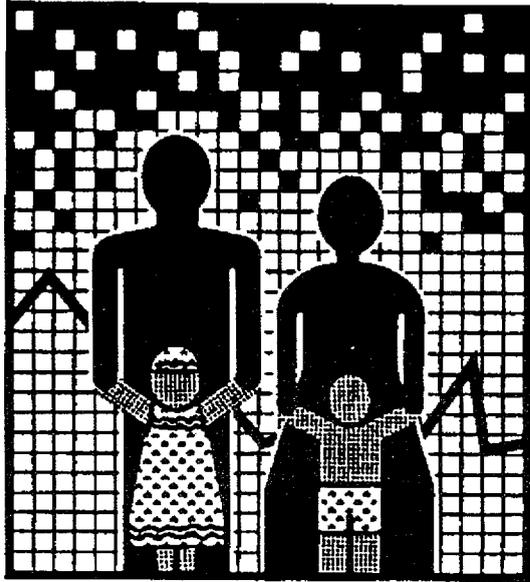


# ANNUAL REPORT



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## OPERATIONS RESEARCH

TECHNICAL ASSISTANCE

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AFRICA PROJECT II

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THE POPULATION COUNCIL

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**October 1995**

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**September 1996**

USAID Contract No.  
CCP-3030-C-00-3008-00

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# I. Introduction

## 1) Overview

This report describes activities undertaken during the third year of the five-year Africa Operations Research and Technical Assistance (OR/TA) Project II (October 1993 - September 1998). The overall objective of the Africa OR/TA Project II is to broaden understanding of how to improve family planning and other reproductive health services in Sub-Saharan Africa, and to apply OR/TA to improve family planning and other reproductive health 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.

Strategic planning and the initiation of a small number of essentially diagnostic studies characterized the first two years of the Project. During Year Three, however, the focus moved primarily onto the development and implementation of the planned studies and technical assistance activities, and also to the completion of a number of studies initiated earlier.

Country strategic workplans for all of the Project's focus countries have now been developed, approved and are being implemented; the Project also undertook some limited activities in a few non-focus countries. The map overleaf identifies the countries in which the Project was active during Year Three, and section III briefly describes the program of activities developed for each country. It should be noted that a major change in the approach to programming USAID funds in Mali has meant that the country workplan originally developed in conjunction with the Mission during Year Two has had to be abandoned. The Project is still undertaking a significant program of activities in this focus country, however, focusing exclusively on female genital mutilation through special funds made available from USAID/Washington.



The Africa OR/TA Project II now plans and reports its activities in relation to USAID's Strategic Objectives and Results and so the format of this report is somewhat different than the previous Annual Report. The Project was designed originally to focus on strengthening family planning service delivery, and activities related to improving access to and quality of family planning services have remained the primary focus of the Project. Most activities contribute, therefore, to USAID's Strategic Objective #1, that is, achieving a sustainable reduction in unintended pregnancies through an increased use by women and men of voluntary practices that contribute to reduced fertility. With the reorientation of the Project objectives to address other reproductive health services, however, an increasing proportion of activities are now being undertaken that contribute towards USAID's other Strategic Objectives, in particular, increasing the use of key reproductive health interventions (Objective #2), and increased use of interventions to reduce STI/HIV transmission (Objective #4).

Over the course of Year Three the new approach to funding the Project has also become fully operational. The Project now receives approximately half of its funds through 'Core Support' from the Population, Health and Nutrition Center at USAID/Washington, and half through 'Field Support' from USAID country and regional Missions and through 'buy-ins'. Core

Support is used to fund research and technical assistance activities that address region-wide issues and concerns, whereas Field Support funds country or region -specific activities that assist a USAID Mission to address its own strategic objectives. While the initial period of adjustment to this new approach was not without its difficulties, (also compounded by the uncertainty over USAID funding), the financial administration of the Project is now functioning smoothly.

The Project implements activities through subprojects and technical assistance activities:

- ▶ A subproject can be implemented through either a subcontract with another organization or directly by Project staff as an in-house subproject.
- ▶ A technical assistance activity is one that takes five person-days or more and has a clearly defined objective and scope of work.

By the end of September, 1996, the Project had initiated 32 subprojects (12 as subcontracts and 20 in-house) and 35 technical assistance activities, of which 16 subprojects and 24 technical assistance activities had been completed.

**Project activities initiated  
October 1993 - September 1996**

Country	Subprojects	TA
Botswana	8	-
Burkina Faso	3	7
The Gambia	1	-
Ghana	2	2
Kenya	5	5
Mali	-	2
Senegal	2	6
Tanzania	3	4
Zambia	2	-
Zimbabwe	2	-
Regional	4	9

## 2) Collaboration

All subprojects and technical assistance activities are undertaken in response to a request from program managers, policy makers and / or donors, and so collaboration with the end user of the results is built into the project design and implementation process from the beginning. At the country level, this collaboration frequently extends beyond the senior and/or national level program staff as staff at the regional and district levels show an increasing interest in using operations research for management purposes. It may also involve the participation of several local organizations and will often bring together a consortium of governmental and non-governmental organizations.

To ensure that both the service intervention and research components of all subprojects and technical assistance activities are of as high a quality as possible and to facilitate the sustainability of those interventions which prove to be effective, collaboration with other technical assistance and donor organizations is actively sought. The table overleaf lists the key organizations with which the Africa OR/TA Project II is currently collaborating.

Collaborating organization	Location of collaboration
AIDSCAP Project	East and Southern Africa
AVSCI	Ghana, Kenya, Senegal, Tanzania
BASICS Project	Zambia, East and Southern Africa
British Council	Tanzania
CAFS	East and Southern Africa
Cambridge Consulting Corporation	Botswana
Canadian Public Health Association	Zambia
CARE International	Zambia
Commonwealth Health Secretariat	East and Southern Africa
CEDPA	Ghana, Kenya
CERPOD	West and Central Africa, Mali
CLUSA	Burkina Faso
Data for Decisionmaking Project	East and Southern Africa
EVALUATION Project	Regional
Family Health and AIDS Prevention Project	Burkina Faso, Cameroon, West and Central Africa
FHI / Population Program	Regional, East and Southern Africa
FINNIDA	Ghana
FPMD Project	Zimbabwe
GTZ	Burkina Faso, Kenya
INTRAH	West and Central Africa
IPAS	Kenya
IPPF	Ghana, Kenya, Regional
JHPIEGO	Burkina Faso, Ghana, Senegal
PCS/JHU	Kenya, Zambia, Regional
JSI	Zambia
Marie Stopes International	Kenya, Tanzania
Mellon Foundation	Ghana
MSH	Senegal
ODA	Kenya, Tanzania, Zambia
Pacific Institute for Women's Health	West and Central Africa
Pathfinder International	East and Southern Africa, Kenya, Tanzania, Uganda
Population Concern International	Botswana, Zambia
Population Council Policy Research Division	Ghana, Zambia
Population Council Ebert Program	Kenya, Regional
Population Council ECC Program	Burkina Faso, Senegal, Zambia
Rainb♀	West and Central Africa
Rockefeller Foundation	Burkina Faso, Ghana, Kenya, Zimbabwe
SCF/USA	Gambia
SEATS Project	Senegal, Zambia, East and Southern Africa
UNFPA	Burkina Faso, Botswana, Kenya, Mali, Zanzibar, Zambia
UNPD	Regional
Wellstart International	Regional
WHO	Senegal, Zambia
World Bank	Regional

## **II. Overview of Project Activities and Key Results**

### **1) Increased use of voluntary practices that contribute to reduced fertility**

The USAID OR program has traditionally focused on developing and evaluating innovative family planning service delivery strategies and improving existing strategies; these activities contribute to Strategic Objective #1. This focus continues to represent the major proportion of the Project's work and is implemented for the most part through small-scale experiments by which new service delivery strategies are tested or on-going strategies evaluated.

#### ***1.1) New and improved strategies and technologies developed and evaluated***

##### **i) Innovative service delivery strategies developed and evaluated, and existing strategies improved**

During Year Three, several on-going experiments were maintained, a number of new studies developed, and some results with programmatic implications began to emerge. The strategies being tested can be categorized into four broad types.

##### ***a) Community-based approaches to increasing access to family planning information and services***

**Ghana:** The majority of Africa's population lives in rural areas away from conventional health facilities, and so the Project supports several activities that address the need to develop cost-effective service delivery strategies that are culturally acceptable and also widely replicable. Indeed, the Project's largest activity overall is support for the Community Health and Family Planning (CHFP) Project being implemented at the Navrongo Health Research Centre by the Ministry of Health in northern Ghana.

The CHFP Project seeks to test the feasibility, acceptability, effectiveness and cost of two community-based approaches administered within the framework of the conventional MOH structure - the relocation of clinic-based Community Health Nurses (and their renaming to Community Health Officers (CHOs)) to live and work in community-supported health posts (termed Community Health Compounds); and the deployment of community members (termed *Yezura Zenna*) working part-time as health and family planning promoters and providers of selected services who are managed by a community committee (termed *Yezura Nakwa*).

During this period attention was focused on scaling-up the successful experiences from micro-pilot study undertaken during Year Two through the following activities:

- Community Health Compounds were built in all 16 communities receiving CHOs;
- the 16 CHOs were relocated from the clinics to become residential in the communities;
- visiting schedules were established for the CHOs so that the majority of compounds in the community are visited quarterly;
- a computerized MIS was created that facilitates both monitoring and planning of the CHOs activities, and an MIS for the YZs is being completed;
- the CHOs were re-oriented and their skills upgraded to be able to fulfill the new outreach role;
- regular training for CHOs through monthly two-day meetings has been established by the District Health Management Team (DHMT);
- a strong supervision system through bi-monthly field visits to each CHO and monthly zonal meetings of all CHOs was created;
- the provision of existing services at the clinics was reorganized to account for the reduction in staff present;
- a total of 76 YZs were identified by their communities, trained by CHFP Project staff, provided with essential supplies, and are now extremely active in their communities;
- quarterly refresher training for five days for the YZs, and for one day on management for the YNs;
- instigation of a community-managed cost-reimbursement scheme for commodities provided by both CHOs and YZs to complement the existing fee-for-service scheme operating at the clinics.

Already these activities have generated a number of valuable lessons about how to operationalize these two strategies, and these experiences have been shared with other MOH managers in Ghana at the district, region and national levels. Moreover, although the final CHO was not relocated until July 1996, the on-going reorganization of services over the course of Year Three has already demonstrated considerable impact on service utilization. Data from the MIS are currently being analyzed, but preliminary data are suggesting that:

- ▶ the individual CHOs have higher caseloads than the clinics for treating common health problems (e.g. malaria, diarrhoea, skin diseases, respiratory tract infections);
- ▶ they are more effective at organizing child immunization services (coverage has gone from 40 to 80 percent already);
- ▶ together with the YZs, they can partially meet a latent demand for family planning, with the CHOs providing primarily injectables to women within the privacy of their compounds, and the YZs distributing condoms to men.

**Burkina Faso:** A large-scale experiment to bring services to rural communities is being tested by the Ministry of Health in an area of Bazéga Province, about one hour south of the capital Ouagadougou. Intensive technical assistance has been provided since August, 1995 through a National Fellow, Dr Inoussa Kaboré, with support from other Project staff. This experimental project tests the feasibility, effect and cost of introducing community-level reproductive health services and is innovative in several ways (see accompanying box).

The basis of the intervention, which was introduced in October, 1996, is the training, support and supervision of part-time, essentially voluntary, community agents, together with upgrading clinics and re-training clinical staff in the experimental area. The agents are responsible for undertaking the following activities, both through group talks and through home visits:

- providing education and information on all family planning methods;
- selling condoms, spermicides and pills, and referring those interested in clinical methods, or who are having problems with their method, to the nearest health center;
- educating community members on the signs, symptoms and ways of preventing sexually-transmitted infections (STIs), including HIV;
- sensitizing community members on the adverse health, social and psychological effects of female circumcision;
- the possibility of including Oral Rehydration Therapy (ORT) to treat children with diarrhoea and provision of medication to treat malaria will be considered after a six month trial period.

### **Characteristics of the Bazéga Community-Based Reproductive Health Project**

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- It seeks to expand access to other reproductive health services besides family planning;
  - It includes a cost-recovery mechanism based on the Bamako Initiative;
  - It is being implemented through a collaboration of government, non-governmental and international organizations;
  - It is only the second time a public sector community-based family planning program has been tested in a francophone west African country;
  - It is the first activity to be undertaken by the MOH in its creation of a Community Health Field Station for pilot-testing innovative approaches to expanding access to and quality of primary health care services;
  - Community agents will provide both combined and low-dose pills to new and resupply clients, using a check-list to screen for medical contraindications;
  - Agents will also sensitize communities on STIs and HIV/AIDS and on the problems associated with female circumcision.
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During Year Three, *Mwangaza*, a local NGO affiliated with the Cooperative League of the USA (CLUSA), undertook a series of community mobilization activities to plan the proposed intervention with community leaders. Through extensive discussions, the ideal profile for a community agent was drawn up, and 84 agents (31 women and 53 men) were selected by the communities, with approximately one pair per community and, where possible, a combination of one man and one woman. These agents were then trained for ten days by staff from the MOH and *Mwangaza* in family planning, STIs, female circumcision, organizational skills for holding

group meetings, and recordkeeping. Refresher training sessions are planned for every six months. The agents will be supervised, at least initially, through monthly visits by the Auxiliary Midwives based at the clinics in the project area; the frequency of these visits may be reduced to every two or three months, once the research activities are fully established. They will also be required to meet every month with their Community Health Committee (the Government has established these committees in every village in the country) to feedback information on their activities, and to receive guidance and comments from Committee members.

“South-to-South” technical assistance is being encouraged in developing the Burkinabé capacity to implement this study. For example, a study tour was made to Mali in early 1996 by the project’s senior managers to learn from the experiences of the USAID-supported Mali National CBD program, the first such program in francophone west Africa and which is itself an expansion of the large-scale CBD OR study implemented under the previous Africa OR/TA Project.. Trainers from the Mali CBD program team then traveled to Burkina Faso to assist the project team in developing the training components.

**The Gambia:** The Africa OR/TA Project has had a longstanding relationship with the Gambia program of the NGO Save the Children/USA (SCF). During Year Three, a study was completed that sought to compare the effectiveness in increasing contraceptive prevalence of two community-based strategies to improving the existing MOH community-based delivery system.

- ▶ One strategy strengthened and supported the functioning of the existing MOH service delivery system. The MOH utilizes a Community Health Nurse (CHN) who resides in a village and provides basic health care services in her “circuit” which includes a further 3-5 ‘satellite’ villages; each circuit has a population of 3,500 - 5,500. The SCF intervention strengthened supervision of the CHN through SCF staff, provided her with a motorcycle and fuel, maintained a steady supply of contraceptive commodities, and gave her a monthly salary supplement.
- ▶ The second strategy was a demand mobilization intervention which included two activities: the “*kabilo*” approach in which female-only community health sub-committees are mobilized, based on local social organizations, and trained to promote better use of health and family planning services amongst their extended families; and community meetings led by male Imams to demonstrate support by Islam for family planning.

The study was implemented in three MOH circuits, one receiving the demand mobilization intervention only; one receiving the demand mobilization activities plus strengthening of the MOH system; and the third served as a control where only the existing MOH system was in operation. Despite some implementation problems due to a military coup, the study was completed successfully.

SCF made a presentation of the study findings at a one-day national dissemination seminar held in August, 1996 attended by nearly 70 participants from the MOH's central and district levels, the National Population Commission, the National School of Nursing and Midwives, the Medical Research Council, and various NGOs and donors. The key findings, described briefly in the accompanying box and fully in a report, are probably relevant to many other areas of the Sahel region as the study area's socio-economic and cultural context is similar to many other countries. In the Gambia, the MOH would like to replicate several components of the approach throughout the rest of the country. It is currently collaborating with a new NGO, the Agency for the Development of Women and Children (ADWAC) (which replaced SCF when it ceased operating in The Gambia in September, 1996) in preparing a proposal for UNFPA to fund the replication phase.

### **Demand mobilization increases contraceptive prevalence in The Gambia**

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Data from the study showed that the contraceptive prevalence increase in the 'demand mobilization only' circuit was comparable to that in the 'demand mobilization + CHN support' circuit, and higher than that in the control circuit. Restricting the analysis to those women most likely to use contraception (married, non-pregnant, 3-year previous birth interval) showed increases in contraceptive prevalence of 12 percent in the 'demand mobilization + CHN support' circuit, 10 percent in the 'demand mobilization only' circuit, and 5 percent in the control circuit.

Analysis of contraceptive use trends in the three circuits over a five year period confirmed that the interventions had an important and immediate effect on contraceptive prevalence. Prior to the interventions, contraceptive use was increasing gradually in all three circuits. Following the introduction of the interventions, the rate of increase accelerated sharply in the two experimental circuits but remained constant in the control circuit.

The recommendation made to the Gambia MOH was that demand mobilization interventions can be effective in increasing contraceptive prevalence, with or without extra support to service delivery.

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**Kenya:** In east Africa, Kenya has a long history of using Community Based Distribution (CBD) programs to complement the clinical family planning service delivery program. A variety of different CBD models have evolved over time, and currently Kenya can boast of having probably the largest range of service delivery strategies of any country in Africa, if not the world. Year Three saw the completion of a major study to evaluate and compare seven of the most important CBD models. The study was requested by USAID/Kenya who wanted information on the impact, costs and cost-effectiveness of the programs and the roles that CBD agents play in their communities, to assist them in planning future support (USAID is the major donor supporting CBD programs in Kenya). Through a variety of dissemination activities the study results have been shared with USAID and with the organizations implementing the CBD programs, and many of these findings have been used already to influence the design and implementation of individual programmes. A full report of the study findings is available and a summary of the highlights is presented in the box.

## Key Characteristics of CBD Programs in Kenya

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The addition of the CBD strategy makes a significant contribution to family planning use in those areas where CBD agents operate. CBD agents are the main source for pill users (44%) and second most important source for condom users (18%) in these areas.

Programs in rural and urban areas are equally effective in delivering family planning services.

The focus on reporting family planning activities only reduces the visibility of their major role within the community in providing health education, including both reproductive and public health issues.

All programs have weak recordkeeping and reporting systems which prevent fully effective monitoring and planning.

Each model has a different level of remuneration for their CBD agents; some have full-time salaried workers, others provide part-time volunteers with a monthly allowance, while others rely on volunteers who are not remunerated financially.

Although remuneration has some impact on agent performance there is not a clear relationship, and factors such as supervision, the population density of the catchment area, the size of a program and number of years it has been operating, also have an effect on the agent effectiveness and the cost-effectiveness of the program.

Being a CBD agent appears to enhance the female agents' personal lives through elevating their status in the family and community.

There exists a clear gender bias against providing family planning services to female adolescents with no proven fertility, because this bias does not exist for adolescent males.

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### ***b) Testing innovative approaches to linking family planning with other reproductive health services***

Linking family planning with the treatment of abortion complications, one component of postabortion care intended to assist women to better achieve their reproductive intentions, has attracted much attention as a potentially effective strategy for assisting women and couples to better achieve their reproductive intentions.

**Kenya:** The Project is collaborating with IPAS and the Division of Family Health in the Kenya MOH to test three different models of linking family planning with MVA services. The three models being tested, each in two MOH hospitals, are:

- 1) postabortion family planning counseling and methods provided by gynecological ward staff on the ward;
- 2) postabortion family planning services provided by MCH/FP clinic staff on the gynecological ward;
- 3) patients escorted from the gynecological ward to the family planning clinic for postabortion family planning services.

The study utilizes a separate sample, pre-intervention post-intervention design. Pre-intervention data collection was conducted in early to mid 1996 through researchers staying full-time at the hospitals for six weeks and interviewing patients with incomplete abortions and staff providing services. In addition, cost information was collected using IPAS's *A Guide to Assessing Resource Use for the Treatment of Incomplete Abortion*. There was an attempt to follow-up women after three and eight months to find out about their subsequent use of family planning and reproductive behavior, but very few women returned for interview and so this component has been dropped from the post-intervention data collection. The interventions were introduced in September and October 1996 and post-intervention data collection will be undertaken in the first quarter of 1997. At one site, however, (Nyeri Hospital) the staff were so enthusiastic about the concept that they went ahead and implemented the intervention before the baseline study had even begun. Consequently, this site has been used instead as a demonstration to the others of what can be achieved through the interventions.

### **Family planning among post-abortion patients in six Kenyan hospitals**

- ▶ Very few clients received any family planning counselling or services (7 percent) after the treatment, although 98 percent would have liked to have had this type of information.
- ▶ One quarter of women treated indicated they wanted no more children and 42 percent wanted to wait at least one year.
- ▶ Yet only 22 percent indicated that they would start using family planning after leaving the hospital - and only three percent of these actually got a method at the hospital.
- ▶ The Nyeri Hospital shows, however, the potential impact of simply linking family planning information and services with the treatment of the complication:
  - of the 61 clients interviewed all but one had been given information about family planning before she left the hospital;
  - 62 percent of these women actually decided to start using a contraceptive method;
  - all but one of these clients was given the method (most chose the pill) before they left the hospital.

**Burkina Faso:** Starting in August 1996, the Africa OR/TA Project II is assisting the MOH with a subproject to assess the effect of introducing MVA for the treatment of postabortion patients and providing them with family planning counseling; the study is being implemented in the University Teaching Hospitals at Ouagadougou and Bobo-Dioulasso by CRESAR, a national reproductive health NGO which also functions as the Burkina Faso Chapter of the Francophone Reproductive Health Network. This study is being implemented in collaboration with JHPIEGO who are responsible for staff training in MVA treatment and in postabortion family planning counselling. A training needs assessment was conducted by JHPIEGO in September and an implementation plan developed. UNFPA has also contributed to this study through providing funds to strengthen the provision of family planning services generally at the Ouagadougou hospital, which was an essential pre-requisite to being able to provide an integrated service.

**c) *Testing innovative approaches for reaching under-served groups***

Family planning services in Africa are provided primarily through MCH/FP clinics, which are attended mostly by married women with at least one child. The method mix in all countries is dominated by "female" methods, especially injectables and the pill. Consequently, two groups of potential and actual service users, males and the unmarried youth, often do not have easy access to conventional service delivery points, and also are frequently discriminated against by service providers because of cultural norms about gender roles and behavior. The Project has developed a number of activities that seek ways of addressing the family planning needs of adolescents and males.

**Ghana:** During the past year, the Project has provided intensive technical assistance to the Planned Parenthood Association of Ghana (PPAG) to reorient a large IPPF-funded sexual health project for youth in the Volta Region from being a purely demonstration project to becoming an experimental study that compares different strategies for reaching youth. These strategies include peer counseling and the establishment of youth centers as ways of providing information and services to youth, and because of the cultural sensitivity of this issue, the introduction of both strategies will be preceded by community sensitization activities. Over the coming year baseline data will be collected in all experimental and comparison sites and the interventions finalized and introduced. The Project will continue to be closely involved in an advisory capacity for all aspects of the study design and implementation.

**Kenya:** Project staff also continue to assist the Family Planning Association of Kenya (FPAK) with its "Male Involvement" study by advising on designing and implementing the operations research component of the project so that the individual and combined effects of the interventions can be measured. A combination of three different interventions (male-only clinics; male peer educators in the workplace; male CBD agents) are being 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.

**Botswana:** Through their “Youth Empowerment Project” the Project supported a consortium of youth-serving NGOs in developing and implementing four reproductive health studies. Although these were small-scale (\$2,500 - \$10,000) they produced useful and practical results that have already been applied by several of the NGOs.

### **Utilization of OR study results improve adolescent reproductive health services in Botswana**

- ▶ The Botswana Red Cross Society approved study recommendations to address factors which inhibited optimal availability, suitability and accessibility of IEC materials on HIV/AIDS for youth with disabilities.
- ▶ The Botswana Family Welfare Association approved recommendations to strengthen its teen peer education training programme by developing a refresher course for peer educators to be undertaken in 1997. Particular attention will be paid to the peer educator training needs expressed by respondents in the study. The research skills acquired through undertaking this study will be used to evaluate and re-introduce, in 1997, a Family Life Education training program for primary teachers which had been discontinued.
- ▶ The Botswana Scouts Association started work on the development of a scouts’ curriculum on youth reproductive health education, basing its decision on the outcome of the study on condom use and safe sex among youth.
- ▶ As a result of the study by the Association of Medical Missions for Botswana on home care for youth with HIV/AIDS, an existing but outstanding proposal to introduce a hospice in one of the AMMB sites was reviewed and approved. The AMMB also approved recommendations to streamline activities and strengthen its home care programme.

**Zambia:** Support has begun for an experimental study being implemented by CARE/Zambia, the Planned Parenthood Association of Zambia (PPAZ), and the Makeni Ecumenical Center to test two community-based strategies for motivating out-of-school adolescents to avoid unprotected intercourse in order to reduce the incidence of unplanned pregnancies and sexually transmitted infections, including HIV.

- ▶ The first strategy is the deployment of adolescent community counselor/commercial sales agents. The rationale for this strategy is that profits from the sale of condoms are expected to motivate counselors to convince their sexually active peers to use barrier methods of family planning. Furthermore, the adolescent counselors are expected to be perceived as a convenient, friendly source of contraceptive methods.
- ▶ The second strategy is the participation by adolescents in credit associations. Through their participation in these associations, adolescents will receive training in business skills, access to credit, and an emphasis on personal responsibility, as well as receiving reproductive health information and having access to barrier methods of contraception. The expectation is that the adolescents’ participation will be associated with a reduction in risky behavior, such as unprotected intercourse, thereby decreasing unplanned pregnancies and STI transmission.

A particularly innovative element of this study is the use of Participatory Learning and Action (PLA) methodologies (an extension of the participatory research methods which emphasizes community empowerment and action) to collect baseline and endline data within the study and control sites.

**Tanzania:** A study was carried out this year to test the feasibility and effect of the promotion of vasectomy services. Recognizing the need to actively advertise the availability of vasectomy services, the NGO 'Population and Health Services' (PHS) (an affiliate of Marie Stopes International), in collaboration with the IPPF-affiliate UMATI, launched a six month pilot project between October 1995 and March 1996 to promote vasectomy in Dar es Salaam. The Africa OR/TA Project II was requested to complement this intervention by evaluating its impact on the demand for vasectomy among the male population of Dar es Salaam, and on the utilization of the vasectomy services offered by PHS. The results of this activity are expected to inform the planning and implementation of vasectomy promotion in other urban centers of Tanzania, and ultimately throughout Tanzania. This study comprised four interrelated research activities: a household sample survey of men, a modified Situation Analysis of PHS and UMATI clinics where vasectomy services were offered, visits to the project clinics by 'mystery' clients, and in-depth interviews with men who elected to have a vasectomy during the promotion period.

### **A mass media campaign increases awareness and acceptability of vasectomy in Dar es Salaam, Tanzania**

- ▶ The vasectomy promotion campaign reached a significant proportion of men in Dar es Salaam.
- ▶ Vasectomy is now a salient feature of discussions about family planning.
- ▶ Increasing knowledge of where to get the method has made vasectomy more easily available for men wishing to use the service.
- ▶ While the number of men who went for a vasectomy during the project period was very small, the demonstration effect may prove to be significant because of the apparent acceptability of the method.

#### ***d) Testing innovative approaches to improving service quality***

One of the objectives of most USAID bilateral family planning projects is to assist host country governments to improve the quality of care provided by their MCH/FP programs, usually through various training, management development and infrastructure improvement interventions. Sometimes these interventions are implemented separately by different CAS, and sometimes an integrated package of interventions is implemented by a single CA or a consortium of CAS. The "package" approach is being implemented by the Zambia and Senegal USAID Missions with JSI inc. and MSH respectively and, prior to its closure, was being used by the Botswana USAID Mission with the Cambridge Consulting Corporation.

In all three countries the Missions have requested the Africa OR/TA Project II to assist them in testing the immediate effects of these intervention packages on the quality of care received by clients at the health facilities being strengthened. These evaluations are being undertaken by collecting baseline data before the bilateral programs begin and again after two years of implementation; data are being collected using the Situation Analysis approach. This approach has the advantage of also collecting data on the functioning of specific program subsystems (e.g. IEC, staff training, supply logistics, etc), which in most cases correspond to the individual intervention-strengthening activities contained within the overall packages, and so it is possible to obtain data to assess the effect of these interventions on individual subsystems as well as on the overall level of quality received.

**Senegal:** The baseline study has been completed through visiting all 180 family planning clinics in the country, and the results disseminated at the national, regional and district levels. By visiting all sites the evaluation has been set up as a natural experimental design, because the USAID interventions are being implemented in approximately half of the regions, and so it will be possible to compare the levels of quality of care and subsystem functioning in these experimental sites with those found at the clinics in the regions where the USAID intervention is not being implemented. During Year Three Project staff worked with the PNPf, the USAID Mission and MSH to develop a set of quality of care indicators that can be measured using data from the Situation Analysis studies and which will be used for evaluating the effect of the service delivery interventions after two years. Although not originally scheduled, the Mission has requested the Project to undertake an interim Situation Analysis study in the "experimental" clinics only during early 1997 that will provide an early indication of how the clinic-strengthening strategy is working.

**Zambia:** The Africa OR/TA Project II is assisting the bilateral project management team in planning and evaluating the clinic and permanent and long-term method strengthening activities through baseline and follow-up studies using the Situation Analysis approach. The Central Statistics Office (CSO) will implement the baseline study in early 1997 and data will be collected so that conclusions can be drawn for all provinces, selected districts, and for the various programmes implementing service delivery strengthening activities. The sample of facilities to be included in the study include all ZFPS project sites (i.e., the sites receiving assistance from JSI Family Planning Services Project, SEATS, and CARE); sites in the same provinces which are not targeted by ZFPS which will serve as comparison sites for the project's work; up to seven sites in each of the districts where UNFPA is supporting activities; all of the Zambia Child Health Project (ZCHP) sites in Lusaka and up to seven sites in each of the districts in Eastern province where the ZCHP is working; and a random selection of the sites in the rural areas of two provinces (Southern and Lusaka), requested by the MOH in order to have all provinces represented in the study. Given the delayed start of the bilateral project itself, there will be insufficient time for the Africa OR/TA Project II to implement the two-year follow-up study that will assess the effect over time before the end of the Project in September 1998; it is anticipated that this will be undertaken through another funding mechanism.

**Botswana:** The USAID Mission requested the same type of assistance to assess its bilateral program for strengthening family planning services and for integrating STI and HIV/AIDS services into the MCH/FP program. Due to the ending of USAID health and population support in that country in September 1996, however, the Project was only able to collect the baseline data through a Situation Analysis study which was completed during this reporting period. A small-scale study to assess the immediate effects of the intervention was undertaken in July-August 1996, however, which focused specifically on the progress achieved towards integrating STI and HIV/AIDS services; the results from this study are discussed later.

In addition to evaluating these broad program-level packages of quality improvement interventions, the Project is about to begin testing clinic-level quality improvement strategies in Senegal and Burkina Faso.

**Senegal:** During Year Three several discussions were held to explore the possibility of testing strategies that explicitly seek to improve the quality of care provided at health facilities. The national family planning program (PNPF) has identified poor continuation rates and high drop-out levels shortly after first use as a major programmatic problem, and feels that much of this may be due to the quality of care provided to clients when they attend the clinics. Furthermore, the PNPF would like to test the feasibility, effect and cost of moving towards a more comprehensive and integrated service at the MCH/FP clinics.

The Project is about to start supporting an experimental study that tests two different strategies for strengthening the quality of care and increasing the range of services offered, and measures their effect on contraceptive use dynamics:

- ▶ One strategy is the creation of a small number of “model” clinics which serve as centers of excellence for the provision of reproductive health services (this intervention is being supported by USAID, UNFPA and the World Bank).
- ▶ The second strategy is the systematic and sustained introduction of the COPE technique at selected MCH/FP clinics, through which staff are expected to self-diagnose problems with the quality of care provided and to identify and implement appropriate improvements (this strategy is being supported by AVSCI).

**Burkina Faso:** The model clinic concept is proving attractive to several west African countries, and during this period a Memorandum of Understanding was drawn up with the USAID-supported Family Health and AIDS Prevention in West Africa Project to jointly test a similar strategy with the MOH of Burkina Faso at the Bazéga field station during Year Four, and to explore the possibility of undertaking a similar study in Cameroon.

**ii) New and improved methodologies and tools for data collection and evaluation developed and tested**

The Africa OR/TA Project II is one of USAID's research projects, and as such contributes to strengthening existing research and evaluation methodologies, and also develops and tests new methodologies. During the past year a number of different activities have contributed to achieving this result.

**a) *Development and strengthening of Field Station research capacities***

The capacity to collect data on health service delivery in a fairly controlled environment, to analyze these data so that the programmatic implications are clearly drawn, and to communicate the results to policymakers, managers and donors so that appropriate decisions can be made, has to be carefully developed for any Field Station to function effectively. The Project is supporting two Field Stations in west Africa in close collaboration with several other donors, one at Navrongo in northern Ghana, and one at Bazéga in southern Burkina Faso.

**Ghana:** The Navrongo Health Research Centre (NHRC) is one of three field stations being developed by the Ghana MOH to implement its program of health systems research. Its research capacity is built around a Demographic Surveillance System that maintains a database (updated every three months) of the entire population in the Kassena-Nankana district. The NHRC has also developed an annual panel survey of 1,800 compounds; a computerized MIS for monitoring activities by community-based service providers; an annual series of focus group discussions to monitor attitudinal changes; and a computerized financial accounting system. These systems enable data on a wide range of topics to be collected fairly routinely from users, non-users and providers of health and family planning services. Strengthening these research capabilities and adapting them to the needs of different family planning and reproductive health research studies is an on-going activity, and is being undertaken in close collaboration with colleagues in the Population Council's Research Division, and through funding and/or technical assistance from the Council's Cooperative Agreement with USAID, the Rockefeller Foundation, FINNIDA, the Mellon Foundation, the Hewlett Foundation and other donors.

**Burkina Faso:** The CBD Project described above represents the first activity in the establishment of a Field Station by the MOH, the purpose of which is to test culturally-appropriate models for sustainable service delivery in general and reproductive health, with the long-term objective of contributing to reductions in the country's morbidity, mortality and fertility rates. The MOH has designated Bazéga Province as the location where all pilot studies in community health should be carried out, and staff currently working on the CBD Project are about to move to office space specifically allocated for the field station at the MOH Provincial office in Bazéga. The Africa OR/TA Project II, in close collaboration with the Rockefeller Foundation, is assisting the MOH in establishing this Field Station through contributing to the development of a research management capacity at the MOH and a research implementation capacity at the *Unité d'Enseignement et de Recherche en Démographie* (UERD) of the University of Ouagadougou. The Project is also assisting the MOH in its long-term strategic and financial planning.

Many data collection mechanisms are being developed and used to evaluate these interventions, including: a panel survey amongst 4,000 women and 1,600 men to be repeated every 18 months (household mapping and the baseline survey were completed during Year Three); focus group discussions and in-depth interviews to be undertaken on the socio-cultural aspects of fertility behavior; forms for recording and reporting activities undertaken and services provided by the community agents have been developed for both literate and non-literate agents (at present, data are being collected and summarized manually, but technical assistance is being sought from the neighboring NHRC to develop a computerized MIS system); clinic records are being abstracted; service availability and quality at the clinics will be measured through the Situation Analysis methodology; and a cost analysis will be undertaken.

***b) Strengthening the Situation Analysis methodology***

The Africa OR/TA Project II continues to play a pivotal role in the development and application of this methodology. During Year Three, a number of activities were undertaken:

- Preparing the second edition of a Handbook describing the core data collection instruments, their administration, guidelines on training, data entry and analysis, and the presentation of results was a major activity during this period. The materials went through several iterations as the instruments and the methodology itself continued to evolve over the year as more studies were implemented. The Handbook is scheduled for publication and general release in April 1997.
- Since the introduction of reproductive health items in the Botswana Situation Analysis study, the instruments have been expanded and refined in other contexts to collect information on reproductive health as well as family planning.
- Comparative analyses of data sets for two points in time were undertaken for **Kenya** both nationally and specifically for Nairobi City, and (through UNFPA funding) for **Burkina Faso**. In the case of Kenya, the instruments had changed so much over time that it was difficult to make direct comparisons for many variables, but the Burkina Faso comparison was much more detailed. This comparison revealed a decline in the system's readiness to provide services, and a range of declines and increases in the quality of services delivered. The experience with the Burkina Faso comparison will be applied when undertaking future time-based comparisons.
- An international conference was held in Nairobi, **Kenya** in May 1996 entitled "Strengthening the Utilization of Situation Analysis for Planning, Managing and Evaluating Reproductive Health Services", which was jointly supported by the Council's Ebert Program and USAID Cooperative Agreement. Attended by more than 70 program managers, donors and researchers from several Anglophone African countries, the conference sought to share and document managers' experiences with using the results from Situation Analysis studies, to review the concepts and definitions of quality from several perspectives, to prepare draft program-specific plans for strengthening the utilization of Situation Analysis data for management and evaluation purposes, and to review new and future directions for the Situation Analysis approach. A report of the conference is under preparation, and many of the papers presented are being published in a special edition of the 'African Journal of Fertility, Sexuality and Reproductive Health'.

- As part of the initiative to institutionalize in-country capacities to undertake Situation Analysis studies, the Project provided limited technical assistance only to the **Ghana** Statistical Service for implementing the second national study.
- A repository of the datasets and instruments for all completed Situation Analysis studies in the Africa region has been developed and will be updated as each new study is completed. These repositories have been placed in the Project's Nairobi, Dakar and New York offices, and with USAID/Washington and Tulane University's Family Health and AIDS Prevention Project, to allow easy access to the datasets for Project and USAID staff. The datasets are in the public domain and so are available on request to anyone interested in undertaking secondary or comparative analyses. Given the many differences between the datasets collected to date, however, some level of technical assistance is likely to be necessary for any comparative analyses.
- A number of additional analyses of the datasets have been developed during Year Three and the results presented in a number of papers and presentations. These analyses in progress include: the relationship between readiness to provide services and the quality of services provided; the biasing effect of the observer's presence on the observed provider; the treatment of breastfeeding clients; a review of the barriers staff impose on method use; and the relationship between quality of services and client load.

**c) *Application of Participatory Rapid Appraisal (PRA) methods to reproductive health program evaluation***

The Participatory Rapid Appraisal (PRA) method is based on a principle of learning with and from the population potentially targeted to receive services through a process of visualization of situations and knowledge generated through dialogue with this population.

**Zambia:** In Zambia the MOH is in the process of giving greater responsibility to communities for their own health, and so the potential for using PRA as a research and evaluation strategy is very high. To build and strengthen the capacity of in-country collaborators to conduct OR using PRA methods, a five day workshop on PRA research methods was sponsored by the Africa OR/TA Project II in Livingstone during August, 1996. Twenty-eight participants and facilitators participated in the workshop consisting of health professionals and social scientists who have contributed to or are currently engaged in reproductive health research and who are associated with an agency collaborating with the Africa OR/TA Project II in Zambia. It was found that the training was too short, however, and so a follow-on workshop is planned for Year Four. Moreover, CARE/Zambia has decided to use the PRA approach as part of its methodology for testing two strategies for reaching adolescents (see above).

**Regional:** A technical assistance activity to IPPF was completed during this year in which a PRA approach to diagnosing the sexual health needs of communities with which four FPAs (Burkina Faso, The Gambia, Ghana and Tanzania) work was utilized. Plans were also developed with the FPAs of Ghana and Tanzania to use the PRA approach for evaluating the sexual health interventions which they were testing, but unfortunately the main funding agency (ODA) withdrew support before these activities could be completed.

**d) *Case study methodology for assessing the integration of STI and HIV/AIDS services in MCH/FP programs***

The Africa OR/TA Project II has been a key member of a regional consortium addressing the issue of integrating STI/HIV/AIDS services into MCH/FP programs. The Project's major contribution to date has been to undertake a series of three case studies (two in Kenya and one in Uganda) of projects that have attempted this type of integration, and to do so a case study methodology was developed. The methodology was developed with many inputs from other members of the consortium and its central component is an adaptation of the Situation Analysis approach.

**1.2) *Enhanced understanding of reproductive intentions and behavior***

The focus of the Africa OR/TA Project II is primarily on testing family planning and other reproductive health service delivery interventions, but the two Field Station activities also collect data that can contribute to a better understanding of reproductive intentions and behavior in populations that have a low prevalence of contraceptive use.

**Ghana:** In Navrongo, the diagnostic first phase of the study undertaken in Year Two of the Project, was explicitly designed to collect information through both quantitative and qualitative means, and much was learned about the reproductive intentions and behavior in this highly traditional community that clearly has relevance to other parts of west Africa and to the design of culturally-appropriate health and family planning services. Moreover, the establishment of an annual panel survey is providing the opportunity to track consistency and changes in reproductive intentions and behavior over time with unusually high validity. These panel surveys are being co-funded with the Rockefeller Foundation, allowing for a large sample size (1800 compounds), frequent rounds (there have been four to date), and the possibility to include questions on specific topics of interest as they arise, for example, spousal communications, birth histories, female circumcision, etc. The panel survey collects data on both male and female attitudes and behavior, and can link those who are married.

**Burkina Faso:** The panel survey established in Bazéga also seeks to measure attitudinal and behavioral changes over time for women and men, and the data will be largely comparable to that being generated by the Field Station in Navrongo. Data analysis and report-writing for the first, baseline survey have begun and will be available in early 1997. Included in the survey are data on fertility, family planning, STIs, female circumcision, malaria and management of diarrhoea.

### ***1.3) Improved knowledge base for applying new or improved approaches and technologies***

During Years One and Two of the Project a number of activities were undertaken that provided information on which the introduction and/or evaluation of service delivery interventions or specific under-utilized contraceptive methods could be based; for example, the first phase of the Navrongo CHFP Project **Ghana**; a review of experiences with family planning and child survival programs in **Senegal**; a review of CBD experiences in **Kenya**; a study of provider and user perspectives on quality of care in **Kenya**; and the development of a study protocol to test provision of the injectable by CBD workers in **Kenya**. Activities that provide such information continue to be an important, though limited, component of the Project and in Year Three the following activities were on-going or began:

**Burkina Faso:** Assistance in undertaking an assessment of the impact of a “youth-to-youth” program by the IPPF-affiliate (ABBEF) that had been supported by the SEATS Project and GTZ. The assessment identified some ways in which the counseling and service delivery approaches could be strengthened and assistance was provided in preparing a follow-on proposal for submission to GTZ.

Assistance to the Burkinabé MOH in undertaking baseline surveys for extending a pilot program to train Traditional Birth Attendants in providing family planning information and services in five provinces. This intervention had originally been tested as an OR experiment with support from the first Africa OR/TA Project, and funds for its expansion were provided by UNFPA.

**Ghana:** Assistance was provided to the MOH District Health Management Team in Kassena-Nankana District for the design of a study to assess the acceptability and feasibility of introducing the female condom into a rural community. Subsequently, the MOH has decided to restrict the introduction of this method to urban areas of the country only.

**Senegal:** Plans were prepared for a study to be implemented in Year Four that would collect information on the contraceptive use dynamics of clients attending model clinics to determine the factors influencing their continuation, discontinuation or switching of methods.

**Senegal and Nigeria:** Assistance for an analysis by the Council’s Ebert Program of the family planning needs of and services received by breastfeeding women in Senegal and Nigeria, using data collected through the Situation Analysis studies. The analysis suggested that the special needs of breastfeeding women were not being addressed, in large part because providers have not been adequately trained in appropriate management, especially the non-use of combined pills and the systematic use of the LAM method.

**Zambia:** A concept paper for a two-phase study looking into introducing emergency contraception into the range of Zambia’s family planning services has been developed in coordination with the Ob/Gyn Department of Lusaka’s University Teaching Hospital. The first

phase, planned to begin in early 1997, will determine the acceptability and feasibility of emergency contraception as a family planning option, as well documenting as potential service delivery issues surrounding emergency contraception in Zambia. If this first phase demonstrates feasibility and acceptability, the second phase will test the actual introduction of the method. This study will be conducted in collaboration with the Council's Expanding Contraceptive Choice Program.

Technical assistance began to be provided to the Reproductive Health Unit of the MOH and to CARE International for a study of the re-introduction of the injectable to the national program; the study is being supported jointly by WHO and the Council's Expanding Contraceptive Choice Program.

#### ***1.4) Knowledge Transferred through Training, Dissemination and Utilization***

##### **i) Training in operations research**

The Africa OR/TA Project II has as one of its five objectives "strengthening the capabilities of family planning program managers to use operations research to diagnose and solve service delivery problems". To meet this objective, a number of training and technical assistance activities have been undertaken. A full list of 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 in the accompanying box.

Training in operations research methods continues to be frequently requested by host country organizations as one of the main means for transferring knowledge about operations research. During Year Three, staff from the Project either organized or participated as resource persons in the following training workshops on operations research. All except one workshop included learning about the development of proposals for OR studies, and so the training included not only research methods but also the preparation of applied research protocols that addressed real programmatic problems.

### Training workshops held to date

Location	Regional/ National	Dates	Topic	Participants
Nairobi, Kenya	National	Dec, 1993	Quality of care	NGO staff
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	Computing training	MOH staff
Harare, Zimbabwe	National	Feb, 1995	Qualitative research	ZNFPC researchers
Ouagadougou, Burkina Faso	Regional	March, 1995; March, 1996	Operations research	NGO health managers
Nairobi, Kenya	Regional	May, 1995	FP/STI integration	Program managers
Dakar, Senegal	National	June, 1995	Operations research	Regional MOH staff
Dakar, Senegal	National	Sep, 1995	Proposal development	MOH staff
Arusha, Tanzania	National	Jan, 1996	Operations research; proposal development	MOH & NGO staff
Harare, Zimbabwe	National	Jan, 1996	Computing skills	ZNFPC staff
Gaborone, Botswana	National	Feb, 1996	Operations research; proposal development	NGO staff
Dakar, Senegal	National	March, 1996	Operations research; proposal development	PNPF and NGO staff
Harare, Zimbabwe	National	April, 1996	Strategic planning	ZNFPC staff
Nairobi, Kenya	Regional	May, 1996	Situation Analysis	Program managers
Gaborone, Botswana (5 3-day workshops)	National	April -August 1996	Strategic management	NGO staff
Livingstone, Zambia	National	August, 1996	Participatory Rapid Appraisal	MOH, NGO and University staff
Gaborone, Botswana	National	August, 1996	Data analysis	NGO staff

**Botswana:** The Health Research Unit of the MOH provided two two-week training workshops for NGO staff from the Project-supported “Youth Empowerment Project”. Four OR studies were developed during the first workshop which addressed reproductive health services for adolescents, and these were implemented immediately through support from the Africa OR/TA Project II. During the second workshop the same staff were trained in how to analyze, interpret and disseminate the results of these studies.

**Kenya:** Working directly with staff from the Nairobi City Council and from the Family Planning Association of Kenya, the ability to interpret basic research data was transferred through jointly analyzing the datasets for their specific organizations drawn from national-level datasets from the national Situation Analysis and CBD assessment studies. Staff were also trained in presenting data at public meetings.

**Senegal:** The National Family Planning Program (PNPF) organized a one-week workshop for its own staff and staff from key NGOs. Three proposals for testing service delivery interventions were prepared and all three will be implemented through support from the Africa OR/TA Project II or the USAID bilateral project.

**Tanzania:** The Reproductive Health Unit of the MOH organized a ten-day training for its own staff and staff from key NGOs. Four draft proposals were developed and the MOH and its NGO partners are now seeking financial support for their implementation.

**Regional:** CERPOD, Tulane University and the Africa OR/TA Project II organized a two-week workshop in Mali for 17 MOH and NGO staff from seven francophone countries in west Africa. Nine draft proposals were developed and are currently under review, with potential funding available from Tulane University through the Family Health and AIDS Project.

GTZ organized a second annual international training workshop for health program managers from several countries in francophone west Africa. The workshop was held in Burkina Faso and the module on operations research was taught by Youssouf Ouédraogo.

Jane Chege (National Fellow for Kenya) was a resource person for an international meeting convened by UNFPA for participants from Anglophone African countries in which she led sessions to train program managers in developing IEC materials on gender issues in population programs.

## ii) Dissemination of results

The second strategy for transferring knowledge is through the Project's communications strategy which operates nationally and internationally.

### a) *Nationally*

For all subprojects and some technical assistance activities that test interventions, a report is produced which is distributed in-country to all appropriate organizations and individuals. Approximately 300 organizations and individuals worldwide also receive copies of all Project reports and communications materials. The results of most studies are presented at in-country dissemination seminars, during which the programmatic implications and policy recommendations arising from the study findings are normally identified and agreed upon by the seminar participants.

For national Situation Analysis studies, the results are usually dis-aggregated to the regional or provincial level, and/or by implementing organization, so that the results are more relevant for program managers at these levels. For example:

**Senegal:** Study results were dis-aggregated and disseminated for each of the country's ten regions and 47 districts for use by regional program managers in identifying and resolving local program weaknesses. More than 170 managers and providers participated in ten regional workshops and individual reports have been written and distributed for each region, including the programmatic recommendations and a plan of action which were drawn up during the regional workshops. In addition, individual dissemination seminars specifically for the two leading NGOs providing family planning services have been organized. Most recommendations have been incorporated into 1996 Regional and National plan of actions. A report on this experience and the lessons learned has been written and was presented at a regional managers' workshop on Situation Analysis in Nairobi in May 1996, has been described in *Update #6* and will be published next year in an international journal.

**Burkina Faso:** UNFPA supported a province-level analysis, reporting writing and presentation of results for all 30 provinces.

**Kenya:** The dataset was dis-aggregated by three types of organization - MOH, Nairobi City Council, NGOs - and analyzed accordingly; in 1997 the data will also be decentralized and disseminated at the provincial level of the MOH.

Plans for decentralized dissemination strategies by region are planned for **Zimbabwe** and **Ghana** in Year Four; in **Ghana** and **Zambia** the data will be dis-aggregated by service delivery organization for analysis.

**b) *Internationally***

The Communications Specialist based in the New York office (Nicholas Gouédé) disseminates the key results from Project studies to international audiences through a variety of communications channels including:

- requests for materials from the Project's publication list (1,260 copies distributed worldwide);
- the "OR Home Page" on the World Wide Web;
- an e-mail listserv for over 200 individuals;
- the *Update* series of two-page research summaries sent to 2,500 recipients worldwide (five produced to date);

As of the end of Year Three, the Project had produced 23 subproject and TA final and interim reports, 5 *Updates*, 13 papers published in journals, and 28 papers presented at conferences. A repository of all publications are available upon demand in the New York Office, and limited supplies are also in the Council's offices in Africa.

Previously the Project had produced a bi-annual newsletter, in both English and French, called *African Alternatives*. Starting in May 1996, discussions were held with USAID and with the OR/TA Projects for Asia / Near East and for Latin America concerning the possibility of producing some global communications materials to complement those being distributed within each region. Essentially, it was proposed that two "global" communications materials be produced: a bi-annual newsletter which reports on findings from all three regions, and a series of two-page summaries of key research results also from all three regions. The newsletter would replace *African Alternatives* and the research summaries would replace *Updates*. It is expected that this global approach will begin in early 1997.

### **iii) Strengthening utilization of Operations Research findings**

Given the importance of ensuring that the results of OR projects are used as widely as possible, Project staff are currently examining the ways in which findings from completed OR projects have been used, or not used. Lessons learned from this analysis can be used to guide the process of research utilization in future OR studies. Three interrelated questions are being addressed:

- ▶ what has been the nature and extent of utilization?
- ▶ what has been the impact of OR projects in Africa?
- ▶ Are there a set of key factors that determine successful utilization and impact of OR projects?

The analysis is being undertaken in two phases: first, detailed case studies are being carried out for 10 of the larger projects from the first Africa OR/TA Project; secondly, a self-administered questionnaire will be developed and sent out to knowledgeable respondents to collect information about other projects. A final study report and guidelines will be produced and disseminated. To date, data collection for seven projects have been completed and case study reports are being finalized.

## ***1.5) Enhanced Capacity for Organizations to Design, Implement, Evaluate and Finance Family Planning Programs***

### **i) Strengthen strategic planning, management and evaluation capacities**

During Year Three the Africa OR/TA Project II worked intensively in Botswana, and to a lesser extent in Senegal and Tanzania, to enhance the capacities of host-country organizations to plan, manage and evaluate their programs.

**Botswana:** The Project responded to a request from the USAID Mission to support activities that would strengthen those NGOs working in adolescent reproductive health, because the Government of Botswana was keen to enhance the role played by the non-governmental sector in social service provision. This project used a two-pronged strategy to address NGO needs. A local parastatal management training and consulting organization, the Botswana National Productivity Centre (BNPC), assisted the NGOs to identify and address organizational and managerial problems, while the Health Research Unit of the MOH provided training and technical assistance to the NGOs in how to use operations research to improve the delivery of reproductive health services to youth. A full-time Project Coordinator, Dr. Mercy Montsi, provided daily management and monitoring of the buy-in activities and a project office was established within the BNPC in Gaborone. The main activities and achievements of this capacity-building activity are described in the accompanying box.

## **Enhancing the Capacities of NGOs in Botswana to Plan, Manage and Evaluate their Activities**

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Project activities were initiated with the 'Project Kick-off Workshop' in November, 1995 where the project was introduced to interested NGOs, who confirmed their commitment. Information was collected on each NGO to establish a baseline position. The participants selected the name "Youth Empowerment Project (YEP)" for the project. Eleven NGOs participated in the management development activities and eight NGOs attended the OR training and participated in the OR studies, including:

national, youth-oriented NGOs linked with international networks (the Botswana Scouts Association, Girl Guides, and the YWCA);  
indigenous youth NGOs (The Botswana Youth Centre);  
NGOs with a reproductive health but not necessarily a youth focus (BOFWA - the IPPF affiliate in Botswana, and Population Services International);  
NGOs with mandates relating to community development, health and education (The Red Cross, Association of Medical Missions in Botswana, AIDS Action Trust - ACT, and Mambo Arts Commune);  
and an NGO established to serve as a clearinghouse of information and central network point for all NGO activities in Botswana (BOCONGO).

The initial program of activities under the management component of YEP was a series of eight two-day retreats facilitated by the BNPC where a core of representative staff from each NGO used a participatory methodology to assess the characteristics of their NGO which had the potential to affect individual and/or organizational performance.

The next activity was two management training workshops which covered the following topics: Strategic Management; Change Management, Time Management; Performance Management; and Project Management. These management workshops addressed the training needs identified through the Kick-off workshops and retreats. Overarching all of this was intensive technical assistance by BNPC staff to individual NGOs to enhance performance on an as-needed basis.

The Health Research Unit coordinated a parallel set of activities in which staff from eight NGOs received three weeks training on how to use and design operations research to increase NGO performance. The NGOs formed teams, each with a facilitator from the HRU, and prepared four research proposals for small-scale studies. The topics (and implementing NGOs) were:

- "Assessing the Coverage and Adequacy of Services Provided by AMMB to Care Givers of AIDS/HIV Positive Youth" (Association of Medical Missionaries in Botswana);
- "Effectiveness of Peer Education Training Programs in Gaborone" (BOFWA, YWCA, and BOCONGO);
- "Accessibility, Availability and Use of Condom among Youth" (Botswana Scouts Association and Botswana Youth Centre);
- "Utilization of Information, Education and Communication Material on HIV/AIDS by Adolescents with Disabilities" (Botswana Red Cross Society and Population Services International).

Africa OR/TA Project staff worked closely with staff from the NGOs to revise the proposals and eventually all were approved for funding - each study entailed a few weeks of fieldwork and cost \$3 - 8,000). The research teams brought their data to a second training workshop which focused on data analysis, report writing, and preparation for dissemination of the results to the managers of their respective NGOs.

The Kick-off workshop revealed a need for a centralized data base and geographic information system on NGO activities to facilitate collaboration and networking as well as to provide access to information about NGOs to government and donor agencies. By the end of the project period, the Botswana Council of NGOs had completed a database with information on almost all NGOs in the country as well as maps showing the locale and type of activity for the YEP NGOs and registered members of the Council.

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The final workshop, held in September 1996, was used as a platform for participating NGOs to share their experiences and begin to mobilize further support (both technical and financial) from the Government, the private sector and the international donor community in order to sustain and continue to improve on the gains made through the project (USAID ceased being active in Botswana in October 1996). The workshop was attended by nearly 80 participants from various government sectors, donors, university and the private sector. An *ad hoc* committee composed of NGO representatives presented recommendations for follow-up action. The country's First Lady, Lady Masire, was a key participant at this workshop, both because of her active participation throughout the project as the Executive Director of the Botswana Youth Centre, and as a member of this committee.

The principal recommendation of the committee was to solicit BNPC and HRU technical support beyond the life of YEP to gain more experience in applying the skills acquired and to utilize the results of the research projects for improving and revising their programs. They recommended that a second phase include a "training of trainers" so that the management training could be more widely shared within each NGO and thus create a common approach and supportive environment to the application of new management techniques. Consensus was reached on an appropriate role for the NGOs in relation to Government Ministries; for example, the Department of Youth and Sports is actively seeking to commission NGOs to undertake OR studies on its behalf.

The YEP project was originally conceived to last approximately 18 months, but had to be implemented in less than 10 months due to administrative delays in preparing the buy-in. It is too soon to tell what long term effects the activities will have on the participating NGOs. However, there is abundant evidence of positive changes in the short term. For example, the project raised awareness and appreciation of the need for strategic planning as an important tool in performance management and by the end of the project seven NGOs were developing, reviewing, or taking greater steps to implement strategic plans. Also the participants in the operations research training and studies gained skills and experience in the implementation of research studies, from problem identification through to mobilizing management to support the use of the research results. Their organizations have already demonstrated their appreciation of the use of OR as a management tool by implementing changes in the organization of services as a result of the research results. The challenge now is to ensure the sustainability of the change achieved and build on the progress of the past year.

**Senegal:** Project staff have provided extensive technical assistance to the national family planning program (PNPF), the USAID Mission and MSH in operationalizing the objectives and evaluation plan for the bilateral child survival and family planning project through participation in the project's Technical Advisory Committee. Diouratié Sanogo was also heavily involved in the Mission's re-engineering process, assisting the Mission to revise its objectives and strategies, and to develop 33 evaluation indicators.

Given their substantial experience with designing and introducing public-sector CBD programs in Mali and Burkina Faso, Project staff have been requested to take the lead role in the development of a Policy Guidelines document for the PNPF; this was done in close collaboration with the SEATS Project and the PNPF. The draft Policy Guidelines document has been completed and plans are now being made for its presentation at a national workshop and at

regional seminars prior to its adoption by the MOH. The Africa OR/TA Project is currently assisting the PNPF to design a 12-month pilot CBD study, with the expectation that the Project will provide some technical assistance for testing this pilot study.

**Tanzania:** Technical assistance for planning and evaluation was provided to the IPPF-affiliate, UMATI, primarily in relation to its sexual health project supported by IPPF. The Project's Host Country Social Scientist (Eustace Muhondwa) provided regular advice relating to documenting the project implementation and measurement of its impact. Following a substantial reduction in the funding for the Sexual Health Project this year, Muhondwa provided guidance to UMATI for documenting and evaluating the revised project. Further assistance has been requested for developing an evaluation plan and indicators for UMATI's strategic plan, to be provided during Year Four.

## **ii) Ability of organizations to conduct and use operations research strengthened**

Most service delivery organizations in Africa have recognized the value of having an in-house evaluation and research unit (ERU), but many are struggling to ensure that these units can function effectively and provide the organization's managers and policymakers with the types of data that will be useful for planning, monitoring and evaluation. The Africa OR/TA Project II has been requested by several of these organizations to work with their ERU in terms of strengthening their capacities and assisting them to plan for an appropriate *and sustainable* future role within the organization. During year Three the Project continued to work with three ERUs.

**Zimbabwe:** Activities to strengthen the management and research capacity of the Zimbabwe National Family Planning Council's (ZNFPC) ERU were initiated in January, 1996 with a number of small-scale training sessions for selected staff in various computing programs; the training was provided through a combination of Project staff and commercial companies in Harare. During April 1996, Project staff worked with ERU staff to develop various management and administrative skills (e.g. defining scopes of work and terms of reference for hiring consultants, the management of multiple research studies), and to develop a draft strategic plan for the ERU's activities over the next five years. This draft plan has been used subsequently by the ERU within the wider context of the ZNFPC's five-year strategic planning process which commenced in July 1996; this process is being facilitated by the FPMD Project.

**Tanzania:** Technical assistance is being provided to the Evaluation Officer of the Family Planning Unit of the MOH (since renamed the Reproductive Health Unit). Technical assistance was requested for three activities: reviewing 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. The first two needs were addressed in part by the operations research capacity building workshop reported above.

**Ghana:** The Project has begun to provide institutional support to ERU of the IPPF-affiliate, PPAG. To date these efforts have included providing computer hardware and software, formal training for PPAG staff in OR methods through attendance at a training workshop, and one-on-one training in research design and questionnaire development. This support will continue throughout the remainder of the Project.

### **iii) Enhancing the financial sustainability of health care programs**

The Africa OR/TA Project II is focusing increased attention on the costs of providing family planning and reproductive health services, and the implications of these for program sustainability. These activities fall under two broad categories: assessing and, where possible comparing, the costs of implementing alternative service strategies; and testing mechanisms for recovering costs through charging fees for service.

#### **a) *Costs of implementing service delivery strategies***

Whenever possible, data describing the financial costs of implementation are collected for those studies which seek to test or evaluate innovative service delivery strategies. During Year Three, a cost analysis was completed for the study comparing CBD programs in **Kenya**; cost data were collected for the Navrongo experiment in **Ghana** and for the postabortion care study in **Kenya**; and plans were prepared for a study of the costs of implementing different CBD strategies in **Tanzania**. In addition, the Africa OR/TA Project II was an active participant in cost analyses of case studies of integrating STI and HIV/AIDS services into MCH/FP programs in **Kenya**, **Uganda** and **Botswana** undertaken by USAID's REDSO/ESA. The possibility of subcontracting FHI to assist and train Project staff in undertaking cost analysis studies was explored and a draft proposal prepared for implementation in Year Four.

#### **b) *Testing cost-recovery strategies***

The Bamako Initiative has stimulated several efforts to test cost-recovery mechanisms as a means of increasing the financial sustainability of primary health care programs. During Year Three, an innovative cost-recovery mechanism was launched at Navrongo, **Ghana**, and plans were made for a similar approach to be used at the CBD program in Bazéga province, **Burkina Faso**.

The "Navrongo Initiative", as the cost-recovery scheme has become known, places great emphasis on community management of the commodities, of those selling the commodities, and of accounting for and using the funds generated. Central to the scheme is the role of the community committee (*Yezura Nakwa*); these committees are responsible for purchasing the drugs from the District Health Management Team (DHMT), for ensuring that the YZs and CHOs are always supplied, and for managing the reimbursement of funds to the DHMT. Preliminary results from the first 12 months of the scheme's operation showed that it was functioning extremely effectively, with virtually no commodity stockouts and receipts consistently exceeding payments. The challenge lies in maintaining this extremely high level of performance, but the experience to date is encouraging.

## ***1.6) Increased Access to and Quality of Family Planning Services***

The Africa OR/TA Project II is frequently called upon to undertake facility-based surveys, using the Situation Analysis approach, to describe and evaluate the provision of family planning services at these facilities. These data are then used by national service delivery organizations, CAS, USAID Missions and other donors to increase access to and the quality of family planning services. As described above, these studies are increasingly framed as the pre- and post-intervention measures for evaluating a program of quality improvement activities, but to date many Situation Analysis studies have served as one-off diagnostic studies that provide program managers with essential information on which they can plan service improvements. During Year Three one diagnostic Situation Analysis study was completed in **Zanzibar** and technical assistance provided to CERPOD to undertake one in two provinces of **Mali**. Requests were received to undertake similar studies in **Cameroon** and **Guinea** during 1997.

### **Diagnosing the quality of family planning services in Zanzibar, Tanzania**

A Situation Analysis study was undertaken in all 100 MCH/FP clinics in **Zanzibar** and the results disseminated this year. The findings triggered an immediate response from the Government of Zanzibar. Since the completion of the study, the MCH/FP unit has, through funding from its UNFPA grant:

- ▶ purchased and distributed equipment found to be missing from specific clinics, including torches, gloves, needles, and syringes;
- ▶ intensified IEC activities;
- ▶ planned for refresher and pre-service staff training courses;
- ▶ developed quality of care indicators, based on the measures collected through the Situation Analysis to monitor and evaluate future program performance.

The study results have also been used to plan and obtain UNFPA funding for the next phase of the Zanzibar Family Planning Programme (ZFPP) which will be a broader based reproductive health care program, including STD and HIV prevention, family planning, and safe motherhood services.

In addition to the deliberately designed studies with “before” and “after” measures of service quality, a number of USAID Missions have requested the Project to undertake a second Situation Analysis study so that changes in service quality and subsystem functioning since the first study (undertaken during the first Africa OR/TA Project) can be measured. Although these studies have not been explicitly designed to evaluate a specific program of interventions, they do provide the national service delivery organizations, USAID and other donors with two measures over time from which a good idea of changes can be gained. This approach has been undertaken in:

- **Kenya** (1989 and 1995), and separately for **Nairobi** (1991 and 1995)
- **Burkina Faso** (1990 and 1995)
- **Zimbabwe** (1991 and 1996)
- **Ghana** (1993 and 1996).

During this year the second studies in Kenya, Nairobi and Burkina Faso were completed and the second studies in Ghana and Zimbabwe were initiated. The results from the Kenya and Nairobi comparisons over time have been completed and the results reviewed with program managers. Some of the key findings from the national study in Kenya are provided in the accompanying box.

The second Situation Analysis study in **Kenya** also raised a number of questions about the extent to which MCH and family planning services are actually integrated at MCH/FP clinics, the quality of these services, and how this affects their utilization. The study showed that there is a wide variation in the utilization of similar health facilities by family planning, maternal health, and child health clients. Also program managers wanted to identify those elements of the program for which an improvement in quality may also improve service utilization. A follow-on phase of the study is now being fielded to identify the extent and role played by service quality and integration of MCH/FP services in the choice and utilization of health facilities for MCH and family planning services.

### **Changes in the Kenya family planning program 1989 - 1995**

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For most of the issues examined, the indicators suggest that the Kenya programme is functioning better, and the quality of care has improved, although room for further improvement remains in the following aspects:

Increased availability of Depo Provera, Norplant<sup>®</sup> implants, and sterilization, but not of condoms.

The IEC programme appears to have been strengthened in terms of availability of educational materials, but not in terms of health talks provided to waiting clients.

No significant changes in the frequency of supervision provided.

A dramatic increase in the proportion of nurses who received in-service training.

A substantial shift toward visits to supply Depo Provera and away from visits for the supply of oral contraceptives.

An increase in the proportion of clients hearing about tubal ligation and vasectomy, and a decrease in the proportion of clients hearing about foam/spermicides

A rise in the number of methods mentioned to clients.

More clients hearing about side effects and their management, fewer clients hearing about the benefits of methods, and about the same proportion of clients hearing about how to use methods.

The proportion of clients who were observed to hear about at least one other health issue during their consultation increased significantly from 15 percent to 35 percent.

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## 2) Increased use of Client-centered Reproductive Health Interventions

The second of USAID's Strategic Objectives contributes ultimately to a sustainable reduction in maternal morbidity and mortality through increasing the use of reproductive health interventions. The Africa OR/TA Project II is currently focusing on two broad types of interventions that address reproductive morbidity and mortality: policies and programs that seek to reduce the traditional practice of Female Genital Mutilation (FGM); and improving the quality of services for treating complications of incomplete abortions.

### 2.1) *Reduction in the practice of Female Genital Mutilation*

During Year Three the Project's plans for addressing this issue were crystallized following confirmation of additional funds made available by USAID/Washington and USAID REDSO/WCA, and the recruitment of a National Fellow in Mali. The Project will focus its activities in Mali, Burkina Faso and possibly at Navrongo in northern Ghana, and is collaborating with PATH (working in Guinea) as part of the USAID/Washington-supported FGM initiative in west Africa. The Project is also providing technical assistance to the international NGO, Rainbo♀, in support of its efforts to mobilize a regional plan of action to coordinate the myriad national activities that are currently underway. In addition to this networking the following activities were initiated during Year Three.

**Mali:** Over the last two decades there has been a move towards trying to prevent and ultimately eliminate the practice in Mali, but its widely accepted role in Malian culture has hampered the introduction of any simple and easy approaches to its reduction. Given its cultural sensitivity, it is absolutely essential that the Government take an active lead in condemning the practice if there is to be any possibility of its reduction in the general population. Given this situation, the Africa OR/TA Project II has decided to adopt a two-pronged strategy which will address both the policy and research needs of those seeking to reduce the practice. The strategy is described in full in section III; in brief it consists of the following:

- a) The Government of Mali is actively seeking to re-establish a national committee against FGM through its *Commissariat à la Promotion Feminine* (CPF), and so much of the Project's early activities focused on forming a close working relationship with the Commissariat. The Project is currently assisting the CPF to organize a national seminar in early 1997 to publicly discuss FGM under the Government's auspices. The seminar will be the starting point for a process to develop a Government policy on FGM, define a national strategy against FGM, and create a national committee to coordinate all national efforts.

- b) The second strategy is to develop, test and evaluate some interventions that seek to change attitudes and behavior which support the practice. Discussions were held with numerous groups during Year Three to identify possible interventions and among the many suggestions made the following three appear to be the most promising: encouraging excisors to stop performing circumcisions; diagnosing and treating health complications due to FGM at health centers; and addressing the needs of youth for appropriate information on the practice.

**Burkina Faso:** Five activities have been undertaken or are planned:

- a) As part of the national Situation Analysis study some questions on approval of FGM were asked of clients and providers - over half of the clients did not approve off the practice. In addition, semi-structured interviews were held with 95 clients representing 15 ethnic groups, and from 25 providers, to gain a better understanding of the reasons for maintaining the practice, how it is practised, and how it could be countered. The results were presented in a separate report and at the 1996 APHA conference.
- b) Technical assistance has been given to the *Comité National de Lutte Contre le Pratique de l'Excision* in developing and submitting a proposal to UNFPA for support in developing a National Action Plan and Strategies.
- c) A study, to be undertaken in 1997, was planned jointly with the *Comité National de Lutte Contre le Pratique de l'Excision* and the Regional Division of Health in Bazéga Province. The study will synthesize available data on FGM and to collect new data to identify FGM-related health complications experienced by antenatal clients, describe the beliefs and attitudes amongst family and community members, compare the beliefs and attitudes of those who do and do not practise FGM, and ascertain the activities which community members would recommend for discouraging the practice. This information would be used to establish a baseline for pilot-testing intervention studies.
- d) As part of the baseline survey for the CBD Project in Bazéga Province a series of questions were asked about attitudes, behavior and practices relating to FGM. The key findings were most females are circumcised before they reach the age of 20 years, so that after this age the proportion circumcised is about 90 percent. The practice is not associated with religion as the proportions circumcised do not vary by whether the woman is Muslim, Christian or Animist - indeed, the prevalence amongst Catholics is slightly higher than amongst Muslims.
- e) Included within the training for community agents in the Bazéga CBD Project was a module on the harmful health and psycho-social effects of FGM, and as part of their job description the agents will be expected to sensitize their communities through both individual and group meetings. This intervention began in October 1996 and a preliminary assessment of the feasibility of the intervention and it's initial effect will be undertaken in mid-1997.

**Ghana:** Results from the Navrongo panel survey suggest that three-quarters of all women have been circumcised. The NHRC has also collected further data using several innovative approaches. Contact was established with the local schools and an essay-writing competition organized among 90 pupils as a way of encouraging them to express their perceptions of and attitudes towards FGM. A one-page self-administered and anonymous questionnaire was also administered to 470 female pupils to ascertain their personal status. Focus group discussions and in-depth interviews were held with a cross-section of different population groups. These data are currently being analyzed. In addition, a random sample of women attending clinics for antenatal examinations were observed to gain direct measures of the prevalence and type of FGM among this population; of the 398 women examined, 268 (i.e. 67 percent) were circumcised.

## ***2.2) Improving the quality of essential obstetric services***

**Kenya:** A study being implemented in collaboration with the MOH and IPAS completed the baseline data collection phase during which the current situation for treating abortion complications in six hospitals was assessed, three of which use the 'D&C' or sharp curettage method and three of which use the MVA method. The key findings about the treatment provided and the profiles of clients attending the hospitals are provided in the accompanying box. A workshop was held in Nairobi in August 1996 to discuss these findings with staff from the participating hospitals, to make recommendations to address the problems, and to plan for introducing the quality improvement interventions. The interventions were introduced at the end of Year Three and consisted of three activities: 1) staff training in MVA and postabortion family planning; 2) facility upgrading; and 3) administrative and procedural reorganization at each facility.

### **Current practices in providing post-abortion treatment in six Kenyan hospitals**

- ▶ Negative provider attitudes towards incomplete abortion patients are widespread at all hospitals;
- ▶ Pain control is rarely used in almost all MVA cases and over half of D&C cases, leading to pain, often described by patients as extreme;
- ▶ Few patients receive any information or counseling, either on the procedure or on family planning;
- ▶ Patients are often forced to wait a long time for services due to shortages in equipment, because they are perceived as a low priority compared with other patients, or the need to produce payment before receiving services;
- ▶ Proper infection control practices are not always observed with MVA equipment and providers do not have correct knowledge of these practices;
- ▶ Contrary to providers' perceptions of the "typical" patient, most women coming with abortion complications were married, in their mid-late 20's and had at least one child;
- ▶ Moreover, 22 percent of women were using a contraceptive method when they became pregnant, and a further 31 percent said that they had not been using family planning because they wanted to become pregnant;
- ▶ More than 40 percent of women were accompanied to the hospital by their husband / partner.

**Burkina Faso:** A study began in August 1996 to test the introduction of the MVA method and the development of a formal linkage with postabortion family planning counseling and services. The study is being carried out in the country's two major teaching hospitals by a national NGO, CRESAR, and in close collaboration with JHPIEGO who is responsible for training and quality assurance.

**Senegal:** A draft proposal for a similar study, again to be implemented in collaboration with JHPIEGO, was drawn up by a group of three hospitals in Dakar, Senegal. It is planned that this study will begin in early 1997. Together, both studies will provide essential information to policymakers throughout francophone countries in west Africa where there is virtually no experience to date of using the MVA method, or of linking treatment of abortion complications with family planning counseling and services.

### **3) Increased use of proven interventions to reduce STI/HIV transmissions**

USAID's Strategic Objective #4 seeks to reduce transmission of STIs, and in particular HIV, through increasing the use of appropriate and proven interventions. The Africa OR/TA Project II is contributing to this objective and its constituent results through a number of research studies, intensive networking, and technical assistance to both host country and USAID organizations working primarily in east and southern Africa. In addition to funds available through the Project itself, additional support has been made available by USAID's Africa Bureau and by USAID's REDSO/ESA office. The following activities were undertaken during Year Three.

#### ***3.1) Enhanced quality, availability and demand for STI prevention and management services***

Many MCH/FP programs in east and southern Africa are shifting towards a broader reproductive health service approach, including the integration of STI and HIV/AIDS prevention and diagnostic services into the current MCH/FP services. The shift is based on the belief that integration will encourage greater utilization of multiple reproductive health services to a wider clientele, provide better quality services, and be more cost-effective than vertical systems. More information is needed to know whether such a shift is justifiable, and if it is, how best such an integrated approach could be implemented.

To address this need for more empirical information, a consortium of service and research agencies has been established with USAID funding. The consortium includes the USAID Africa Bureau, USAID/REDSO for East and Southern Africa, the Africa OR/TA Project II, Pathfinder International, the BASICS Project, the Commonwealth Health Secretariat, and FHI's AIDSCAP Project. The Africa OR/TA Project II's primary responsibility within the consortium has been to undertake a series of case studies of innovative 'integration' projects that have already been initiated in the region. The following three case studies were completed in Year Three, and a synthesis of the lessons learned is currently under preparation.

**Kenya:** The first case study completed was of the Mkomani Clinical Society (MCS) in Mombasa, a NGO project supported primarily by Pathfinder International. The integration model developed by MCS utilizes both clinic and community-based approaches to service delivery. The case study found that the MCS clinics had considerable capacity for the delivery of integrated services; the clinics were well equipped, staff trained, and top management were committed to the integrated approach. However, the study also identified a number of issues, particularly in the areas of the content of training, the use of the syndromic approach, the development and use of guidelines and checklists, contact tracing, and cost-effectiveness where a considerable amount of work still needs to be done before a smooth process for providing integrated services is firmly in place. The MCS, with support from Pathfinder International, has already begun to address the weaknesses identified in the case study.

The second case study in Kenya was of the "Strengthening STD/HIV Control" Project (1990-1995) which is being undertaken by the Nakuru Municipal Council (NMC) in collaboration with the University of Nairobi and University of Manitoba and with financial support from CIDA. The project seeks to strengthen the management of STIs and HIV/AIDS at health facilities and by establishing sustainable community based STD/AIDS control activities. The model adopted expects that the management of STDs at the clinics will be provided to clients at their first point of contact. For example, the same service provider should treat, during a single visit, a client seeking family planning services who also has symptoms suggesting an STD. Preliminary results from the case study suggest that the NMC clinics do not consistently offer quality integrated services. Clinics lack the necessary basic equipment and supplies; despite training that the providers themselves considered adequate, few staff were observed carrying out appropriate risk assessment, history taking, or clinical assessment procedures; government regulations hinder nurses from prescribing antibiotics, and the provision of drugs that are specifically earmarked for use in STI treatment undermines the principle of integration.

**Uganda:** A third case study was undertaken, in collaboration with Pathfinder International, of the Family Life Education Project (FLEP) of Busoga Diocese. In 1989, the FLEP added STI/HIV/AIDS services to the existing FP/MCH services in the Busoga Diocese in order to better respond to their client's reproductive health needs. The Project provides integrated services in its clinics with the support of voluntary community-based workers who motivate, counsel and provide IEC. The study found that although the implementation of FLEP's integration model is still in its infancy and lacunae still exist in the provision of quality services in terms of infrastructure and drugs, staff preparedness, and implementation, important achievements were noted by both service providers and clients. The case study also provides several lessons for other programs initiating similar activities.

**Zambia:** During Year Three plans were prepared for a study that addresses the question of how perceptions of HIV risk affect fertility decision-making. The delivery of family planning services to HIV positive women offers not only the possibility preventing unwanted births and births of children whose care will fall to the wider community upon the death of one or both of their parents, but also of decreasing perinatal HIV transmission. Little is known about the fertility decision-making of these women, and it is not clear that traditional family planning information and services offered through MCH/FP clinics reach this large sub-population. A diagnostic OR activity, beginning in early 1997, will be undertaken in collaboration with the Tropical Disease Research Centre in Ndola to look at how knowledge of HIV/AIDS shapes sexual and reproductive decision-making and the fertility preferences and attitudes towards contraception of men and women living in communities with high HIV prevalence.

### **3.2) Improved capacity to monitor and evaluate program impacts**

**Botswana:** The national Situation Analysis study was completed during this year which, in addition to information on family planning services, collected data on the preparedness of the MCH/FP program to integrate STI and HIV/AIDS services. The capacity to collect these types of data encouraged the MCH/FP Unit to request additional assistance in the development of a 'rapid appraisal' mechanism which would allow it to routinely monitor the progress and performance of its efforts to strengthen the integration and quality of services provided. Consequently, a workshop held in Francistown in June 1996 for program managers and policymakers at which the MCH/FP program's mission statement was revised to include STI and HIV service objectives, and a mechanism was developed to monitor the MCH/FP program activities and progress towards the mission statement. The mechanism was developed in four stages (see box).

Following the workshop 15 nurse midwives from the MCH/FP program's Training Resource Group were trained in using the checklist, the intention being that they would acquire skills that would enable them to supervise and monitor more effectively the program's progress towards its goals of providing quality and integrated reproductive health services. To pilot-test the mechanism, the nurse midwives visited 25 health facilities that were already being strengthened in under the USAID-supported bilateral project, interviewed 38 service providers who had been trained in providing integrated services, and observed these staff providing services to 164 clients. Data from the field work is currently being analyzed. Although USAID support for the MCH/FP program has been phased out in Botswana, the MCH/FP Unit is confident that the mechanism will continue to be implemented on an annual basis with funding from other sources. It is expected that this monitoring mechanism could be easily adapted for use by other MCH/FP programs, both in the public and NGO sectors, that are seeking to integrate STI and HIV/AIDS services.

#### **Development of a Quality Assessment mechanism for routine monitoring of integrated reproductive health services**

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- i) **Identification of key program elements to be monitored.** Drawing from the Bruce-Jain quality of care framework and the EVALUATION Project's report on evaluating reproductive health programs, workshop participants identified 11 key elements which should be monitored.
  - ii) **Definition of indicators for assessing progress on these elements.** These indicators were based existing program performance indicators already used by the MCH/FP program, as well as those which emerged from the Situation Analysis study. A total of 45 indicators were defined.
  - iii) **Specification of items for measuring the indicators.** Based largely on the items in the Situation Analysis instruments; but also creating new ones as appropriate, items for collecting information on each of the indicators were developed.
  - iv) **Development of a data collection mechanism.** Drawing heavily from the data collection methods of the Situation Analysis approach, a checklist was prepared that would allow all the relevant information to be collected through observations and interviews at a sample of MCH/FP facilities.
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### ***3.3) Quality and timely assistance provided to partners to ensure effective program implementation***

**Kenya:** The integration of STI and HIV/AIDS services into the existing MCH/FP program has been a priority concern for the country USAID Mission. To consolidate and coordinate the efforts being made by the many CAS addressing this issue in Kenya, a CAS Integration Working Group has been established. The Group meets at least quarterly to review on-going activities and review experiences gained. Staff from the Africa OR/TA Project II continue to play an active role within the Group; for example, during Year Three the Project was the convener for Research and Evaluation sub-group. This group will continue to function over the course of the coming year.

**Regional:** The Project is a member of the USAID/REDSO-supported Regional Technical Group of partner CAS and managers of integrated programs that is addressing the feasibility and effectiveness of integrating STI/HIV/AIDS and MCH/FP services. In addition to its central function of evaluating and testing innovative integration strategies, the Project is also collaborating closely with its partners on some of the consortium's other activities. These include: studies of the cost of integration (REDSO); assembling a regional inventory of integration experiences (Pathfinder International); preparing a literature review of the syndromic approach (FHI); developing standardized recommended drug lists (Commonwealth Health Secretariat); and dissemination and sharing of lessons learned and best practices through workshops and papers (REDSO). This assistance will continue through Year Four.

### **III. Subprojects and Technical Assistance**

#### **1) Country Workplans for Focus Countries**

At this stage in the Project the subprojects and technical assistance activities that have been completed, are on-going, and are likely to be undertaken over the remaining two years are fairly certain. They are described below, firstly for the Project's focus countries (i.e. those where a substantial range of activities are being implemented), secondly by the Project's non-focus countries (i.e. those where selected activities are being implemented and supported at the specific request of a USAID country Mission in a non-focus country), and thirdly by those that are regional in scope. It should be noted that the budgets given are for local, direct costs only.

# BOTSWANA



## Subprojects

## Duration / budget

Strengthening NGOs' management and service delivery capabilities to provide reproductive health services to adolescents

November 1995 -  
September 1996  
*\$231,850*

Assessing the coverage and adequacy of services provided to care givers of HIV+ youth

June 1996 -  
September 1996  
*\$5,935*

Evaluating the effectiveness of adolescent peer education training programs

June 1996 -  
September 1996  
*\$5,994*

Utilization of IEC materials on HIV/AIDS by adolescents with disabilities

July 1996 -  
September 1996  
*\$2,242*

Accessibility, availability and use of condoms among adolescents

July 1996 -  
September 1996  
*\$10,125*

Creation of database and maps of all NGOs in Botswana

May 1996 -  
July 1996  
*\$10,688*

Baseline study for evaluation of the effect on service quality of integrating STI/HIV/AIDS services into the national MCH/FP program	April 1995 - July 1996 \$100,587
Development and testing of rapid appraisal mechanism for assessing quality of integrated services in the national program	June 1996 - April 1997 \$37,490

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Kereng, Keipelege, Agatha Moyo, Botho Ntswaneng, Gadibotsile Reetsang, Gaontebale Kgasa and Pilate Khulumani. 1996. *Assessing the coverage and adequacy of services provided by AMMB care givers of youth with HIV/AIDS*. Association of Medical Missions and Health Research Unit, Ministry of Health, Gaborone, Botswana. September.

Kgathi, Betty, Rosinah Nyoni, Watson Mabuku, Bagaisi Phaphe, Galaletsang Mokgweetsi and Gwen Lesetedi. 1996. *Availability and acceptability of information, education and communication material on HIV/AIDS by youth with disabilities*. Botswana Red Cross Society, Population Services International, University of Botswana and the Health Research Unit, Ministry of Health, Gaborone, Botswana. September.

Maribe, Lucy and Scott Stewart. 1995. Botswana's national program of integrated services - what are the costs: A case study. Paper presented at the annual meeting of the American Public Health Association, San Diego, CA, 29 October-2 November.

Molatole, Segomotso, David Mosweu, Kitso Tiro, Ethnah Sedingwe, Mmasabata Ramosiane, Lesogo Motsewabo, Shenaaz Halabi and Mercy Montsi. 1996. *Attitude, knowledge and practices of youth (13-30) on sexual behaviour / HIV/AIDS/STDs / teenage pregnancy*. Sebotho Modisi Day Care Centre, Botswana Youth Centre, Botswana Scouts Association, Health Research Unit, Ministry of Health, Gaborone, Botswana. September.

Moreri, Amanda, Boitshoko Nyatshane, Magdeline Mabuse and Kesi Gobotswang. 1996. *Effectiveness of peer education training programmes in Botswana: The case of Botswana Family Welfare Association and Young Women's Christian Association*. Botswana Family Welfare Association, Young Women's Christian Association and National Institute of Research, Gaborone, Botswana. September.

# BURKINA FASO



## Subprojects

Testing the introduction of MVA for treating abortion complications with family planning counseling and services in hospitals

## Duration / budget

August 1996 -  
December 1997  
*\$61,441*

Testing a community-based reproductive health care program and cost-recovery scheme

June 1995 -  
May 1998  
*\$271,775*

Situation Analysis study to assess changes in subsystem functioning and quality of care of national MOH program

March 1995 -  
April 1996  
*\$103,800*

Testing a model clinic approach to providing quality, comprehensive services

May 1997 -  
August 1998  
*\$TBD*

Current perceptions and practices for identifying and treating reproductive tract infections in rural communities

May -  
December 1997  
*\$TBD*

Testing the introduction of syndromic screening at rural MCH/FP clinics

May 1997 -  
August 1998  
*\$TBD*

Assessing the prevalence and nature of FGM and identifying possible interventions to reduce the practice

April 1997 -  
August 1998  
*\$TBD*

## **Technical Assistance**

Baseline survey in five provinces for MOH program to expand role of TBAs as family planning providers	August 1994 - March 1996 44 days
Training in Operations Research for NGO health managers from several francophone countries	January 1995 - March 1996 12 days
Development of national five-year health research agenda	February 1995 5 days
Development of a Community Health Field Station	December 1995 - November 1996 110 days
Implementation of a sexual health project by IPPF-affiliate	December 1995 - July 1996 30 days
Design of OR study on FGM for National anti-FGM committee	December 1995 - December 1996 55 days
Assessment of IPPF-affiliate's Youth-to-Youth program	March - June 1996 15 days

## Papers and presentations

Ouédraogo, Boukary, Inoussa Kaboré, Youssouf Ouédraogo, and Idrissa Ouédraogo. 1996. *Identification des besoins spécifiques des jeunes dans la domaine de la santé sexuelle*. A report of Technical Assistance provided by the Africa OR/TA Project II to the Association Burkinabé pour le Bien Etre Familial (ABBEF) CFDS/GTZ Projet, Formation et Recherche Action. Ouagadougou, Burkina Faso, August.

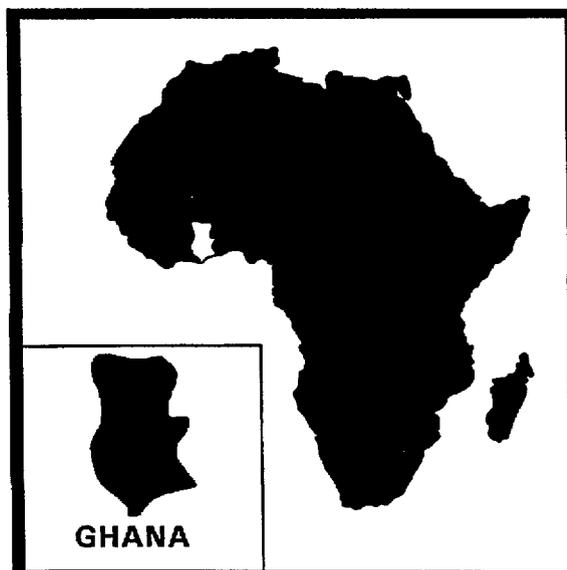
Bamba, Azara, Brice Millogo, Jeanne Nougara, Youssouf Ouédraogo, Placide Tapsoba and Inoussa Kaboré. 1996. *Deuxième Analyse Situationnelle du Programme de Planification Familiale au Burkina Faso*, Prepared by the Africa OR/TA Project II in cooperation with the Ministère de la Santé de l'Action Sociale et de la Famille, Ouagadougou, Burkina Faso, July.

Ouédraogo, Ousmane, Boubacar Héma, Denis Zongo, Batébié Zio, Soahibou Danté and Youssouf Ouédraogo. 1996. *La pratique de l'excision: Données qualitatives collectées dans 19 provinces sur 15 groupes ethniques auprès de clientes et prestataires de services des formations sanitaires*. Prepared by the Africa OR/TA Project II in cooperation with the Ministère de la Santé de l'Action Sociale et de la Famille, Ouagadougou, Burkina Faso, May.

Bamba, Azara, Jeanne Nougara, Jean-Baptiste Koama, and Youssouf Ouédraogo. 1996. *Etude pour tester l'expansion de l'utilisation des Accoucheuses Villageoises pour les prestations de services de SMI/PF/NUT dans cinq provinces du Burkina Faso: Enquête de base*. A report of Technical Assistance provided by the Africa OR/TA Project II to the Ministère de la Santé de l'Action Sociale et de la Famille and UNFPA / Burkina Faso, Ouagadougou, Burkina Faso, May.

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.

# GHANA



## Subprojects

## Duration / budget

Diagnosis of the demand for family planning services and micro-pilot testing community-based nurses and volunteers

May 1994 -  
April 1995  
\$244,624

Testing a community-based health care and family planning program and cost-recovery scheme

May 1995 -  
April 1998  
\$747,879

Testing the introduction of syndromic screening in rural MCH/FP clinics

May 1997 -  
April 1998  
\$TBD

Current perceptions and practices for identifying and treating reproductive tract infections in rural communities

May 1997 -  
December 1998  
\$TBD

Situation Analysis study to assess changes in subsystem functioning and quality of care of national MOH program

August 1996 -  
May 1997  
\$211,211

## Technical Assistance

Designing a study to introduce the female condom into a rural community	March 1996 - June 1997 20 days
Strengthening the OR and program evaluation capacity of the IPPF-affiliate	February 1996 - June 1997 60 days

## Papers and presentations

Binka, Fred, Alex Nazzar, and James Phillips. 1995. The Navrongo community health and family planning project. *Studies in Family Planning* 26(3): 121-139.

Nazzar, Alex, Philip Adongo, Fred Binka, James Phillips and Cornelius Debpuur. 1995. Developing a culturally appropriate family planning program for the Navrongo experiment. *Studies in Family Planning* 26(6): 307-324.

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.

Binka, Fred, Alex Nazzar and James Phillips. 1995. *First Annual Report of the Navrongo Health Research Centre to The Africa OR/TA Project II*. Navrongo Health Research Centre, Ministry of Health, Navrongo, Ghana, June.

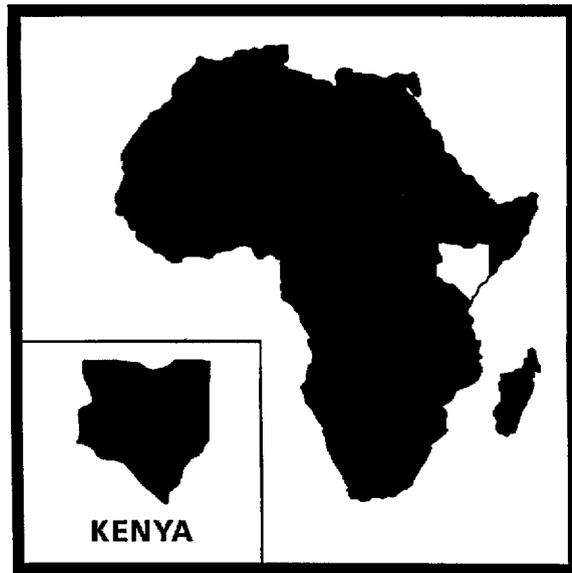
Nazzar, Alex, Philip Adongo, Fred N. Binka, et al. 1995. Involving a traditional community in strategic planning: the Navrongo Community Health and Family Planning Project pilot study. Paper presented at the annual meeting of the Population Association of America, San Francisco, California, 6-8 April.

Nazzar, Alex, Philip Adongo, Fred N. Binka, et al. 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.

Phillips, James, Fred Binka, Martin Adjuik, Alex Nazzar and Frank Adazu. 1996. The determinants of contraceptive innovation: a case control study of family planning acceptance in a traditional African society. Paper presented at the annual PAA Meeting, New Orleans, Louisiana, 9-10 May.

Update. 1996. Findings from phase I of the Navrongo community health and family planning project. New York: The Population Council, May.

# KENYA



## Subprojects

## Duration / budget

Testing alternative strategies for providing an integrated service for treating abortion complications and offering family planning counseling and services in hospitals

January 1995 -  
November 1997  
\$265,973

Assessing the role and impact of family planning CBD programs

March 1995 -  
December 1996  
\$148,885

Situation Analysis study to assess changes in subsystem functioning and quality of care of family planning services, and assessment of integration of FP and MCH services

March - 1995  
September 1997  
\$195,181

Comparison of definitions of quality of care by clients and providers

April 1994 -  
September 1995  
\$30,949

Clients' and providers' perceptions of integrating male-oriented services at MCH/FP clinics

March -  
June 1997  
\$TBD

## Technical Assistance

Preparation of briefing paper on CBD programs for USAID/Kenya Mission	June - September 1994 35 days
Interpretation and utilization of data from Situation Analysis and CBD impact studies by Nairobi City Council	February - October 1996 14 days
Developing research designs for testing alternative models of providing reproductive health services to men	February 1995 - July 1998 45 days
Training NGO program managers in quality of care	December 1993 5 days
Developing a proposal for testing the feasibility and effect of CBD agents providing the injectable	February - July 1994 20 days

## Papers and presentations

Twahir, Amina, Baker Ndugga Maggwa and Ian Askew. 1996. *Integration of STI and HIV/AIDS services with MCH/FP services: a case study of the Mkomani Clinic Society in Mombasa, Kenya*. Mkomani Clinic Society and the Africa OR/TA Project II, Nairobi, Kenya, April.

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 Africa OR/TA Project II, August.

Ndhlovu, Lewis. 1995. *Quality of care in family planning service delivery in Kenya: clients' and providers' perspectives. Summary report*. Nairobi, Kenya: The Africa OR/TA Project II, August. [In English and French]

Family Planning Association of Kenya and the Africa OR/TA Project II. 1995. *Increasing male involvement in the Family Planning Association of Kenya's family planning program*. Nairobi, Kenya, March.

Mundy, Jacqueline, and Ian Askew. 1994. *Current experiences with community-based distribution of family planning in Kenya: a review prepared for USAID/Kenya*. A report of Technical Assistance provided by the Africa OR/TA Project II to USAID/Kenya. The Africa OR/TA Project II, Nairobi, Kenya, September. [In English and French]

Update. 1995. *Testing alternative approaches to providing integrated treatment of abortion complications and family planning in Kenya: findings from phase I*. New York: The Population Council, December.

Update. 1995. Quality of care in family planning service delivery in Kenya: clients' and providers' perspectives. New York: The Population Council, November.

Maggwa, Ndugga, Ityai Muvandi, Martin Gorosh, et al. 1995. *Findings from the sub-Saharan Africa urban family planning study: Mombasa City report*. Washington, D.C.: John Snow Inc., March.

Mensch, Barbara, Robert Miller, Andrew Fisher, et al. 1994. Family planning in Nairobi: a Situation Analysis of the city commission clinics. *International Family Planning Perspectives* 20(2): 48-54.

Maggwa, Ndugga, Ian Askew, and Andy Fisher. 1995. Integration of MCH/FP with STD/HIV services at Mkomani clinic society clinics, Mombasa, Kenya -- what are the costs? A case study. Paper presented at the annual meeting of the American Public Health Association, San Diego, CA, 29 October-2 November.

Miller, Kate, Lewis Ndhlovu and Diouratié Sanogo. 1996. Using Situation Analysis to evaluate programme changes over time. Paper presented at a workshop on "Strengthening the Utilization of Situation Analysis for Planning, Managing and Evaluating Reproductive Health Services", The Population Council, Nairobi, Kenya, May 29-31.

Ndeti, Cecilia, Gilbert Magiri, Jacqueline Mundy, et al. 1995. Increasing male involvement in a CBD program in Kenya. Paper presented at the annual meeting of the American Public Health Association, San Diego, CA, 29 October-2 November.

Ndhlovu, Lewis. 1996. Including the users' perspective: how clients define quality. Paper presented at a workshop on "Strengthening the Utilization of Situation Analysis for Planning, Managing and Evaluating Reproductive Health Services", The Population Council, Nairobi, Kenya, May 29-31.

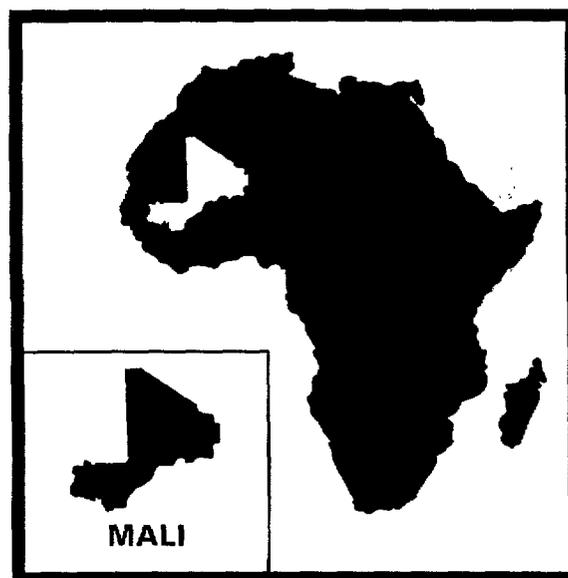
Ndhlovu, Lewis. 1995. The 1995 Kenya Situation Analysis study. What is new? Presentation to USAID Washington Office of Population staff, Washington, DC, October 26.

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.

Solo, Julie. 1995. Findings from the first phase of the post-abortion care study in Kenya. Presentation to USAID Washington Office of Population Staff, Washington, DC, October 26.

Twahir, Amina and Ndugga Maggwa. 1995. Mkomani Clinic's Integration of FP and MCH-FP services with STD/HIV services - what are the costs: a case study. Paper presented at the annual meeting of the American Public Health Association, San Diego, CA, 29 October-2 November.

# MALI



## Subprojects

## Duration / budget

National Seminar to develop a Plan of Action and Research Agenda on reducing FGM

April -  
July 1997  
*\$13,000*

Technical assistance and training in OR for NGOs undertaking work on FGM

June 1997 -  
July 1998  
*\$TBD*

Experimental study to test impact of training clinic staff in identifying and managing complications due to female circumcision

June 1997 -  
June 1998  
*\$TBD*

Diagnostic study of prevalence of and attitudes towards FGM among schoolchildren

September 1997 -  
April 1998  
*\$TBD*

Evaluation of on-going circumcisor-based interventions

June 1997 -  
June 1998  
*\$TBD*

## **Technical Assistance**

Comprehensive review of action and literature on FGM in Mali

July 1996 -  
March 1997  
84 days

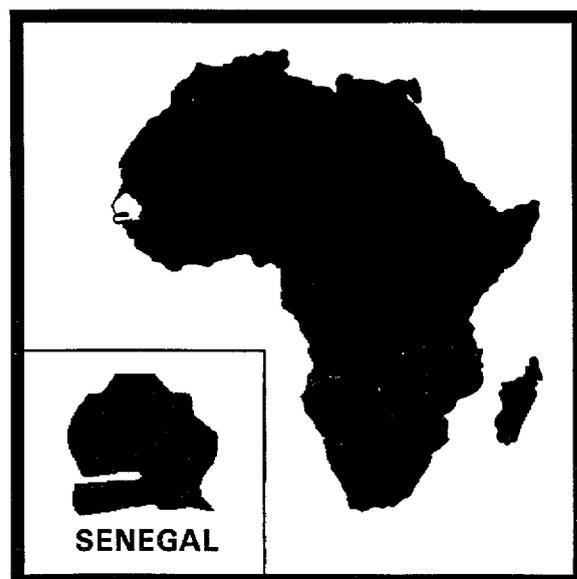
Implementation of a Situation Analysis study in two regions

April 1995 -  
June 1996  
25 days

## **Papers and presentations**

Mbodji, Fara. 1996. *Analyse Situationnelle des services de planification familiale dans les regions de Koulikoro et Sikasso, Mali*. A Report of Technical Assistance provided by the Africa OR/TA Project II to the Centre d'Etudes et de Recherche sur la Population pour le Développement (CERPOD), Bamako, Mali, August.

# SENEGAL



## Subprojects

## Duration / budget

Testing the effect of improving the quality of clinical services through model clinics and through COPE on contraceptive use dynamics	February 1997 - August 1998 <i>\$92,600</i>
Testing the introduction of MVA for treating abortion complications with family planning counseling and services in hospitals	April 1997 - July 1998 <i>\$64,000</i>
Baseline Situation Analysis study to assess levels of subsystem functioning and quality of care in every family planning SDP	April 1994 - December 1995 <i>\$108,140</i>
Mid-term Situation Analysis study to assess changes in subsystem functioning and quality of care in clinics receiving USAID-supported programmatic interventions after one year	January - June 1997 <i>\$59,800</i>
End-term Situation Analysis study to assess changes in subsystem functioning and quality of care in every family planning SDP	January - June 1998 <i>\$TBD</i>
Training in OR and development of three OR proposals for the National Family Planning Program	March - May 1996 <i>\$14,705</i>

## **Technical Assistance**

Analysis and dissemination of national Situation Analysis study results at the regional and district levels	May - December 1995 173 days
Literature review on all family planning and child survival activities	November 1994 - February 1995 90 days
Development of evaluation indicators for USAID-supported Child Survival and Family Planning program	March - June 1995 27 days
Re-engineering of the USAID/Senegal strategic planning process	March - May 1996 12 days
Development of policy guidelines on CBD for the National Family Planning Program	March 1996 - March 1997 41 days
Training of Regional Medical Officers in OR for developing malaria control interventions	June - October 1995 23 days
Pilot-testing a public-sector CBD program	June 1996 - August 1997 TBD

## Papers and presentations

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 Africa OR/TA Project II in cooperation with the Ministère de la Santé et de l'Action Sociale, and Programme National de Planification Familiale. Dakar, Sénégal, February. [In French and English]

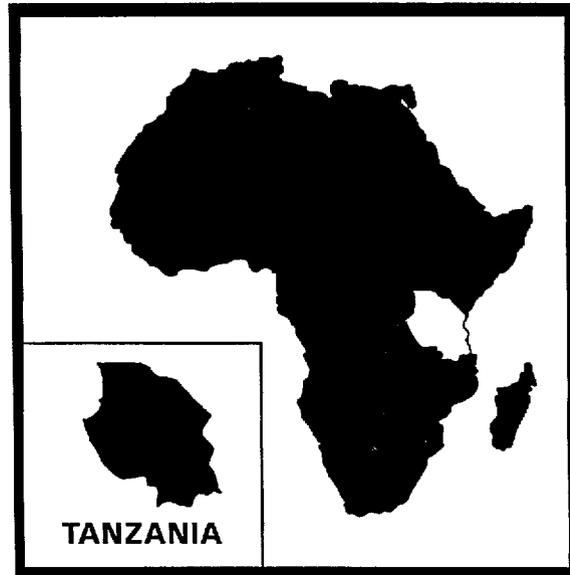
Cusack, Gill, Bill Emmet, Paulette Charponière, Annamaria Cerulli, and Diouratié Sanogo. 1995. *Child survival and family planning activities in Senegal: a review of the literature and recommendations for future research and programs*. Prepared by the Africa OR/TA Project II in cooperation with Management Sciences for Health. Dakar, Sénégal, January. [in French and English]

Update. 1995. Situation analysis of the family planning service delivery in Senegal. New York: The Population Council, June.

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.

Tapsoba, Placide, Christine Naré, Barbara Jones, et al. 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.

# TANZANIA



## **Subprojects**

## **Duration / budget**

Assessment of the cost-effectiveness of three alternative family planning CBD models

February -  
May 1997  
*\$24,700*

Evaluation of the effects of a vasectomy promotion campaign on the knowledge, attitudes and behavior of men in Dar es Salaam

January -  
September 1996  
*\$13,783*

Training workshop on OR and proposal writing for staff from the National Family Planning Program

December 1995 -  
March 1996  
*\$16,006*

Baseline Situation Analysis study to assess levels of subsystem functioning and quality of care in every family planning SDP in Zanzibar

October 1994 -  
February 1996  
*\$45,166*

## Technical Assistance

Evaluation of the IPPF-affiliate's sexual health and other programs	January 1995 - September 1998 45 days
Development and implementation of OR studies by the MOH Reproductive Health Unit	January 1995 - September 1998 50 days
Implementation of a baseline Situation Analysis study to assess readiness of clinics in Mbeya Region to integrate STI/HIV services into existing MCH/FP services through an ODA-supported project	March - September 1995 33 days
Development of an evaluation plan for the AVSCI Quality Management Approach	October 1993 - August 1994 25 days

## Papers and presentations

Mapunda, Patiens and the Africa OR/TA Project II. 1996. *The Zanzibar Family Planning Situation Analysis Study*. Ministry of Health, Zanzibar, Tanzania and the Africa OR/TA Project II, Nairobi, Kenya, May.

Family Health Project. 1995. *Mbeya Family Health Project Situation Analysis study*. Report of Technical Assistance provided by the Africa OR/TA Project II to The British Council and UK Overseas Development Administration Family Health Project, Mbeya, Tanzania, December.

Update. 1996. *Zanzibar Family Planning Situation Analysis Study*. New York: The Population Council, January.

Mensch, Barbara, Andrew Fisher, Ian Askew, et al. 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.

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, 7-9 August.

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, 15-18 August.

# ZAMBIA



## Subprojects

	<b>Duration / budget</b>
Testing and comparing two community-based strategies for improving reproductive health amongst out-of-school youth in Lusaka	August 1996 - July 1998 <i>\$156,957</i>
Testing the introduction of emergency contraception amongst students at the University Teaching Hospital, Lusaka	April 1997 - September 1998 <i>\$TBD</i>
Training MOH and NGO staff in the Participatory Learning Approach	August 1996 - June 1997 <i>\$TBD</i>
Baseline Situation Analysis study to assess levels of subsystem functioning and quality of care in clinics receiving USAID-supported and UNFPA-supported interventions	February 1997 - February 1998 <i>\$167,300</i>
Diagnostic study of contraceptive decision-making behavior among couples with HIV/AIDS	February 1997 - 30 September 1998 <i>\$9111</i>

## Technical Assistance

Expanding contraceptive choice and improving quality of services	October 1996 - September 1998 85 days
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# ZIMBABWE



## Subprojects

## Duration / budget

Situation Analysis study to assess changes in subsystem functioning and quality of care of national MOH program

June 1996 -  
September 1997  
\$116,201

Strengthening the research and research management capacity of the ZNFPC Evaluation and Research Unit

January 1996 -  
June 1997  
\$26,763

Case study of a project to integrate STI/HIV/AIDS services into a MCH/FP program

May 1997 -  
September 1998  
\$TBD

## Papers and presentations

Mensch, Barbara, Andrew Fisher, Ian Askew, et al. 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.

Muvandi, Ityai, Maggwa B. Ndugga, Martin Gorosh, et al. 1995. *Findings from the sub-Saharan Africa urban family planning study: Bulawayo City report*. Washington, D.C.: John Snow Inc., March.

## 2) Activities in non-Focus Countries

### **The Gambia**

Evaluating the relative effects of community-based demand mobilization and service improvement strategies on contraceptive prevalence

### **Duration / budget**

April 1995 -  
September 1996  
\$72,775

### **Cameroon**

Baseline Situation Analysis study to assess levels of subsystem functioning and quality of care in clinics

April -  
December 1997  
\$TBD

### **Guinea**

Baseline Situation Analysis study to assess levels of subsystem functioning and quality of care in clinics

September 1997 -  
May 1998  
\$TBD

### **Uganda**

Evaluating the relative effects of different IEC interventions and clinic strengthening activities on the use of services and changes in risky sexual behavior

May 1997 -  
September 1998  
\$TBD

### **Papers and presentations**

Luck, Margaret, Diane Nell, Ebrima Jarjou and Marc Michaelson. 1996. *Contributions of demand mobilization and contraceptive availability to increased contraceptive prevalence: Issues for replication*. Save the Children Federation, The Gambia Field Office, Banjul, The Gambia. September.

### 3) Regional Activities

<b>Subprojects</b>	<b>Duration / budget</b>
Technical assistance from FHI in costing analysis	February 1997 - January 1998 \$78,746
Documenting and strengthening the utilization of OR findings	March 1996 - June 1997 \$18,316
Strengthening application of the Situation Analysis approach in Africa	July 1995 - July 1998 \$187,866
Case studies of efforts to integrate STI/HIV services into existing MCH/FP service programs	April 1995 - March 1997 \$53,699
Strengthening the Situation Analysis methods interregionally	March 1994 - July 1995 \$92,295
 <b>Technical Assistance</b>	
Identifying and developing research studies on adolescent reproductive health in West Africa with the Pacific Institute for Women's Health	January 1997 - June 1998 25 days
Implementation of regional workshop for NGOs and researchers on FGM for West Africa with Rainb♀	October 1996 - May 1997 31 days
Training materials and resource person at OR Regional Training Workshop for West and Central Africa with CERPOD and Tulane University	August - October 1996 20 days
Training materials and resource person for gender and OR at the UNFPA Anglophone Regional Training Workshop for Population Program Managers	March 1996 8 days
Analysis of services provided to breastfeeding clients attending for family planning at clinics in Senegal and Nigeria for the Wellstart Project	January - February 1996 12 days
Preparation of three background papers on measuring quality of family planning services for the UNPD Task Force on the Measurement of Quality	September - October 1995 32 days

Presentation of papers on OR studies at the USAID-supported Regional Conference on Maximizing Access and Quality of Services in Francophone Africa	February - March 1995 40 days
Developing study designs and research proposals on adolescent reproductive health services in Kenya and Zimbabwe for funding by the Rockefeller Foundation	November 1994 - December 1996 15 days
Advice and training on OR methods for the IPPF Sexual Health Project	January 1994 - March 1996 25 days
Implementation of three urban Situation Analysis studies by the SEATS Project	October 1993 - March 1995 41 days

## Papers and presentations

Africa OR/TA Project II & Asia and the Near East OR/TA Project. 1996. *Strengthening Situation Analysis methodology: a coordinated interregional approach*. The Africa OR/TA Project II, New York, USA, January.

Askew, Ian, Placide Tapsoba, Youssouf Ouédraogo, et al. 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.

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.

Askew, Ian. 1994. Distinguishing between quality assurance mechanisms and quality assessment techniques. *Health Policy and Planning* 9(3): 274-277.

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 and Andrew Fisher. 1995. Using operations research to guide family planning program development and policy formulation in sub-Saharan Africa. *Population Research and Policy Review* 14(4): 373-393.

Askew, Ian, Kate Miller, and Barbara Mensch. 1995. Key indicators for measurement of quality of family planning services. Paper presented at the EVALUATION Project's Service Delivery Working Group's meeting, Washington, DC, 5 October.

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.

- Elias, Christopher and Adepeju Olukoya. 1996. Perceptions of reproductive tract morbidity among Nigerian women and men. *Reproductive Health Matters*, 7:56-65.
- Fisher, Andrew. 1993. Family planning in Africa: A summary of recent results from Operations Research studies. Paper presented at the 121st annual meeting of the American Public Health Association, San Francisco, California, 24-28 October.
- Huntington, Dale, Barbara Mensch, and Vincent C. Miller. 1996. Survey questions for the measurement of induced abortion. *Studies in Family Planning* 27(3):155-161.
- Huntington, Dale, Barbara Mensch and Kate Miller. 1996. The reliability of the Situation Analysis observation guide. *Studies in Family Planning*, 27(5):277-282.
- 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.
- Maribe, Lucy and Ndugga Maggwa. 1996. Using a modified Situation Analysis approach for routine monitoring of quality. Paper presented at a workshop on "Strengthening the Utilization of Situation Analysis for Planning, Managing and Evaluating Reproductive Health Services", The Population Council, Nairobi, Kenya, May 29-31.
- Maggwa, Ndugga and Placide Tapsoba. 1996. Collecting information on other reproductive health services through the Situation Analysis approach. Paper presented at a workshop on "Strengthening the Utilization of Situation Analysis for Planning, Managing and Evaluating Reproductive Health Services", The Population Council, Nairobi, Kenya, May 29-31.
- Maggwa, Ndugga, Ityai Muvandi, Martin Gorosh, et al. 1995. *Findings from the sub-Saharan Africa urban family planning study: Blantyre City report*. Washington, D.C.: John Snow Inc., March.
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## **IV) Project Staffing**

Staffing on the Project remained fairly stable over this twelve month period, although there were a number of changes that reflected the evolution of the Project's activities. Since July 1995 one of the Project's key staff positions, that of an International Resident Advisor based in Nairobi, Kenya, has been vacant, initially caused by the departure of Cecilia Ndeti but maintained at the request of USAID because of the uncertainty over funding. In May 1996 the Project was given the go ahead to begin recruiting for the position and agreement was reached that the new Advisor should be a person with experience in costing issues, as these were becoming of increasing relevance to the Project and existing staff did not have these skills. It has become evident that this position is extremely difficult to fill and so alternative arrangements are under consideration.

During Year Three the Project hired a Resident Coordinator for the twelve-month period to manage its large program of activities with youth-serving NGOs in Botswana. Dr Mercy Montsi qualified originally in education and counseling at the University of Massachusetts, and came to the Project from the WHO Africa Region where she had been advising governments on their national AIDS control plans, and more recently focusing on youth-oriented IEC strategies. Mercy was based at the Botswana National Productivity Centre, a parastatal organization that was sub-contracted to provide extensive training and technical assistance in management to the NGOs.

Both of the existing two-year Host Country Social Scientist positions were completed during Year Three. In Burkina Faso, Youssouf Ouédraogo completed his position in April, 1996, having supervised the second national Situation Analysis study, undertaken numerous technical assistance activities, and been instrumental in establishing the Field Station in Bazéga Province. He is now the Country Representative of the USAID-supported Family Health and AIDS Prevention in West Africa Project. In Tanzania, Professor Eustace Muhondwa returned to his position as Head of the Health Sciences department at Muhimbili Medical Centre at the end of September, 1996 and the Project's country office was closed due to a reduction in the scale of Project activities in the country. The Administrative Assistant, Eunice Odunga, has subsequently joined the Pathfinder International country office in Dar es Salaam.

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Nairobi, Kenya

Ian Askew, Project Director  
Naomi Rutenberg, Deputy Director  
Lewis Ndhlovu, International Resident Advisor  
Ndugga Maggwa, International Resident Advisor  
Jane Chege, National Fellow  
Julie Solo, Michigan Fellow  
John Skibiak, Associate  
Benter Oluoch, Administrative Assistant (until June 1996)  
Violet Bukusi, Administrative Assistant (from August 1996)

Dakar, Senegal

Diouratié Sanogo, Deputy Director  
Placide Tapsoba, International Resident Advisor  
Nafissatou Diop, National Fellow  
Annamaria Cerulli, Michigan Fellow (until September 1996)  
Marthe Bruce Dieng, Administrative Assistant

Dar es Salaam, Tanzania

Eustace Muhondwa, Host Country Social Scientist (until September 1996)  
Eunice Odunga, Administrative Assistant (until October 1996)

Ouagadougou, Burkina Faso

Youssouf Ouédraogo, Host County Social Scientist (until April 1996)  
Inoussa Kaboré, National Fellow  
Jeanne Marie Zongo, Administrative Assistant

Lusaka, Zambia

Kathleen Siachitema, Host Country Social Scientist (since May 1996)

Gaborone, Botswana

Mercy Montsi, Resident Coordinator (October 1995 - September 1996)

Bamako, Mali

Assitan Diallo, National Fellow (since June 1996)

New York, USA

Robert Miller, Senior Research Associate  
Joanne Gleason, Program Manager  
Nicholas Gouédé, Communications Specialist  
Kate Miller, Data Analyst  
Ben Bilbao, Staff Assistant  
Emmy Kondo, Staff Assistant

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The large number of activities in Zambia has necessitated the creation of two new positions. First, a Host Country Social Scientist position has been filled by Dr Kathleen Siachitema, who joined the Project in May, 1996. Prior to joining the Project, Kathleen was the Coordinator of Education Policy Studies at the Zambian Ministry of Education and was responsible for managing a number of research studies. She is based at the CARE International office in Lusaka. Second, John Skibiak, who is with the Council's Expanding Contraceptive Choice Program in Nairobi, Kenya, is working approximately half-time for the Project on activities in Zambia. John was previously the country director for the Council's OR/TA program in Bolivia, and is currently implementing the Council's program of WHO-supported activities in Zambia, Burkina Faso and Ethiopia.

There were two changes within the National Fellows program. The first Fellow to join the program, Dr Jane Chege, completed her fellowship in Kenya at the end of September, 1996. Since then, Jane has become a Population Council Regional Fellow working on a UNAIDS-supported project on sexual behavior and AIDS in Kenya, but also working half-time for this Project on a cost study in Tanzania. Secondly a National Fellow was appointed in Mali, starting in May 1996. Assitan Diallo has come from Brown University, USA where she is completing her PhD thesis on the influence of household structure and family relations on women's economic activities. Assitan (known as Aicha) has a long experience of working in the movement to eradicate female genital mutilation (FGM) in her home country, and so is uniquely qualified to coordinate the Project's program of activities to address this issue, both in Mali and on a regional basis. The Project has also benefitted from the placement of two Michigan Fellows, Annamaria Cerulli in Dakar, Senegal, and Julie Solo in Nairobi, Kenya. Annamaria's fellowship was completed in September, 1996 and she has subsequently returned to the USA and is a freelance consultant. Julie Solo's fellowship is to be completed by January, 1997.