisory Committee was created. Two OR/TA staff members participated extensively in this committee to review and select the most appropriate indicators according to the project's new objectives. The committee elaborated a final list of 37 indicators to measure the impact of child survival and family planning activities.

*TA to the National Malaria Control Program, MSAS:* In July/August 1995, the Dakar OR/TA team prepared and made several one-day presentations on the OR methodology at a national workshop coordinated by the National Malaria Control Program. Over 80 medical doctors, who also oversee family planning activities at the regional and district levels, attended the workshop.

*OR Training Workshop:* One of the key results of the January workshop was the development of an OR research agenda for Senegal. Since then, staff from the OR/TA Project have worked with PNPF colleagues to identify operations research study themes which then formed the basis of a three-day training workshop organized by the OR/TA Project. Fourteen participants from the MOH, Le Dantec (University Teaching Hospital) and two private NGOs attended the training. During the workshop, participants worked in groups to develop three drafts of OR study proposals based on the standard proposal format used by the Council. For this purpose, the OR Handbook served as the main text of reference and was distributed to each of the participants.

The OR/TA staff is presently editing these proposals and will submit them to a broader group for review. The reviewers will involve staff members from the MSAS, the USAID Mission, AID/Washington, and the Population Council. Final proposals should be available for review in January of 1996 and studies implemented during 1996 and 1997.

## **SOUTH AFRICA**

Following the changes in the political situation in the country, USAID has been working with the new Government of South Africa to develop a program of technical support aimed at assisting the Government to restructure its health care system to be able to provide a more equitable service to all South Africans. This seven year project, termed the EQUITY Project, will focus primarily on the Eastern Cape Province and will begin in 1996. Prior to its initiation, USAID will support four national-level "bridging" activities, amongst which a Situation Analysis study and a Demographic and Health Survey (DHS) were identified. These are intended to provide baseline information on which activities under the EQUITY Project can be planned and evaluated.

The Africa OR/TA Project II was contacted in January 1995 and requested to consider providing technical and financial support for a Situation Analysis study. Although not one of the Project's focus countries, opportunity visits were made by Ian Askew in March and June to assess the potential for this activity. Following meetings with the USAID Mission, the Department of Health, and other relevant research and service organizations, it was agreed that

the Africa OR/TA Project II could support a Situation Analysis study if required. Discussions are still on-going, however, regarding the exact scope of such a study. There is some debate as to whether a Situation Analysis study that focusses on reproductive health services will be sufficient to meet all the information needs of the Department of Health and the USAID Mission, as the scope of the EQUITY Project is the whole primary health care system. Consequently, it is proposed that a review of existing health information be undertaken first, to identify exactly what data are needed to facilitate planning and evaluation.

High rates of STI infection are seen as a priority health issue in South Africa, and discussions were held with the Reproductive Health Research Unit concerning the possibility of collaborating on a study to assess an on-going project in Johannesburg that has trained FP nurses in STI screening and diagnosis. Preliminary observations suggest that the nurses are reluctant to integrate these services and so a diagnostic study is planned to identify the factors that could be strengthened so that an integrated approach is more likely to be successful. This study will be developed and implemented in 1996 and will form one of the case studies for the regional FP/STI integration initiative.

## TANZANIA

The Host Country Social Scientist for Tanzania, Eustace Muhondwa, began work in October, 1994. His first activity was to establish a Project Office, which was opened in December, 1994. Since its inception an Administrator has been recruited and the office has been fully equipped. With the establishment of a viable presence in the country, this year has seen the commencement of a number of research and technical assistance activities.

A Situation Analysis study in Zanzibar was begun in October 1994, field work was completed in December, and a dissemination workshop for MCH/FP coordinators, the senior managers of other ministries which are cooperating with the Ministry of Health in promoting family planning services, and the nurses and midwives who participated in the study was held in August 1995. The study was somewhat unusual in two respects. First, all clinical SDPs on the Zanzibari islands were visited, thus providing an excellent opportunity for further examination of the dynamics between family planning demand, use and services, through linking catchment area population-based data with the SDP-specific measures of service functioning, accessibility and quality. This will be addressed in a second phase of the study, described below. Secondly, the study was implemented with reduced technical assistance directly from Africa OR/TA Project II staff (Cecilia Ndeti and Lewis Ndhlovu), with most of the training and field supervision assistance being provided by two consultants who had been trained during the regional Situation Analysis training workshop. This is the first occasion on which members of the Anglophone regional Situation Analysis team have been used. Technical assistance in data analysis was provided by Kate Miller and Julie Solo.

The study director, Dr. Mapunda, Head of the MCH/FP Division in the Ministry of Health, Zanzibar, will visit the Nairobi office at the beginning of October to draft the final report. This visit will also include the design of Phase II which will examine the level of demand within SDP catchment area and how the population's perception of the quality of

services affects demand. The second phase will use qualitative methods--focus groups and semi-structured interviews--to collect information from the women of reproductive age on their demand for and utilization of family planning services. Other activities which will be considered for phase II are the inclusion of interviews with men and community leaders and the use of simulated clients to validate the phase I results on quality collected through observation and interviews with clients and providers.

Africa OR/TA Project II staff also provided substantial technical assistance for a Situation Analysis study in Mbeya region in southern Tanzania. This study was implemented by the ODA as part of its bilateral project to the Government of Tanzania to strengthen reproductive (and other) health services in the region. During this period, assistance was provided by Cecilia Ndeti in planning the study so that it will provide baseline data for planning and evaluating the health care strengthening activities of the ODA project, in interviewer training, and in fieldwork implementation. Dr. Mapunda from the Ministry of Health in Zanzibar also assisted with interviewer training. Fieldwork was completed in July and data entry/cleaning in August. Julie Solo and Eustace Muhondwa provided assistance to the ODA Project Director in September in the preparation of tables and graphs of the study results to be presented in a seminar in October organized by ODA. This technical assistance activity is now complete.

The country strategy for Tanzania, which was approved during the previous reporting period, includes a number of activities other than those mentioned above, some of which have commenced since the establishment of the Project office. Discussions have continued with several interested parties relating to the development of proposals for three experimental studies. One study aims to test the feasibility and effect of the promotion of vasectomy services. A second study will seek to design and test approaches to meeting the reproductive health service needs of out-of-school young adults; discussions are on-going with the nationwide quasi-governmental Youth organization, VIJANA, the IPPF-affiliate UMATI, and Pathfinder International. A third study, to be implemented in conjunction with Pathfinder International, will examine the role of incentives for motivating CBD agents. It is anticipated that at least two of these studies will begin during the next reporting period.

One of the priority activities in the country strategy requested by both the Ministry of Health's FP Unit and the IPPF-affiliate, UMATI, is training for its staff in operations research methods. During this period, Eustace Muhondwa has had extensive discussions with both organizations to assess their research training needs and to develop a plan for meeting those needs. Workshops for both managers and researchers will take place in late 1995. The objective of the training for managers is to make them better "customers" for research, i.e., improve their ability to request operations research, collaborate in the implementation, and use the results. The workshop for researchers will highlight how OR is different from other kinds of research and give researchers greater exposure to the kind of problems program managers grapple with and how they can be addressed through OR.

On-going technical assistance is also being provided to the MOH FP Unit and to UMATI. The Family Planning Unit has requested technical assistance for three activities: the review of research proposals submitted in response to the publication of the family planning program's research agenda and request for proposals; assistance to NGOs in formulating research proposals and developing research instruments; and the preparation of a paper for the annual meeting of the MCH/FP program. Technical assistance has been provided to UMATI for the development of indicators for program evaluation and on matters relating to the study design and data collection of its IPPF-supported Sexual Health Project.

## **UGANDA**

Although not a focus country for the Africa OR/TA Project II, a study was initiated in Uganda as part of the regional initiative on FP/STI integration. In collaboration with Pathfinder International, a case study of the Family Life Education Project of Busoga Diocese was started. The Project utilizes community-based distributors to motivate, counsel and provide IEC for MCH/FP and STI/HIV services on an integrated basis. Using a methodology which will allow this case study to be compared with others being undertaken in the region, Maggwa Ndugga coordinated a survey of 17 health facilities managed by the Diocese (approximately half of all facilities in the three districts covered by the Project). Interviews were held with 45 CBD agents and 17 staff members. During the next period it is anticipated that interviews with clients and a cost analysis will be undertaken to complete the case study.

## **ZAMBIA**

USAID/Zambia has identified operations research as one of the five principal components of the Zambia Family Planning Services (FPS) Project. The Project aims to increase the demand for and access to modern contraceptives and improve family planning service delivery. Activities implemented by the Africa OR/TA Project II will assist the FPS Project management team and the Government of Zambia in several ways. Firstly, the Africa OR/TA Project II will assist the FPS Project Management Team in planning and evaluating the clinic and permanent & long-term method strengthening activities through undertaking baseline and follow-up studies using the Situation Analysis approach. Second, a number of OR studies will be supported that assist the MOH to address important questions relating to strengthening service delivery in Zambia. Third, the Africa OR/TA Project II will provide technical assistance to and support appropriate training for the MOH's MCH/FP Unit to strengthen its capacity to conduct research and evaluation activities.

During this period, the buy-in contract to the Africa OR/TA Project II from the USAID Mission in Zambia was awarded. The objectives of the buy-in (following an amendment which, as a result of the MOH's contraceptive needs assessment (see below), increased the scope of work) are to assist the Ministry of Health with:

- diagnosing and evaluating the availability, functioning and quality of family planning services in approximately 50-60 service delivery points;
- implementing a number of small-scale diagnostic or experimental OR studies to strengthen reproductive health service delivery;
- strengthening its research and evaluation capacity.

The start of activities under the buy-in was deliberately delayed through mutual agreement of the Mission and the Africa OR/TA Project II. It was agreed to delay start-up activities for two reasons. First, under the terms of the bilateral project between USAID and the Government of Zambia, OR activities will be managed through an "Institutional Contractor" responsible for implementing the bilateral project's service delivery activities. Planning specific activities has been pending the award of the contract for the Institutional Contractor. Secondly, with support from WHO and The Population Council's Expanding Contraceptive Choice Program, the Zambian Ministry of Health has undertaken a "Contraceptive Needs Assessment" survey. One of the aims of this survey is to identify national family planning OR needs, and so it was felt wise to await the results of this survey after which the objectives of the buy-in were reviewed and detailed plans would be made for implementation of OR and TA activities.

All of the key institutions are now ready to move forward on the design and implementation of OR activities. The results of the needs assessment were presented in May and the institutional contract (to JSI) was awarded in August. Based on the results presented in the seminar, a number of possible OR subprojects which address the recommendations of the MOH's contraceptive needs assessment as well as the FPS Project objectives were suggested to the Ministry of Health. The MOH have responded and indicated their priorities. Consequently, a visit to Zambia was made by Naomi Rutenberg and John Skibiak in September to begin planning for the first Situation Analysis study and to continue discussions with the MOH and USAID to identify OR subprojects.

During the September trip, five governmental and non-governmental organizations were visited to ascertain their capacity and interest in conducting the Situation Analysis Study. The Central Statistics Office (CSO) was the most promising candidate. At the conclusion of the visit, it was proposed to the Senior Consultant at the Maternal Child Health/Family Planning Unit, that she submit a request to the CSO's Director, asking the CSO to conduct the Situation Analysis Study on the behalf of the Ministry of Health. Assuming that the request is accepted, Rutenberg and/or Skibiak will return to Zambia in November to prepare with CSO a project proposal.

At least three OR studies will be supported. One cluster of activities, suggested by the recently completed contraceptive needs assessment, concerns the organization and content of community based distribution (CBD) services. The FPS Project expects to support the development of several CBD programs implemented by NGOs, and the MOH also plans to expand into CBD in the future. Planning for these CBD programs could be strengthened by an assessment of on-going programs. Discussions were held with CARE Zambia about conducting an OR study that examines the relative impact and cost-effectiveness of different programs currently being implemented by CARE Zambia and other NGOs.

The Africa OR/TA Project also will provide training to strengthen national capacity to conduct operations research and evaluation activities, through workshops, technical assistance, and support for short-term courses. A logical focus of these training activities are staff at the district level who, under the current national health reforms, are increasingly taking on responsibility for planning and evaluating health activities in their areas. A training needs assessment will be carried out to determine the appropriate types of training and identify who should be trained. One possible approach is a training of trainers at the central level followed by a series of operations research training workshops for district managers and providers.

## **ZIMBABWE**

During this reporting period, a buy-in between the USAID Mission and the Africa OR/TA Project II for activities over the period April 1995 to September 1998 was signed. This buy-in supports the Zimbabwe National Family Planning Council (ZNFPC) in its efforts to revise the role and strengthen the research management capacity of its Evaluation and Research Unit (ERU). In addition, two OR projects are planned - a Situation Analysis study to evaluate changes in the availability, functioning, and quality of services provided by the ZNFPC program since the 1991 Situation Analysis study, and a study to measure the use-effectiveness of the most prevalence contraceptive methods.

Prior to signing the buy-in, Africa OR/TA Project II staff provided technical assistance for preparatory activities. Lewis Ndhlovu visited Zimbabwe in February 1995 to work with ERU staff in preparing a work plan for implementing the initial activities. Particular focus was placed on drawing up the terms of reference and developing the recruitment process for a consultancy through which the ERU will create an inventory of all research organizations and individuals in the country who could undertake research studies commissioned in the future by the ERU. A staff training needs assessment was also conducted, including a review of computer hardware and software needs.

A subsequent visit to Zimbabwe was made by Lewis Ndhlovu in September 1995. He participated in the Family Planning Cooperating Agency and Donor's Coordination Meeting. The meeting produced a number of key recommendations which address the strengthening of the ZNFPC and improved planning and coordination among CAs, donors, and the ZNFPC. Activities with different ZNFPC units were planned during the three days' meeting.

Two activities which address the weak absorptive capacity of the ERU have been initiated with support from the Africa OR/TA II Project. First, a local consultant company has started compiling a directory of researchers in family planning and population related fields. This list will serve as a basis for identifying subcontractors for ERU projects. It is expected that this activity will be completed by December, 1995. Second, a project proposal addressing the training needs of ERU is under development. Training workshops in research management, data processing and computing are scheduled for January and April, 1996. A workshop for the province-level ZNFPC staff is also planned towards the end of 1996. The proposal also includes external short training courses for members of the ERU.

Lewis Ndhlovu also provided TA to the ZNFPC and its research contractors in relation to an OR study on providing reproductive health services to young adults funded by the Rockefeller Foundation. Ndhlovu spent several days assisting the research team to choose an appropriate methodology and training the team in using computer programs to analyze qualitative data. The project proposal is nearly complete and it is expected that baseline activities will commence in the first quarter of 1996.

#### IV. ACTIVITIES REPORT

Country / Agency	Title of Subproject / TA	Study Type, Theme & Project Objective(s)	Budget and Duration	Subproject/ Subcontract Number and Status	Activities / Findings
Botswana/ Division of Family Health, Ministry of Health	Assessing the Impact of Integrating and Improving the Quality of Services for Family Planning and STDs/AIDS in Botswana-Phase I	DIAGNOSTIC STIs/AIDS, Quality of Care  Objectives ii & iv	\$100,587 4/1/95- 2/29/96	Subcontract CI95.18A  In progress	-Data collection instruments reviewed and adapted for Botswana. -Data collection teams recruited and trained. -Fieldwork completed.
Burkina Faso/ Cellule de Sante de la Reproduction (CRESAR), Centre Hospitalier National	Introducing Emergency Medical Treatment and Subsequent Family Planning Counseling and Services for Hospital Patients Suffering from Abortion Complications in Burkina Faso	INTERVENTION  Postabortion care  Objective ii		Under review and development	Not yet available
Burkina Faso/ Ministry of Health, Division of Family Health and Unité d'Enseignement et de Recherche en Demographie (UERD)	Testing a Village Level Family Planning and Health Service Delivery Project in Bazega, Burkina Faso	INTERVENTION  Community Based Distribution  Objective i	\$271,775 6/1/95- 4/30/98	Subcontract CI95.50A  In progress	Not yet available
Burkina Faso/ Africa OR/TA Project in-house with the Ministry of Health, Division of Family Health	Second Situation Analysis Study in Burkina Faso	DIAGNOSTIC  Quality of Care  Objective iv	\$103,800 3/1/95- 11/30/95	Subproject 0290.03701  In progress	-Data collection instruments revised and adapted for Burkina. -Data collection interviewers trained. -Fieldwork completed.

Country / Agency	Title of Subproject / TA	Study Type, Theme & Project Objective(s)	Budget and Duration	Subproject/ Subcontract Number and Status	Activities / Findings
Burkina Faso/ Ministry of Health, Division of Family Health	Involving Social and Community Workers in the MCH/FP Service Delivery System	TECHNICAL ASSISTANCE  TBAs  Objectives iii & v	24 days  8/1/94- 2/28/95	Completed	-Trained Ministry of Health personnel in computer software. -Assisted in extending program activities to 5 additional provinces.
Burkina Faso/ GTZ	International Training for Operations Research	TECHNICAL ASSISTANCE  Training  Objective v	7 days  1/1/95- 4/1/95	Completed	-Trained health managers from 12 African countries in operations research.
Burkina Faso/ National Center for Scientific Research	Research Strategic Planning in Burkina Faso	TECHNICAL ASSISTANCE  Institutionalization  Objective v	5 days  2/13/95- 2/18/95	Completed	-Participated in setting a five-year health research agenda for Burkina Faso.
Burkina Faso/ Ministry of Health, Division of Family Health	Developing a Proposal to Implement a Community Health Field Station in Burkina Faso	TECHNICAL ASSISTANCE  Community Based Distribution  Objective i	25 days  11/1/94- 4/1/95	Completed	-Organized conference and committee for agencies collaborating on the community health field station. -Wrote field station proposal.

Country / Agency	Title of Subproject / TA	Study Type, Theme & Project Objective(s)	Budget and Duration	Subproject/ Subcontract Number and Status	Activities / Findings
Gambia/ Save the Children	Contributions of Demand Mobilization and Contraceptive Availability to Increased Contraceptive Prevalence: Issues for Replication	INTERVENTION  TBAs, Religious leaders  Objectives i & iii	\$72,775  4/1/95- 3/31/96	Subcontract CI95.16A  In progress	-Assisted researchers in developing and pretesting qualitative interview guide -Assisted in the supervision of data collection, completed in June. Data analysis currently in progress. -Nationwide seminars to disseminate final results planned for November 1995. Regional seminars will discuss replication of the study.
Ghana/ Navrongo Health Research Centre, Ministry of Health	The Navrongo Community Health and Family Planning Project: Phase I	DIAGNOSTIC  Expanding choice, Increasing access Quality of care  Objectives i, iii & iv	\$244,624  5/1/94- 4/30/95	Subcontract CI94.26A  Completed	-Socio-cultural and demographic data show a pre-transitional setting for fertility reduction, but with evidence of some unmet need for family planning. -Intensive collaboration with community leaders has guided project design and ensured project acceptance. -Micro-pilot testing of community-based service delivery model demonstrated feasibility. -Direct collaboration with other donors at field station site.
	The Navrongo Community Health and Family Planning Project: Phase II	INTERVENTION  Community Based Distribution, Reproductive Health  Objectives i, ii, iii, iv	\$747,879  5/1/94- 4/30/98	Amendment to Subcontract CI94.26A  In progress	- plans for OR studies on various reproductive health issues prepared. - scaling up community-based services began.

Country / Agency	Title of Subproject / TA	Study Type, Theme & Project Objective(s)	Budget and Duration	Subproject/ Subcontract Number and Status	Activities / Findings
Kenya/ Africa OR/TA Project in-house with the Ministry of Health, Division of Family Health	Second Situation Analysis Study in Kenya	DIAGNOSTIC  Quality of Care  Objectives iii & iv	\$195,181  4/1/95- 12/31/95	Subproject 0260.03606  In progress	-Data collected from 264 nationally sampled SDPs, over 1,000 FP client observations/exit interviews, 600 staff interviews and 1,800 MCH client interviews. -Data entry and editing completed. Data analysis underway. -Preliminary results disseminated to government agencies and cooperating agencies in August.
Kenya/ Africa OR/TA Project in-house	Assessing the Impact of CBD Programs in Kenya	EVALUATIVE  Community Based Distribution  Objectives i & iii	\$148,885  3/15/95- 12/15/95	Subproject 0260.03605  In progress	-Data collection instruments finalized and research teams recruited. -59 researchers trained in two training workshops. -Fieldwork underway at ten sites located in nine districts throughout Kenya.
Kenya/ Africa OR/TA Project in-house, IPAS, MOH Division of Family Health and Family Planning Association of Kenya	Testing Alternative Approaches to Providing Integrated Treatment of Abortion Complications and Family Planning in Kenya	INTERVENTION  Postabortion Care  Objectives ii, iii & iv	\$127,201 In-house and \$138,772 IPAS  1/1/95- 11/30/97	Subproject 0260.03604  Subcontract CI95.06A  In progress	-Phase I completed (report available) -18 sites visited and six selected for phase II interventions. -Strong consensus among providers on the need to improve postabortion services. -No system in place to ensure adequate supplies of MVA equipment leading to widespread problems in providing MVA. -Negative provider attitudes and lack of equipment lead to poor quality service received by postabortion clients.

Country / Agency	Title of Subproject / TA	Study Type, Theme & Project Objective(s)	Budget and Duration	Subproject/ Subcontract Number and Status	Activities / Findings
Kenya/ Africa OR/TA Project in-house	A Situation Analysis Study in Kenya: Lay Persons and Providers' Definitions and Perspectives of Quality of Care in Family Planning	DIAGNOSTIC  Quality of Care  Objective iv	\$32,792  4/15/94- 9/30/95	Subproject 0260.03602  Completed	-Understanding of clients' definition and views of components of service quality enhanced and related to those of providers and researchers. -Program managers need to pay attention to better counselling on side effects and improve information given to clients to combat negative rumors about contraceptives. IUD removal in the context of constrained clinic resources needs particular attention. -Results fed directly into planning for the national situation analysis study as a guide for areas of inquiry about service utilization.
Kenya/ Family Planning Association of Kenya	Developing Study Design and Research Protocols for Testing Alternative Models of Effective Reproductive Health Services for Men	TECHNICAL ASSISTANCE  Male Involvement  Objectives ii & v	45 days  2/1/95- 7/31/98	In progress	-Assisted in developing research components for planning and evaluating service interventions. -Assisted in designing alternative clinical and community-based models for providing information and services to males. Advised on quasi-experimental design for testing models. -Literature review completed. Draft report reviewed. -Baseline population survey underway.
Kenya/ Family Planning Association of Kenya	Quality of Care Workshop for Kenyan Family Planning Service Providers in the Private Sector	TECHNICAL ASSISTANCE  Quality of Care  Objective iv	5 days  12/6/93- 12/9/93	Completed	-Presented key quality of care issues at national workshop. -Raised awareness of service quality issues among Kenyan Family Planning NGOs.

Country / Agency	Title of Subproject / TA	Study Type, Theme & Project Objective(s)	Budget and Duration	Subproject/ Subcontract Number and Status	Activities / Findings
Kenya/ Ministry of Health and Family Planning Association of Kenya	Developing a Proposal for an Experimental Study to Test the Feasibility, Safety and Acceptability of Providing Depo Provera using Specially Selected and Trained CBD Agents in Kenya	TECHNICAL ASSISTANCE  Expanding Choice  Objective i	20 days  2/1/94- 7/31/94	Completed	-Assisted in designing a study to test the feasibility of CBD agents providing injectables. -Concept paper and draft proposal produced, however, despite support from FP program management, Government opposition prevented study from being implemented.
Kenya/ USAID/Kenya Mission	Briefing Paper on CBD to Guide Development of USAID Kenya's Bilateral Project Strategy	TECHNICAL ASSISTANCE  Community Based Distribution  Objective i	35 days  6/27/94- 9/30/94	Completed	-Complied and produced an analytical review of all known information on CBD in Kenya for use by USAID Kenya in planning for its next five-year bilateral family planning project and by the Africa OR/TA Project as the background document for a national CBD impact study.
Mali/ Centre d'Etudes et de Recherche sur la Population pour le Developpement (CERPOD)	Implementation of Mali Situation Analysis study	TECHNICAL ASSISTANCE  Quality, Community Based Distribution  Objectives i & iv	20 days  4/24/95- 12/31/95	In progress	-Assisted in revising and adapting study questionnaires for Mali. -Assisted in training interviewers for data collection.

Country / Agency	Title of Subproject / TA	Study Type, Theme & Project Objective(s)	Budget and Duration	Subproject/ Subcontract Number and Status	Activities / Findings
Senegal/ Ministry of Public Health and Social Affairs	A Situation Analysis of Senegal's Family Planning Service Delivery System	DIAGNOSTIC  Quality of Care  Objective iii	\$108,140  4/1/94- 12/31/95	CI94.24A with 3 amendments  In progress	<ul style="list-style-type: none"> <li>-Data collection instruments revised and adapted for Senegal and to incorporate reproductive health questions.</li> <li>-Interviewers/data collection teams trained.</li> <li>-Data collection and analysis completed.</li> <li>-Study results disseminated at regional and national workshops.</li> <li>-Held a two-day national dissemination seminar to identify FP service delivery indicators.</li> <li>-Secondary analysis to develop quality of care indicators underway.</li> <li>-English final report pending.</li> </ul>
Senegal/ Management Sciences for Health (MSH)	MSH Senegal Child Survival and Family Planning Project	TECHNICAL ASSISTANCE  Program planning and evaluation  Objective v	120 days  11/94- 8/95	Completed	<ul style="list-style-type: none"> <li>-Conducted literature review of program and research activities on child survival and family planning in Senegal.</li> <li>-Conducted a five-day workshop to define a strategy for the development of FP services and an OR agenda for Senegal.</li> <li>-Assisted in revising service delivery indicators for the MSH CS/FP Project evaluation matrix.</li> <li>-Conducted a workshop to develop draft OR study protocols in August 1995.</li> </ul>

Country / Agency	Title of Subproject / TA	Study Type, Theme & Project Objective(s)	Budget and Duration	Subproject/ Subcontract Number and Status	Activities / Findings
Senegal/ National Malaria Control Program, Ministry of Health	Training of Trainers in the Fight Against Malaria	TECHNICAL ASSISTANCE  Institutionalization  Objective v	23 days  6/12/95-10/31/95	In progress	-Made presentations on the application of the OR methodology to malaria control. -Trained over 80 Regional Medical Officers on the use of OR. -Assisted Regional Medical Officers in developing small-scale OR study proposals to be submitted for funding by the World Health Organization.
Tanzania/ Africa OR/TA Project in-house with the Zanzibar Ministry of Health	The Zanzibar Situation Analysis Study	DIAGNOSTIC  Quality of Care  Objective iii & iv	\$45,166  10/1/94-10/31/95	Subproject 0260.03603  In progress	-Data collection and analysis completed, and graphics produced. -Principal investigator conducted initial review of findings at dissemination seminar in August 1995. Corrective measures to be taken by MOH for weaknesses identified by the study. -Key findings include: Nearly 2/3 of FP visits were reported by only five SDPs with one SDP serving 33% of all visits; Supervision, record-keeping/reporting, aspects of follow up, and availability of contraceptives are among the strong subsystems of the Zanzibar FP program; 80% of staff considered their FP training inadequate; Over 40% of SDPs lacked water, gloves, needles and syringes, and 1/5 did not have sterilizing solutions; The IEC subsystem is weak, depending mostly on posters and sample contraceptives.

Country / Agency	Title of Subproject / TA	Study Type, Theme & Project Objective(s)	Budget and Duration	Subproject/ Subcontract Number and Status	Activities / Findings
Tanzania/ Family Planning Association of Tanzania (UMATI)	Technical Assistance to the UMATI Sexual Health Project and to Assess the Effectiveness and Impact of UMATI's Family Planning and Reproductive Health Activities	TECHNICAL ASSISTANCE  AIDS/STIs, Quality of Care, Institutionalization  Objectives ii & v	45 days  1/1/95-9/30/96	In progress	-Assisted in the design, implementation and monitoring of the sexual health project. In particular, assisted in the formulation of sociological profiles of experimental and comparison villages, in the formulation of indicators of input, process and outcome, in the development and implementation of the baseline survey, and in the analysis of data. -Assisted in the development of appropriate indicators to assess the effectiveness and impact of UMATI's reproductive health and family planning program.
Tanzania/ Family Planning Unit, Ministry of Health	Technical Assistance to the Family Planning Unit to Support NGOs in the Development of Operations Research Proposals and Instruments	TECHNICAL ASSISTANCE  Institutionalization  Objective v	50 days  1/1/95-9/30/96	In progress	-Held discussions with the family planning unit and reviewed research proposals. -Held discussions with NGOs and assisted them in formulating research proposals and developing research instruments. -Prepared and presented paper at annual MCH/FP meeting.
Tanzania/ UK Overseas Development Administration	Implementation of Mbeya Situation Analysis study	TECHNICAL ASSISTANCE  Quality, STIs/AIDS  Objectives ii & iv	33 days  3/1/95-9/30/95	Completed	-Conducted two-week training of data collection teams. -Teams visited 53 SDPs. -Fieldwork completed and data entry underway in Nairobi office. -Assisted Project Manager to interpret and analyze data

Country / Agency	Title of Subproject / TA	Study Type, Theme & Project Objective(s)	Budget and Duration	Subproject/ Subcontract Number and Status	Activities / Findings
Tanzania/ AVSC International	Developing a Proposal for an Evaluation of the AVSC Quality Management Approach in Tanzania	TECHNICAL ASSISTANCE  Quality  Objectives iv & v	25 days  10/1/93- 8/31/94	Completed	-Assisted in designing an evaluation of AVSC's quality management approach.
Regional/ Mkomani Medical Society, Kenya, University of Nairobi, Kenya, and Family Life Education Project, Busoga Diocese, Uganda	Integration of STD, HIV/AIDS Services into MCH/FP Services in Sub-Saharan Africa: Phase I	EVALUATIVE  AIDS/STIs  Objectives ii, iii & iv	\$53,699  4/1/95- 12/31/95	Subproject 0260.03607  In progress	-Data collected and preliminary analyses completed for cases studies in Mombasa, Kenya and Busoga, Uganda. -Collaboration underway with Pathfinder to develop and collect information for an inventory of integration activities throughout the region. -Co-organized the Regional Conference on Setting the African Agenda on Integration of STD/HIV/AIDS and MCH/FP programs held in Nairobi, Kenya May 22-24, 1995. Mombasa and Busoga case studies presented.
Regional/ Family Planning Association of Kenya (FPAK), and Zimbabwe National Family Planning Council (ZNFPC)	Developing Study Designs and Proposals for Testing Models of Effective Reproductive Health Services for Youths in Kenya and Zimbabwe	TECHNICAL ASSISTANCE  Adolescents  Objectives ii & v	15 days  11/1/94- ongoing	In progress	-Provided training on identifying relevant qualitative methods for Zimbabwe. -Provided training on the use of qualitative computer software Ethnograph.

Country / Agency	Title of Subproject / TA	Study Type, Theme & Project Objective(s)	Budget and Duration	Subproject/ Subcontract Number and Status	Activities / Findings
Regional/ Africa OR/TA Project in-house	Continuing the Strengthening of Situation Analysis Methodology: An Africa Focussed Approach	DIAGNOSTIC Quality of Care Objectives iv & v	\$187,866 7/21/95- 7/20/98	In progress	Not yet available
Regional/ IPPF-London, Family Planning Associations in Ghana, Burkina Faso, The Gambia and Tanzania	Technical Assistance to the Sexual Health Project	TECHNICAL ASSISTANCE Sexual health, Adolescents Objectives ii & v	88 days 1/1/94- 12/31/96	In progress	-Serve as resource persons to review research design and OR components of country-specific studies. -Projects ongoing in Ghana, The Gambia and Tanzania, and planned in Burkina Faso. -Participatory OR approach proving feasible and effective for generating data on sexual health.
Regional/ INTRAH	Francophone Regional Conference on Maximizing Access to Quality of Reproductive Health and Family Planning Services in Francophone Africa	TECHNICAL ASSISTANCE Dissemination Objectives i & iv	40 days 2/20/95- 3/18/95	Completed	-Presented two papers on regional Situation Analysis studies, Mali CBD study and Cameroon Male Opinion Leaders study.
Regional/ JSI SEATS Project in Kenya, Malawi, Zimbabwe	Technical Assistance to Conduct Urban Situation Analysis Studies	TECHNICAL ASSISTANCE Quality of Care Objectives iv & v	41 days 10/1/93- 3/31/95	Completed	-Trained staff at CAFS and SEATS, and through them program staff in Mombasa, Blantyre and Bulawayo, to undertake situation analysis studies. -Raised awareness of service delivery problems and quality among urban family planning service providers. -Assisted in dissemination of study results regionally to program managers and donor agencies.

Country / Agency	Title of Subproject / TA	Study Type, Theme & Project Objective(s)	Budget and Duration	Subproject/ Subcontract Number and Status	Activities / Findings
Interregional/ United Nations Population Division, New York	Participation in UN Task Force on the Measurement of Quality	TECHNICAL ASSISTANCE  Quality of Care  Objective iv	32 days  9/1/95- 10/20/95	In progress	-Prepared 3 background papers on various aspects of measuring the quality of services. -Participated in New York meeting of the UN Task Force.
Interregional/ Africa OR/TA Project Asia OR/TA Project INOPAL II Project	Strengthening Situation Analysis Methodology: A Coordinated Interregional Approach	DIAGNOSTIC  Quality of Care  Objectives iv & v	\$124,970 (\$92,295 Africa)  3/21/94- 7/20/95	Subproject 0260.03601  Completed	-Phase I completed (final report pending).-Cleaned and recoded database containing data from 5 studies.-Trained regional teams in West and East Africa.-Published summary of African quality situation.-Established process for updating guidelines.-Constructed variable codebook for current and upcoming studies.-Established data rights policy.

## V. PUBLICATIONS AND PRESENTATIONS

### a) Subproject and TA Final and Interim Reports

- Burkina Faso** Ouango, Jean, Neen Alruz, Placide Tapsoba, Youssouf Ouédraogo, and Inoussa Kaboré. 1994. *Étude pour contribuer à la promotion de l'utilisation de condoms par les jeunes des zones urbaines et rurales*. Prepared by The Population Council in cooperation with Ministère de la Santé de l'Action Sociale et de la Famille, and U.S. Agency for International Development/Burkina Faso. Ouagadougou, Burkina Faso, June.
- Ghana** Binka, Fred, Alex Nazzar, and James Phillips. 1995. *The Navrongo Community Health and Family Planning Project: annual report*. Navrongo, Ghana: Navrongo Health Research Centre, June.
- The Population Council. 1994. *A Situation Analysis study of family planning service delivery points in Ghana*. Prepared in cooperation with the Ghana Statistical Service and the U.S. Agency for International Development, Ghana. Accra, Ghana, March.
- Kenya** Solo, Julie, Esther Muia, and Khama Rogo. 1995. *Testing alternative approaches to providing integrated treatment of abortion complications and family planning in Kenya: findings from phase I*. Nairobi, Kenya: The Population Council, August.
- Family Planning Association of Kenya and The Population Council. 1995. *Increasing male involvement in the Family Planning Association of Kenya's family planning program*. Nairobi, Kenya, March.
- Maggwa, Nduggu, Ityai Muvandi, Martin Gorosh, Kate Miller, et al. 1995. *Findings from the sub-Saharan Africa urban family planning study: Mombasa City report*. Washington, D.C.: John Snow Inc., March.
- Ndhlovu, Lewis. 1995. *Quality of care in family planning service delivery in Kenya: clients' and providers' perspectives*. Nairobi, Kenya: The Population Council, January.
- Mundy, Jacqueline, and Ian Askew. 1994. *Current experiences with community-based distribution of family planning in Kenya: a review prepared for USAID/Kenya*. Nairobi, Kenya: The Population Council, September [in English and French].
- Malawi** Maggwa, Nduggu, Ityai Muvandi, Martin Gorosh, Kate Miller, et al. 1995. *Findings from the sub-Saharan Africa urban family planning study: Blantyre City report*. Washington, D.C.: John Snow Inc., March.
- Mali** Doucouré, Arkia, Fanta Touré, Seydou Doumbia, Diouratié Sanogo, and Hervé de Lys. 1993. *Rapport final sur l'introduction de la pilule dans le projet dbc au mali*. Prepared by The Population Council in cooperation with the Ministère de la Santé de la Solidarité Sociale et des Personnes Agées. Bamako, Mali, December.
- Rwanda** Rwamacyo, Eugène, Gaudence Habimana, Boniface Sebikali, Ian Askew, and Diouratié Sanogo. 1994. *Association des activités de planning familial au programme elargi de vaccinations*. Prepared by The Population Council in cooperation with the L'Office National de la Population. Kigali, Rwanda, March.

- Sénégal** Cusack, Gill, Bill Emmet, Paulette Charponière, Annamaria Cerulli, and Diouratié Sanogo. 1995. *Child survival and family planning activities in Senegal: a review of the literature and recommendations for future research and programs*. Prepared by The Population Council in cooperation with Management Sciences for Health. Dakar, Sénégal, January. [in French and English]
- Diop, Marième, Isseu Touré, Nafissatou Diop, Diouratié Sanogo, and Aristide Aplogan. 1995. *Analyse Situationnelle du système de prestation de services de planification familiale au Sénégal*. Prepared by The Population Council in cooperation with the Ministère de la Santé et de l'Action Sociale, and Programme National de Planification Familiale. Dakar, Sénégal, February.
- Zimbabwe** Muvandi, Ityai, Nduggu Maggwa, Martin Gorosh, Kate Miller, et al. 1995. *Findings from the sub-Saharan Africa urban family planning study: Bulawayo City report*. Washington, D.C.: John Snow Inc., March.

## b) Papers Published

- Binka, Fred N., Alex Nazzar, and James F. Phillips. 1995. The Navrongo community health and family planning project. *Studies in Family Planning* 26(3): 121-139.
- Askew, Ian, Barbara Mensch, and Alfred Adewuyi. 1994. Indicators for measuring the quality of family planning services in Nigeria. *Studies in Family Planning* 25(5): 268-283.
- Huntington, Dale and Aristide Aplogan. 1994. The integration of family planning and childhood immunization services in Togo. *Studies in Family Planning* 25(3): 176-183.
- Mensch, Barbara, Andrew Fisher, Ian Askew, and Ayorinde Ajayi. 1994. Using Situation Analysis data to assess the functioning of family planning clinics in Nigeria, Tanzania, and Zimbabwe. *Studies in Family Planning* 25(1): 18-31.
- Mensch, Barbara, Robert Miller, Andrew Fisher, John Mwita, Nelson Keyonzo, Mohamed Ali, and Cecilia Ndeti. 1994. Family planning in Nairobi: a situation analysis of the city commission clinics. *International Family Planning Perspectives* 20(2): 48-54.
- Askew, Ian. 1994. Future directions for family planning operations research: towards a greater appreciation of psychosocial issues. In *Advances in Population, Volume 2*, ed. L. Severy, 141-169. London: Jessica Kingsley Publishers, Ltd.
- Askew, Ian. 1994. Distinguishing between quality assurance mechanisms and quality assessment techniques. *Health Policy and Planning* 9(3): 274-277.
- Mensch, Barbara, Robert Miller, and Vincent Miller. 1994. Focusing on quality with situation analysis. *Planned Parenthood Challenges 2*, London: International Planned Parenthood Federation.

### **c) Conference Papers Presented**

Muhondwa, Eustace. 1995. Community involvement in MCH/FP services in Tanzania. A Plenary Session presentation made at the MCH/FP Annual Meeting of the Tanzania Ministry of Health, Tanga, Tanzania, August 15-18.

Muhondwa, Eustace. 1995. Evolving responses to the AIDS epidemic: A developing country perspective. A Keynote Session presentation to the 3rd Annual USAID HIV/AIDS Prevention Conference, Washington, DC, August 7-9.

Miller, Robert. 1995. Quality of care and client-oriented family planning services. A slide show presentation at The Population Reference Bureau Fellows Washington Seminar. Washington, DC, July 24.

Elias, Chris. 1995. Developing a framework for STD/RTI interventions. Paper presented at regional workshop, setting the Africa agenda: Integration of HIV/AIDS with MCH/FP. Nairobi, Kenya, 22-24 May.

Nazzar, Alex, Philip Adongo, Fred N. Binka, James F. Phillips, and Cornelius Debpuur. 1995. Involving a traditional community in strategic planning: The Navrongo Community Health and Family Planning Project pilot study. Paper presented at the annual meeting of the Population Association of America, San Francisco, California, 6-8 April.

Sanogo, Diouratié. 1995. Rôle des leaders d'opinion (LO) dans la promotion et la prestation des services de santé et de planification familiale en milieu rural au Cameroun. Paper presented at Conférence Régionale Francophone sur l'Amélioration de l'Accessibilité et la Qualité des Services de Santé de la Reproduction et de Planification Familiale. Ouagadougou, Burkina Faso, 12-18 March.

Sanogo, Diouratié, Youssouf Ouédraogo, Placide Tapsoba, and Annamaria Cerulli. 1995. Synthèse des résultats des études d'Analyses Situationnelles au Bénin, Burkina Faso, Madagascar et Sénégal. Paper presented at the Conférence Régionale Francophone sur l'Amélioration de l'Accessibilité et la Qualité des Services de Santé de la Reproduction et de Planification Familiale. Ouagadougou, Burkina Faso, 12-18 March.

Binka, Fred, Alex Nazzar, and James Phillips. 1994. The Navrongo Community Health and Family Planning Project. Paper presented at the 122nd annual meeting of the American Public Health Association, Washington, D.C., 30 October-3 November.

Nazzar, Alex, Philip Adongo, Fred N. Binka, James F. Phillips, and Cornelius Debpuur. 1994. The Navrongo Community Health and Family Planning Project phase I trial: developing community participation in community health. Paper presented at the 122nd annual meeting of the American Public Health Association, Washington, D.C., 30 October-3 November.

Tapsoba, Placide, Christine Naré, Barbara Jones, E.O. Faye, Dale Huntington, and Pamela L. Bolton. 1994. Client decision-making for use of NORPLANT® and tubal ligation in Dakar, Sénégal. Paper presented at the 122nd annual conference of the American Public Health Association, Washington, D.C., 30 October-3 November.

Ndhlovu, Lewis. 1994. Quality of care in family planning service delivery in Kenya: Clients' and providers' perspectives. Paper presented at the World Health Organization meeting, Quality of Health Care for Women. Budapest, Hungary, 15-17 October.

Askew, Ian, Placide Tapsoba, Youssouf Ouédraogo, Diouratié Sanogo, Seydou Doumbia and Lewis Ndhlovu. 1993. Can traditional birth attendants effectively provide family planning information and services? Findings from four Operations Research studies in Africa. Paper presented at the 121st annual meeting of the American Public Health Association, San Francisco, California, 24-28 October.

Fisher, Andrew. 1993. Family planning in Africa: Operations Research findings and service delivery strategies from 15 countries. Paper presented at the 121st annual meeting of the American Public Health Association, San Francisco, California, 24-28 October.

Mensch, Barbara, Anrudh Jain, Andrew Fisher, and Robert Miller. 1993. Quality of care in Ghana, Nigeria, and Tanzania. Paper presented at the 121st annual meeting of the American Public Health Association, San Francisco, California, 24-28 October.

Miller, Robert, and Andrew Fisher. 1993. The unfinished agenda: future directions for Operations Research in Africa. Paper presented at the 121st annual meeting of the American Public Health Association, San Francisco, California, 24-28 October.

Ndeti, Cecilia, Lewis Ndhlovu, Dale Huntington, Hervé de Lys, and Chris Elias. 1993. African family planning clinic interventions: small changes can make a large difference. Paper presented at the 121st annual meeting of the American Public Health Association, San Francisco, California, 24-28 October.

Phillips, James, Lewis Ndhlovu, and Diouratié Sanogo. 1993. Approaches to community-based family planning service delivery in Africa: lessons from two decades of Operations Research. Paper presented at the 121st annual meeting of the American Public Health Association, San Francisco, California, 24-28 October.

Sanogo, Diouratié, and David Awasum. 1993. The impact of male involvement on the delivery and acceptance of mch/fp services in rural areas of Cameroon. Paper presented at the 121st annual meeting of the American Public Health Association, San Francisco, California, 24-28 October.

Tapsoba, Placide, Robert Miller, and Lilia Rajoelison. 1993. Involving husbands to increase the acceptability of NORPLANT® in Antananarivo, Madagascar. Paper presented at the 121st annual meeting of the American Public Health Association, San Francisco, California, 24-28 October.