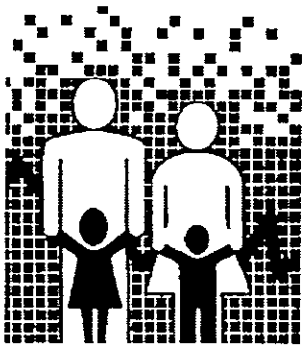
THE POPULATION COUNCIL



PROJECT SUMMARIES

SEVENTH SEMI-ANNUAL REPORT

August 1, 1993 - January 31, 1994

Operations Research and Technical Assistance

Strategies for Improving Family Planning Services in Asia and the Near East

VOLUME II

Contract Number:
DPE-3030-C-00-0022-00
DPE-3030-Q-00-0023-00

Project Number:
936-3030

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	STATUS: Completed
TITLE:	TRANSLATION OF THE SECOND EDITION OF THE HANDBOOK FOR FAMILY PLANNING OPERATIONS RESEARCH DESIGN INTO ARABIC
COUNTRY:	Egypt
IMPLEMENTING AGENCY:	The Population Council
DURATION:	December 1, 1992 - February 15, 1993
TOTAL COST:	$3,928

SUMMARY

The translation of the OR Handbook, (Fisher et al, second edition), into Arabic was completed during this reporting period. There is a great demand for this publication among family planning managers and researchers in the Arabic speaking countries.

The authors have revised and expanded some sections for this second edition, while maintaining the same format. The introductory section includes a more complete and current statement on the process of health and family planning operations research. There is a new chapter on how to select an appropriate intervention for testing in an OR study, another which describes the main elements of study intervention, and a third on the utilization of research findings. The chapter on dissemination of research findings has been expanded.

Initially, 2500 copies will be printed and distributed by the Population Council offices in both Cairo and New York.

STATUS: Completed

TITLE:	DIAGNOSTIC STUDY DOCUMENTING INDIAN MEDICAL ASSOCIATION (IMA) PILOT STUDY FOR PROMOTING ORAL CONTRACEPTIVE PILLS THROUGH PRIVATE MEDICAL PRACTITIONERS IN THREE STATES
COUNTRY:	India
SPONSORING INSTITUTION:	Centre for Operations Research and Training, Vadodara, Gujarat
PRINCIPAL INVESTIGATOR:	Dr. Sandhya Barge
DURATION:	November 15, 1991 - October 30, 1992
TOTAL COST:	$6,500

SUMMARY

A recent national survey in India showed that although spacing methods have been made widely available, only a negligible proportion of couples use these contraceptives, while acceptance of sterilization has increased. It has been found that the majority of people (70-80%) seek assistance from private sources, despite a large public health infrastructure, both in urban and rural areas. Private medical practitioners are, therefore, seen as a potential point of entry to increase the use of oral contraceptive pills (OCP). The Indian Medical Association (IMA) was thought to be in the unique position to take responsibility for educating and motivating private doctors to assist the Government of India in promoting the use of oral contraceptives, as most of the qualified doctors in private and government services belong to the IMA.

In 1990 the IMA carried out a pilot study in the states of Gujarat, Bihar and West Bengal to promote OCP through medical practitioners. Two hundred and thirty-five doctors attended three half-day training meetings. The Population Council assisted in analyzing the data and evaluating the impact of the pilot project.

Results from Gujarat state have shown a positive impact and were used in upscaling the project to train 2,500 doctors in promoting OCP in Gujarat: (1) 92 percent of the doctors expressed their

willingness to promote OCP; (2) The percentage of doctors reporting new acceptors of family planning among their clients increased from 14 percent at the time of the second training to 48 percent at the time of the third training; (3) Similarly, the percentage of doctors reporting that they had started prescribing OCP increased from 26 percent to 65 percent; (4) The study also indicated that after training, the IMA should be in touch with the doctors and inquire about their problems in promoting OCP, and; (5) the IMA as an institution could be used for innovative OR studies dealing with private doctors. However, they would need continuous technical assistance for the best results.

STATUS: Completed

TITLE:	REVIEW OF FAMILY PLANNING AND MCH STUDIES CARRIED OUT IN UTTAR PRADESH
COUNTRY:	India
SPONSORING INSTITUTION:	Indian Association for Studies in Population
PRINCIPAL INVESTIGATOR:	Professor M. K. Premi
PROJECT DURATION:	February 1 - May 31, 1992
TOTAL COST:	$9,990

SUMMARY

The objective of this study was to review all major family planning and MCH studies undertaken in the state of Uttar Pradesh and synthesize the findings. The review highlights present status, problems and possible interventions.

The findings of the study were used as background material for the development of a status paper on the Uttar Pradesh Family Welfare Program requested by USAID/GOI. The paper will be the starting point for discussions on various interventions and research initiatives. The State Institute for Health and Family Welfare will organize a two day workshop in early 1994, in Lucknow, to discuss the findings.

STATUS: Completed

TITLE:	ANALYSIS OF UTTAR PRADESH SURVEY DATA
COUNTRY:	India
SPONSORING INSTITUTION:	Information Systems
PRINCIPAL INVESTIGATOR:	Mr. K. K. Bansal
DURATION:	May 16, 1992 - July 31, 1992
TOTAL COST:	$3,550

SUMMARY

In the Third All India Family Planning Survey a total of 4,835 couples were interviewed in Uttar Pradesh. However, the final survey report does not provide detailed state-wide information. Considering the importance of the state of Uttar Pradesh, the data were reanalyzed to assess differences by sex, rural/urban residence, presence or absence of health facilities with respect to family size norms, sex preference, KAP of family planning and unmet needs. The tabulation provides useful information for planning USAID population program activities in Uttar Pradesh and for discussions with government officials. The data was used extensively in preparing a status paper on Uttar Pradesh requested by USAID/Delhi and the Government of India. The results provided to USAID/Delhi were utilized in preparing the Project Paper for Uttar Pradesh.

STATUS : Completed

TITLE: REVIEW OF FAMILY WELFARE PROGRAM IN UTTAR PRADESH

COUNTRY: India

SPONSORING INSTITUTION: The Population Council

DURATION: December 10, 1992 - February 10, 1993

TOTAL COST: $4,500

SUMMARY

Uttar Pradesh, with a population of 140 million, will be the focus for the future USAID/Delhi Innovations in Family Planning Service (IFPS) project in India. It was suggested by the Ministry of Health and Family Welfare (MOH & FW) that prior to the first Steering Committee meeting on February 12, 1993, it would be best to complete a review of the Family Welfare Programme in Uttar Pradesh. Hence, at the request of USAID/Delhi and MOH &FW, the Population Council prepared and submitted this document before the scheduled meeting.

The main objective of the review was to synthesize previous research and make it easily accessible to program planners, researchers and donor agencies.

This report provides comprehensive state level information on socio-economic and demographic profiles, family size norms and son preference, level of fertility and mortality. It also provides the latest information on the knowledge, awareness and practice of family planning and the level of unmet need in addition to information on the existing FP program, its infrastructure,logistics, IEC, MCH, quality of services provided, etc.

The report shows that, with respect to socio-economic and demographic characteristics, Uttar Pradesh is lagging behind the rest of the country by about 15-20 years. It also shows that 33.8 percent of couples are effectively using various modern contraceptive methods in Uttar Pradesh whereas the level of unmet need is around 25.6 percent. The report also details the existing system and highlights its shortcomings with respect to MCH, IEC, quality of care provided, supervision, others. The report also documents the current involvement as well as the potential of using NGOs and other organized sectors in the Family Welfare Program in Uttar Pradesh.

STATUS: Completed

TITLE:	DIAGNOSTIC STUDY TO EVALUATE THE PREVALENCE OF CLINICAL AND NON-CLINICAL DELIVERY OF NORPLANT® IN THE INDONESIAN FAMILY PLANNING PROGRAM
COUNTRY:	Indonesia
SPONSORING INSTITUTION:	National Family Planning Coordinating Board (BKKBN)
PARTICIPATING INSTITUTIONS:	Andalas University and BKS-PENFIN
PRINCIPAL INVESTIGATOR:	Dr. Sri Hartati P. Pandi
DURATION:	October 1 - December 31, 1991
TOTAL COST:	$6,250

SUMMARY

Indonesia's national family planning program constitutes the largest introduction of NORPLANT® in the world. They are now at a critical stage, with the first five-year removals occurring in late 1991. The ANE OR/TA Project is conducting a Use Dynamics Study to look systematically at NORPLANT® use in the field. To prepare for that study, and also to get early information on program functioning, BKKBN and the Population Council, in conjunction with Andalas University in West Sumatra and BKS-PENFIN in West Java, undertook a diagnostic study in the Fall of 1991.

Field teams investigated six clinics in each of the two provinces, interviewing service providers and examining records. Ten acceptors from each clinic (total 120) were visited in their homes to determine the feasibility of locating them and whether they were still using implants.

About 70% of acceptors in each province had accepted from non-clinical sources, either "safaris" or mobile team visits. The four-year life table continuation rate was 78%. No written information specifically devoted to NORPLANT® was available either to providers or to clients. All physicians and nurse-midwives, as well as many nurses, had received some training in NORPLANT® insertion and removal.

Contrary to expectations, clinical staff, records, and logistics all seemed generally adequate for five-year removal, although some problems can be expected. Results were used by BKKBN to address issues of quality of care raised.

	STATUS: Completed
TITLE:	AN EVALUATION OF NORPLANT® USE DYNAMICS IN THE INDONESIAN FAMILY PLANNING PROGRAM
COUNTRY:	Indonesia
SPONSORING INSTITUTION:	National Family Planning Coordinating Board (BKKBN)
PRINCIPAL INVESTIGATOR:	Dr. Sri Hartati P. Pandi
DURATION:	December 1, 1991 - April 30, 1993
TOTAL BUDGET:	$105,555

SUMMARY

Indonesia's national family planning program constitutes the largest introduction of NORPLANT® contraceptive implants in the world. The country's program is now at a critical stage, with the first five-year removal having occurred in late 1991. The NORPLANT® Use-Dynamics Study was conducted to investigate use-dynamics and the quality of NORPLANT® contraceptive service provision in Indonesia.

In Indonesia, the addition of NORPLANT® contraceptive in the national program has broadened the range of contraceptive choices available to Indonesian women. The availability of NORPLANT® contraceptive has not only attracted new women as acceptors but also provided ample opportunity for current family planning acceptors to switch methods.

A total sample of 3,107 NORPLANT® contraceptive acceptors and 436 providers and field workers from West Sumatra and West Java were interviewed. The study finds that the continuation rate over a four-year period was about 80 percent in both provinces and in most sub-groups. The rate over a five-year period decreases to 55 percent in West Sumatra and 33 percent in West Java. The fall-off suggests that many acceptors are returning for removal at or just before the five year deadline, as they should. In both provinces, the probability of terminating use due to medical reasons is much higher than other reasons through the fourth year. The five-year failure rate was two percent in West Sumatra and 0.4 percent in West Java.

Substantial proportions of NORPLANT® contraceptive acceptors are young, with small families; many adopt it for spacing. More than one-third of acceptors in West Sumatra had never used a family planning method before NORPLANT® contraceptive while in West Java this figure was only 18 percent. The majority (more than two-thirds) of the acceptors chose NORPLANT® contraceptive as a spacing method, while one-third chose the method for terminating childbearing. At the time of the survey, 28 percent of acceptors in West Sumatra and 39 percent in West Java said they wanted more children.

Information concerning NORPLANT® contraceptive was provided to the acceptors most often by field workers and community volunteers. The majority of acceptors knew that NORPLANT® contraceptive has six capsules; is effective for five years; and needs to be removed after five years of use. However, only 33 percent of acceptors in West Java and 60 percent of acceptors in West Sumatra knew that the implants could be removed before five years. The percentage of acceptors who knew of NORPLANT® implants' common side-effects was 26 percent in West Java and about 30 percent in West Sumatra.

According to the providers interviewed in this study, adequate NORPLANT® contraceptive information materials are not available at their clinics. A large majority of providers, field workers, and community volunteers expressed that there ought to be IEC materials for themselves and for their clients. Most NORPLANT® contraceptive acceptors who were either not satisfied or not sure whether they were satisfied with the information provided to them on NORPLANT® contraceptive demand to have information on the availability of removal, side-effects, and what to do if problems occur.

The level of knowledge regarding NORPLANT® contraceptive is low among most providers, field workers, and volunteers. In particular, most health workers do not know: that NORPLANT® contraceptive can be removed before five years; is effective within a few hours of insertion; the exact timing of insertions; conditions under which NORPLANT® contraceptive can be damaged; the five-year expiration period; and NORPLANT® implants' release of progestin in continuous low doses. But most providers, field workers, and community volunteers do know that NORPLANT® contraceptive may bring changes in the menstrual bleeding pattern and that this is the most common side-effect of the implants.

Of the number of doctors surveyed, just over one-half reported to have received training in NORPLANT® contraceptive. With regard to midwives, three-fourths in West Java and approximately one-third in West Sumatra had also attained NORPLANT® contraceptive training. Most field workers (S. PLKBs, PLKBs and

PPKBDs) in both West Sumatra and West Java have not yet received any NORPLANT® contraceptive training.

The majority of acceptors in both West Sumatra (77 percent) and West Java (66 percent) experienced no problems at the insertion site. Approximately three percent of acceptors in West Sumatra and five percent in West Java reported having an infection at insertion sites. Recommended aseptic conditions are not consistently maintained during NORPLANT® contraceptive service delivery.

More than one-half of the acceptors in both provinces experienced a change in menstrual pattern. The most frequently reported menstrual disturbances include amenorrhea, scanty period, spotting between periods, prolonged bleeding, or longer and heavier bleeding than normal.

Findings also suggest that an overwhelming majority of current users wished to continue NORPLANT® contraceptive use for the full five-years. An overwhelming majority of NORPLANT® contraceptive acceptors indicated that they were satisfied with NORPLANT® contraceptive and it is the preferred method among current users and those who discontinued after the fifth year. Moreover, of those who discontinued the implants use, less than one-third in West Sumatra and approximately one-half in West Java continued contraceptive use with another method.

However, among current users, a large proportion revealed that they are not sure whether or not they will have the implants re-inserted after discontinuing the implants use. Of those who did not wish to have the implants re-inserted, only one-fourth want to adopt a different contraceptive method. This could result in a serious set back in contraceptive use in Indonesia.

The study findings also suggest that the proportion of NORPLANT® contraceptive acceptors who did not show up for removal after five years is not substantial. But, in Indonesia as a whole, it is likely that the number of acceptors requiring the five year removals will increase dramatically over time due to the increase in NORPLANT® contraceptive users.

STATUS: Completed

TITLE:	STUDY VISIT TO BANGLADESH FOR OFFICIALS OF THE MINISTRY OF POPULATION WELFARE
COUNTRY:	Pakistan
SPONSORING INSTITUTION:	Ministry of Population Welfare
DURATION:	April 9-17, 1992
TOTAL BUDGET:	$12,845

SUMMARY

An eight-person team consisting of top-level Pakistan policy planners and program implementors at the Federal and Provincial levels visited Bangladesh in April, 1992.

The objective of this observational trip was to visit service delivery sites and discuss mechanisms of delivery, particularly rural outreach. Findings of this study trip have been integrated into Pakistan's Five Year Development Plan for Family Planning.

STATUS: Completed

TITLE:	IUD FOLLOW-UP STUDY
COUNTRY:	Pakistan
SPONSORING AGENCY:	The Ministry of Population Welfare and the Population Council
DURATION:	September 1, 1992 - April 30, 1993
TOTAL COST:	$93,796

SUMMARY

A national sample follow-up study of IUD acceptors was conducted to provide information for monitoring IUD use. The study had several objectives. The first was to estimate the actual number of IUD insertions performed between 1 July 1991 - 30 June 1992 at a sample of government (GOP) and non-governmental (NGO) clinics. The second was to assess the pre- and post-insertion IUD services provided to acceptors, and the acceptors experience of side effects, IUD use status, and satisfaction with services. The third was to collect data on socio-demographic profile and family planning knowledge and practice of IUD acceptors.

Of the 7,824 IUD acceptors recorded by these clinics 2,553 were selected as the sample. The sample was drawn from the acceptors list of 90 clinics (70 GOP, 20 NGO) located in rural and urban areas throughout Pakistan. The clinics' records were verified by training and interviewing all selected women who were recorded as IUD acceptors.

Sixty-three percent of the sample of 2,553 were found to be either current or previous users. Four percent denied ever having an IUD. The remaining thirty-three percent consisted of those who could not be interviewed. Analysis showed that:

- Eighty-one percent of acceptors were between ages 25 and 40 years.
- Ninety-nine percent of acceptors had heard of at least one temporary method other than the IUD.
- Fifty-six percent choose IUD because of its effectiveness and advantage of the method.
- Fifty-three percent of the IUD acceptors live within one mile of the FWC.

- Ninety-four percent of acceptors were counselled on the length of effectiveness of the IUD. However, forty-two percent of the acceptors were told the IUD was effective for three years, while twenty-five percent were told, five years.

- Twenty-percent received no follow-up care after the IUD insertion.

- Fifty-nine percent of acceptors experienced a problem or inconvenience as a result of using the IUD.

- Sixty-eight percent of the IUD acceptors reported continuing use. Twenty-eight percent had their IUD removed and four percent said the IUD had been expelled.

- Of those who had stopped using the IUD, forty-five percent of acceptors stopped using the IUD within three months of insertion.

- Of those who voluntarily removed the device, seventy-six percent did so for medically related reasons amongst which the most commonly cited were bleeding problems and abdominal pain.

- Forty-two percent of those who stopped using the IUD did adopt another FP method. Of those who did, only six percent accepted another IUD.

- The IUD acceptors expressed a high level of satisfaction with the services received. Ninety-six percent of those still using the IUD were highly satisfied compared to seventy percent of those who had the IUD removed.

Major findings include a continuation rate after one year of use of 72 percent for Copper-T users and 64 percent for Lippes Loop users; a significant discrepancy between reported IUD acceptors in service records at the clinics and likely actual IUD acceptors; and a need for supervision and continuing training for service providers in such areas as giving more information on how the IUD works, side effects, and contraindications to use.

Utilization to date includes in-house Population Welfare Ministry seminar to review findings and discuss remedial actions; a suspension and review of the existing IUD target system; and a national workshop on quality of services for federal, provincial and district Population Welfare officers with specific recommendations for program changes (e.g., in-service training, supervision).

STATUS: Completed

TITLE:	DIAGNOSTIC STUDY OF STRENGTHS AND WEAKNESSES OF MAJOR NGOs WORKING IN PAKISTAN FAMILY PLANNING SERVICE DELIVERY SYSTEM
COUNTRY:	Pakistan
SPONSORING INSTITUTION:	Non-Governmental Organizations Coordinating Council for Population Welfare (NGOCC)
PRINCIPAL INVESTIGATOR:	Mr. Kareem Iqbal
DURATION:	February 15 - July 15, 1992
TOTAL COST:	$9,768

SUMMARY

In 1991, approximately 121 NGOs providing family planning services were associated with the NGOCC. Seven of these are major NGOs, while the rest are either provincial or local organizations. These NGOs manage a total of 468 outlets, including family health centers, voluntary surgical centers, mobile service units and community based distribution centers. However, the increasing demand for contraceptives and increased contraceptive prevalence will require enlisting more NGOs and establishing many more service delivery outlets, including CBDs, MSUs and VSCs in the near future.

With increasing involvement of NGOs in the family planning service delivery system and other related activities, it is important to have an in-depth understanding of how they work, identifying the factors contributing to improved or poor performance in family planning services. Since NGOs differ in their structure, organizational pattern, management authority, size and strategies, it is useful to outline these differences and their respective relationship with family planning delivery programs.

This study identified the strengths and weaknesses of five selected major NGOs in the delivery of family planning services and determined the extent of the impact these strengths and weaknesses have on their family planning performance. A week's

time was spent at each of the five NGOs: 1) Orangi Pilot Project (Karachi); 2) Behbud Association (Rawalpindi); 3) Pakistan Voluntary Health and Nutrition Association (Karachi); 4) Memorial Christian Hospital (Sialkot); and, 5) Maternity and Child Welfare Association of Pakistan (Lahore).

An in-depth study of working systems, an open-ended staff interview, and observations were used to examine organizational structure, management, service delivery system, outreach and finances.

Constraints identified by NGOs included: inadequate financial resources, delayed receipt of financial assistance, difficulty in getting staff with low pay scales, and inadequate Government or donor support.

The NGOs attributed their success to the following common reasons: baseline information; needs assessment of community; community involvement at the grassroots level; integrated service delivery of FP; outreach of FP services at the doorstep; and flexibility in changing services to meet needs.

Recommendations for operational changes were made to improve effectiveness and the quality of care as well as enhance NGO sustainability.

STATUS: Completed

TITLE:	A SITUATION ANALYSIS OF FAMILY WELFARE CENTRES IN PAKISTAN
COUNTRY:	Pakistan
SPONSORING INSTITUTION:	The Ministry of Population Welfare
DURATION:	June 1 - December 31, 1992
TOTAL COST:	$44,634

SUMMARY

A "Situation Analysis" was carried out on 100 Family Welfare Centers (PWCs) chosen to represent all 1,288 FWCs in Pakistan. The purpose was to get an overview of the availability, functioning and quality of FP services offered. Some major findings are:

- Of 100 FWCs visited, seven were inoperative, either closed, or no service providers present and contraceptives locked up. Twenty-one others had no clients on the day the team visited, but staff were present. That left 72 FWCs with clients.

- On average 2.8 FP clients came on the day of the visit. Clinic records for May indicated 4.8 client per day average. Eight of ten clinics served fewer than 150 FP clients monthly.

- IUD was the most frequently used method followed closely by pill, injectable and condom.

- Female professional staff were present at eighty-three FWCs on the day of the visit. Nearly half of provider staff had not received FP refresher training for two or more years.

- Of 84 FWCs where information on contraceptive supply was available, all had condoms; seventy-seven percent had copper-Ts; eighty-seven percent had Lippes loop' eighty-three percent had injectables; and eighty-nine percent had pills. None had foam.

- Of the total, twenty-eight percent of FWCs did not record clients addresses in sufficient details.

- 203 clients were observed during the visit. Of these, two-thirds wanted no more children.

- Only sixty-eight percent of new clients had their medical history taken.

- Service providers mistakenly consider age, parity and spousal consent as barriers. On average, staff thought that the number of children required if a contraceptive was provided was three for IUD and pill, nearly three for injectable and between one and two for condom.

A dissemination seminar with key Ministry officials took place in June and additional follow-up to correct selected program deficiencies and collect additional information is being carried out by the Population Council with the Ministry of Population Welfare.

STATUS: Project suspended June 30, 1993 due to withdrawal of A.I.D. funding. Project continued with UNFPA funding.

TITLE:	EVALUATION OF CONTRACEPTIVE SERVICE DELIVERY THROUGH MOBILE SERVICE UNITS IN PAKISTAN
COUNTRY:	Pakistan
SPONSORING INSTITUTION:	Ministry of Population Welfare and the Non-governmental Organization Coordinating Council (NGOCC)
DURATION:	September 1, 1991 - June 30, 1993
TOTAL COST:	$35,853

SUMMARY

An Operations Research Study was designed to evaluate the Mobile Service Units (MSU) program in ten rural pilot areas at the sub-district level in Punjab, Sindh and NWFP provinces before implementation on a wider scale.

It assesses the effectiveness of MSUs operating in collaboration with a Family Welfare Center (FWC) as compared to an MSU operating alone. In addition, it evaluates the quality and quantity of service units (MSUs) in the pilot project areas.

A baseline Household Enumeration Survey (HES) was carried out for an estimated 300,000 persons in the eighty-eight villages covered by the pilot project as the first step. In all, 33,368 households were enumerated and 28,620 couples were identified as potential acceptors of contraceptive services. Of these 1,845 couples were already using a contraceptive method. The overall contraceptive prevalence rate (CPR) in the project area was six percent. The highest rate was ten percent (Haripur and Taxila); the lowest was three percent (Pind Dadan Khan).

Among the contraceptive users, forty-one percent were practicing sterilization, followed by the IUD (twenty percent), injectable (nineteen percent), the oral pill (fourteen percent) and the condom (six percent).

The mobile unit field trial is ongoing. However, A.I.D. funding was withdrawn June 30, 1993 and has been replaced by funds from UNFPA.

	STATUS: Project suspended June 30, 1993 due to withdrawal of A.I.D. funding. Funding continued by UNFPA.
TITLE:	MALE ATTITUDE AND INVOLVEMENT IN FAMILY PLANNING
COUNTRY:	Pakistan
IMPLEMENTING INSTITUTION:	Behbud Association of Pakistan
PRINCIPAL INVESTIGATOR:	Dr. Farzana Bari
DURATION:	December 15, 1992 - December 14, 1994
TOTAL COST:	$79,240

SUMMARY

Male involvement in Pakistan's family planning programs has been negligible. In a country like Pakistan where patriarchal structures determine gender relations, all major decisions are usually taken by the male head of the family. The overall objective of this study is to determine the socio-psychological, demographic, cultural and program factors which motivate a man to accept vasectomy and, secondarily other family planning methods. The purpose of the study is to compare samples of sterilized and non-sterilized men with respect to demographic and socio-economic characteristics, attitudes and understanding about the procedure, and motivational aspects of the family planning program.

The proposed study will be conducted in three phases. In the first phase, focus group discussions and a sample survey will be conducted to determine male attitudes towards vasectomy and to identify factors which are responsible for the use or non-use of family planning methods in general, and vasectomy in particular. In the second phase, the findings from phase I will be utilized in designing IEC strategies and materials. Phase III will utilize research findings for in-service training and action demonstration. A brief manual based on the findings will be prepared to provide guidelines on how to involve more men in family planning.

The first phase of the study has been completed. A sample survey of seventy service providers (District Population Welfare

Officer, Medical Superintendent, District Health Officer) was conducted to assess their attitude towards family planning.

This study was suspended on 30 June due to withdrawal of A.I.D. funding.

STATUS: Implementing

TITLE:	WOMEN'S STATUS AND FAMILY PLANNING IN BANGLADESH
COUNTRY:	Bangladesh
SPONSORING INSTITUTION:	University of Michigan
PRINCIPAL INVESTIGATOR:	Dr. Ruth Simmons
DURATION:	September 1, 1992 - March 31, 1994
TOTAL COST:	$72,813

SUMMARY

The Matlab Maternal and Child Health-Family Planning Project achieved considerable success during the 1980s in increasing family planning acceptance through innovative use of community-based field workers. During 1987-88 a series of focus groups were conducted with field workers, their husbands, community leaders, and eligible women. These have been transcribed, translated, and analyzed for evidence of the effect of program employment on the fieldworker's prestige, professional status and social influence within the village. The results of these analyses were published in Studies in Family Planning in March, 1992.

Through this project, Dr. Simmons and associates are analyzing this data set further in terms of:

1. The program's effect on the family planning worker's domestic authority;

2. The program's effect on the lives of community women;

3. The extent to which the existence of a new role model (the community worker) enhances the lives of local women;

4. The relationship between management, quality of care, and the various status effects of the program.

In addition to its insights for Bangladesh, this study will contribute to an A.I.D.-supported program of research on the benefits of worldwide family planning programs on women's roles and status.

STATUS: Implementing

TITLE:	REVIEW OF BANGLADESH POLICIES RELATED TO FAMILY PLANNING AND POPULATION
COUNTRY:	Bangladesh
SPONSORING INSTITUTION:	The Population Council
PRINCIPAL INVESTIGATOR:	Peter Miller
DURATION:	September 1, 1993 - September 30, 1994
TOTAL BUDGET:	$15,773

SUMMARY

In its current Project Paper Supplement for the Family Planning and Health Services Project, USAID/Dhaka is required to submit a Policy Implementation Plan by July 31, 1993. The mission has requested the OR Project to assist in developing this plan by reviewing existing population and family planning policies and by providing high-level consulting support. The OR Project views this as a means of improving its understanding of policy formulation and of identifying OR needs to improve these policies.

The project consists of three components: an overview/history paper; a policy implementation/dialogue plan; and a review of existing policies. A draft of the overview/history paper has been prepared by Dr. James Phillips; a final policy implementation and dialogue plan has been submitted to USAID/Dhaka; and the review of existing policies is underway by URC (Bangladesh), as a subcontractor to the ANE OR/TA Project.

The policy review is focusing on obtaining background and perspective on 10 priority issues identified in the policy implementation and dialogue plan. These are: (1) relations between non-medical and medical officers within the family planning wing; (2) permanent or temporary status; (3) training capacity; (4) NGO/BDG division of labor and coordination; (5) urban health and family planning; (6) pricing/cost recovery; (7) division of labor/coordination between health and family planning wings of MOH/FW; (8) accountability of people and supplies; (9) information for program management; and (10) clinical methods and targets.

STATUS: Implementing

TITLE:	INVESTIGATION OF ALTERNATIVE APPROACHES TO CONTRACEPTIVE LOGISTICS MANAGEMENT AT THE PERIPHERAL LEVEL
COUNTRY:	Bangladesh
IMPLEMENTING INSTITUTION:	Center for Population and Development
PARTICIPATING INSTITUTIONS:	Ministry of Health and Family Welfare John Snow, Inc.
PRINCIPAL INVESTIGATOR:	Mr. Md. Najmul Huq
DURATION:	November 15, 1993 - October 14, 1994
TOTAL COST:	$74,242

SUMMARY

To address continuing problems with stockouts at the peripheral level, an experimental study to test several variants of a "push" model of delivery points, instead of the present indent, or "pull" system, is being undertaken. The study is being implemented by the Logistics and Supply Unit of the Ministry of Health and Family Welfare, with technical support from John Snow, Inc.; it is to be evaluated by the Center for Population and Development, under subcontract from the Population Council.

The experiment will take place in 24 thanas in Comilla DRS district. Five different variants of a "push" system, using combinations of three different variables -- stock level, calculation method, and penultimate distribution point -- will be tested against a control group using the present system reinforced by refresher training. Each treatment will be randomly assigned to 4 thanas in the study area. Over a six-month period, stock distribution to all FWCs and FWAs in the experimental thanas will be observed on monthly distribution days. Also, each storekeeper and samples of FWCs and FWAs will be interviewed pre- and post-experiment, and samples of FWCs and FWAs will be visited twice during the study period to check on adequacy of supplies and supply management procedures.

STATUS: Implementing

TITLE: A STUDY PROFILE OF CLIENTS OF DIFFERENT PROVIDERS OF FAMILY PLANNING SERVICES

COUNTRY: Egypt

IMPLEMENTING AGENCY: Social Planning Analysis, Administration Consultants (SPAAC)

PRINCIPAL INVESTIGATORS: Sarah Loza, Ph.D
Mahmoud Farag, Ph.D

DURATION: December 1, 1992 - March 31, 1994

TOTAL COST: $122,565

SUMMARY

Family planning clients are served by governmental units, NGOs, PVOs, and private doctors. Some of these services are totally supported by the government, while some are subsidized, and others are supported by international organizations.

There is a need for comprehensive data on clients being served by the different providers in order to understand, in a situation of multi-service providers, who are the clients served by the various family planning providers in Egypt? Why do clients seek out or avoid certain types of providers? What is the client's experience/satisfaction with the services received from the provider? What are the perceptions about services offered at other SDP's?

Questionnaires were developed through several participatory meetings that involved ANE OR/TA project staff. The questionnaires were pretested, the results reviewed and then the final questionnaires were produced. An intensive training program for the field workers and their supervisors was developed and implemented, and shortly thereafter the field work began. Regular and comprehensive review of questionnaires, as well as periodic monitoring of the interviewing process by the study's research team is ongoing.

This type of information is needed so that executive and administrative policies and strategies related to such services can be developed. The strength of diversification should be complementary rather than duplicated or overlapping.

This study will provide necessary information to better target family planning services and resource allocation and to determine both capability and willingness of clients to pay for services.

During the reporting period, all of the remaining activities related to data collection were completed. Questionnaires, coding and data entry followed. A draft of analysis plan (developed earlier by project staff) was finalized and discussed with OR staff. The study is approaching its completion date which is expected at the end of the first quarter of 1994. The data analysis phase is currently ongoing and will be followed by final report writing. A project update was prepared based on available preliminary findings and was widely disseminated.

STATUS: Implementing

TITLE:	A STUDY OF CONTINUING/DISCONTINUING USERS OF CONTRACEPTIVE BY METHOD USED AND REASONS FOR DROP OUT IN CSI PROJECT
COUNTRY:	Egypt
IMPLEMENTING AGENCY:	Cairo Demographic Center (CDC)
PRINCIPAL INVESTIGATORS:	Hisham Makhlouf, Ph.D. Saad Zaghlool
DURATION:	July 1, 1993 - April 30, 1994
TOTAL COST:	$91,255

SUMMARY

The Clinical Services Improvement Project (CSI) is a pioneering initiative designed to demonstrate that high quality family planning services can increase the number of contraceptive users and promote continuation of use to meet reproductive goals. The proposed project aims at studying continuing and discontinuing users of contraceptives by method used and reasons for drop out. The study will also attempt to evaluate activities of the outreach team in following up clients who drop out.

The findings of this study are expected to provide pertinent information and suggestions for new strategies for IE&C activities, staff in-service training, staffing pattern, counselling and service delivery.

The contract of this subproject was signed at the close of the previous reporting period. Building on preparatory activities that were initiated earlier by the project staff, a number of major activities were completed during the current reporting period. The study forms were designed, pretested, finalized and printed. Research teams were recruited and trained. Field data collection management plans were developed and finalized. A seminar was held and attended by research senior staff, local CSI directors in the governorates covered by the study sample and the office study teams. The aim was to explain the study's objectives to local CSI directors and to orient them with activities that will be performed at their sites to prepare lists of women included in the study's sample. Data collection has since been completed. Based on preliminary estimates, the study was able to reach about 76% of CSI clients who were eligible for

the study's sample. For reasons commonly known in follow-up studies, the remaining clients were not reached. Office editing and data entry activities are ongoing and are expected to be completed at the close of the reporting period.

	STATUS: Implementing
TITLE:	STUDY OF THE USE OF IUDS IN EGYPT
COUNTRY:	Egypt
IMPLEMENTING AGENCY:	Egyptian Fertility Care Society (EFCS)
PRINCIPAL INVESTIGATOR:	Dr. Ezz El Din Osman
DURATION:	April 1, 1993 - March 31, 1994
TOTAL COST:	$101,809

SUMMARY

This is a comprehensive review of IUD use in Egypt. It is designed to analyze the high demand for new IUDs in Egypt by service providers. Although the relative share of IUDs in the method mix is substantially increasing (the estimated IUD share is 51 % in 1991), it is still believed that the request for new IUDs may exceed the estimated number of new insertions which can reasonably be made.

The study includes an assessment of the whole chain, from procurement of the IUD supply, its distribution to various service levels and the system used for commodity demand estimation at each service setting. It will also determine both physicians and clients knowledge, attitudes and behavior with regard to the use of the IUD. Interviews will be made with a sample of all providers where IUD insertions take place including private physicians and clients to study these issues. A sample of 400-500 physicians and 2000 clients will be interviewed.

This large and complex study completed its organizational phase of operations during the previous reporting period. The various data collection forms and questionnaires were developed by scientific committees, and were pretested. The results were reviewed and final drafts were approved for reproduction. Data collection teams were recruited and trained, and the field work phase of the study was organized.

This study will provide information which could be used to establish new approaches to in-service training for physicians and to information and counselling provided to clients as well.

At the close of the previous reporting period several major activities were completed: data collection forms were

reproduced, data collection teams recruited and trained and plans of field work developed. Early in the current reporting period data collection forms were printed and the study's research team developed a draft data analysis scheme. Data collection from both physicians and clients were completed in the four Governorates that were included in the study sample. OR staff participated in monitoring the field work. Parallel to this activity, the process of assessment of the whole chain of IUD procurement and distribution was initiated and completed at both central and governorate levels. Data entry started shortly after data collection and the clean data set is expected to be produced by the end of this reporting period. A project update will be prepared shortly.

STATUS: Implementing

TITLE:	PROVIDER TRAINING AND LONG TERM CLIENT OUTCOME
COUNTRY:	Egypt
IMPLEMENTING AGENCY:	Social Planning Analysis Administration Consultants (SPAAC)
PRINCIPAL INVESTIGATORS:	Sarah Loza, Ph.D. Nahla Abdel-Tawab, M.D., Ph.D. Candidate
DURATION:	March 15, 1993 - January 14, 1994
TOTAL COST:	$6,364

SUMMARY

The overall goal of the study is to refine our understanding of the factors involved in long term use of family planning methods.

This study examines the relationship between quality of care improvement, namely provider training, and client long term use and satisfaction with family planning methods and services. It will compare levels of correct and continued use of contraceptive and long term client satisfaction among clients seen by trained and untrained service providers. It will also ascertain the relationship between client comprehension and satisfaction measured immediately after the family planning consultation and subsequent correct and sustained use of selected family planning methods.

This study began its operations during the previous reporting period. A careful review of the preceding study (conducted with assistance from the Johns Hopkins University's PCS Project) assisted in
the design and development of the data collection forms. A comprehensive training program for the study's interviewers was conducted and the field work for the data collections initiated. During the data collection period preliminary development of the study' data analysis plan was undertaken.

Results of this study will be useful for designing future interventions to enhance contraceptive continuation in Egypt.

An interim report was prepared by the Principal Investigator, reviewed by ANE OR/TA staff and disseminated. A project update

was also prepared and disseminated. The final report is under development and plans are being formulated for the study's dissemination seminar.

STATUS: Implementing

TITLE:	DEVELOPMENT OF APPROACHES TO COMMUNITY BASED FAMILY PLANNING OUTREACH IN EGYPT; A REVIEW OF THE RAIDAT RIFIAT SYSTEM.
COUNTRY:	Egypt
IMPLEMENTING AGENCY:	Faculty of Nursing, University of Alexandria
PRINCIPAL INVESTIGATOR:	Dr. Maaly Gumie
DURATION:	January 15 - December 15, 1994
TOTAL COST:	$107,750

SUMMARY

This is a comprehensive review of the Raidat Rifiat program in Egypt. A Raidat Rifiat is a female village worker who received some training in family planning in order to recruit more women to use contraceptives. There is no available precise information on the socio-demographic characteristics of these Raidats in Egypt. In addition, there is considerable debate and discussions on the role these workers play and their contribution to the family planning program in Egypt. Therefore, there is a need to collect data on their numbers, distribution, institutional affiliations, background, training, and education, to whom they report, how they are paid and how much they are paid, and their functions and contribution to the family planning program. A thorough assessment of costs involved and their contribution made will be sought.

This study will assist policy makers to take pertinent and effective decisions with regard to future directions of this program.

STATUS UPDATE

At the close of this reporting period the contract of this sub-project is expected to be signed and preparatory activities are expected to start up.

STATUS: Ongoing

TITLE: A DIAGNOSTIC STUDY OF BIHAR, MADHYA PRADESH, RAJASTHAN AND UTTAR PRADESH

COUNTRY: India

SPONSORING INSTITUTION: The Population Council

PRINCIPAL INVESTIGATOR: Dr. M.E. Khan

DURATION: May 1991 - September 1991

TOTAL COST: $9,000

SUMMARY

A diagnostic study was carried out to assist USAID/Delhi to select one of the four northern states of India (Bihar, Madhya Pradesh, Rajasthan or Uttar Pradesh) in which USAID would concentrate its future efforts. The data for the four states were collected, analyzed and the results presented by Council OR staff to A.I.D/Washington in September 1991. The presentation helped USAID decide to concentrate its efforts in Uttar Pradesh.

The study shows that among the four states, Uttar Pradesh is the most populous state with 139 million. Demographically it is also the most backward state with both the highest levels of fertility (CBR of 37; TFR of 5.5) and infant mortality (118 in 1989). The desire for additional children, sons in particular, is quite high (45 percent of couples still desire at least two sons). As a result, the couple protection rate remains low at around 34 percent as against 43 percent at the national level. The analysis further showed that Uttar Pradesh also falls behind the national level in terms of total population working in the labor force, particularly females (13 percent as against the national average of 23 percent).

Antenatal care is poor in Uttar Pradesh (only about 54 percent of pregnant women receive the tetanus toxoid vaccine). About 90 percent of deliveries still are conducted at home, the majority without any outside assistance from trained personnel.

With the exception of Madhya Pradesh, which emerges as an economically and demographically better off state, the situation in the other two states does not differ very much from Uttar Pradesh. The analysis thus revealed that although attention has to be paid to all four major states of India, attention, in particular, is required for the state of Uttar Pradesh because of its large population size.

STATUS: Implementing

TITLE:	PROMOTION OF FAMILY PLANNING & MATERNAL CHILD HEALTH CARE THROUGH DAIRY COOPERATIVES IN RURAL BIHAR
COUNTRY:	India
SPONSORING INSTITUTION:	Ministry of Health and Family Welfare, Population Research Centre, Patna University, Bihar
PRINCIPAL INVESTIGATOR:	Professor Rudranand Prasad
DURATION:	October 15, 1991 - October 14, 1994
TOTAL COST:	$103,078

SUMMARY

The Bihar State Cooperative Milk Producers' Federation (COMPFED) has achieved national recognition for its success in organizing local farmers into small-scale dairy cooperatives, which has led to significant improvements in income generation for its members. Its success has led to its rapid expansion in coverage as well as scope over the last five years. It presently operates in 18 out of 39 districts in Bihar. There has been increasing emphasis by COMPFED to expand the range of development activities it supports, consistent with the broader objective of improving the welfare of the population of rural Bihar. Bihar ranks towards the bottom of Indian states in terms of social and economic development and its demographic situation, and is the second most populous state in India.

The Population Council is providing technical assistance to the Population Research Centre (PRC), Patna University, in evaluating a CEDPA- supported MCH and family planning component which will be integrated into the COMPFED project, particularly the use of village health workers (VHWs) upon contraceptive use levels and MCH and family planning service delivery in Samastipur District in North Bihar (containing 315 dairy cooperative societies). Emphasis is on developing a self-sustaining, cost-recovery system. PRC is collaborating with the Institute of Psychological Research and Services, Patna University, to carry out the qualitative component.

In the baseline survey, 2329 eligible couples randomly selected from 61 villages were contacted and interviewed. The findings

of the baseline survey have been finalized and circulated. A one day workshop was held to present the findings. As for the mid-evaluation survey, which was launched in the first week of August, data entry and dissemination is in progress.

A guideline manual for collecting the qualitative data has been prepared. In addition, a team of social scientists for collecting soft data have been recruited and posted at Samastipur. A training workshop on the use of qualitative research appraisal of health and family planning program was organized in Patna June 5-10, 1993.

Qualitative data collected from the health workers shows very encouraging results. Thirty-three health workers out of thirty-eight interviewed said that their status and respect within the family, as well as society, has increased substantially.

Observations show that easy accessibility of OCP and condoms have increased their acceptability. However, the real indicator of the impact will be available once the mid-evaluation survey data is analyzed and made available.

STATUS: Implementing

TITLE:	SECOND PHASE OF IMA PROJECT OF USING PRIVATE MEDICAL PRACTITIONERS FOR PROMOTING ORAL CONTRACEPTIVE PILLS (OCP) IN GUJARAT
COUNTRY:	India
SPONSORING INSTITUTION:	Centre For Operations Research and Training (CORT), Baroda, Gujarat
PRINCIPAL INVESTIGATOR:	Dr. Sandhya Barge
DURATION:	May 18, 1992 - March 31, 1994
TOTAL COST:	$46,935

SUMMARY

The Indian Medical Association (IMA) trained 270 medical practitioners in order to assess the feasibility of using private medical practitioners for promoting oral contraceptive pills (OCP) and the possibilities of using the IMA as the model agency for conducting such OR. Evaluation of the pilot project was supported by the Population Council under the ANE OR/TA project. The results were encouraging and the project was upscaled in Gujarat where 1600 private doctors were trained. The Population Council is monitoring, evaluating and documenting the experiences of the second phase of the IMA-OCP project. A combination of quantitative and qualitative approaches are being used.

Preliminary results of the baseline survey have been provided to the IMA and USAID/Delhi for presentation to the Ministry of Health and Family Welfare. The analysis shows that the doctors lack correct and detailed knowledge of OCP. In addition, a majority of them believed that IUDs should not be recommended to newly married couples.

To monitor the project on a regular basis a computerized MIS system has been developed with TA from the Population Council staff. Each month the trained doctors were asked to submit Monthly Individual Performance Reports (MIPR) which were analyzed on a monthly basis. The results were provided to USAID/Delhi, the IMA in Delhi and Gujarat. Three reminders were sent to each doctor who failed to submit an MIPR. Thirty-five percent of the doctors had not sent in any MIPR. A sample of the doctors were

followed-up to ascertain the reasons for their non-compliance. It was noted that lack of interest, busy schedules, and heavy workloads prevented these doctors from posting their MIPRs regularly.

Collection of qualitative data using a mystery client approach as well as informal interviews and in-depth case studies are ongoing. The endline survey, presently underway, is expected to be completed by the second week of February 1994.

STATUS: Implementing

TITLE:	EVALUATION OF THE IMPACT OF MOBILE EDUCATIONAL SERVICE UNITS IN INCREASING ACCESSIBILITY AND ACCEPTABILITY OF CONTRACEPTIVE IN INDIA
COUNTRY:	India
SPONSORING INSTITUTION:	Indian Institute of Health Management Research, Jaipur
PRINCIPAL INVESTIGATOR:	Professor G. Giridhar
DURATION:	June 1, 1992 - March 31, 1994
TOTAL BUDGET:	$32,675

SUMMARY

Since 1966, the Family Planning Association of India (FPAI) has been carrying out a broad-based program using Mobile Educational Service Units (39 units) to increase the accessibility of family planning information and services in remote rural areas throughout the country. Until now, no systematic evaluation of the program has been carried out.

The study being conducted by the Indian Institute of Health Management Research (IIHMR, Jaipur) will evaluate the FPAI Mobile Educational Service Units (MESU) program to ascertain its role in increasing accessibility and use of various family planning methods (particularly spacing methods) in remote areas.

The study instruments were translated into local languages (Hindi, Oriya, Kannada) and the field investigators were given rigorous training. The field work has been completed. A preliminary report has been submitted to the Population Council. It is anticipated that the final report will be submitted before March 31, 1994.

	STATUS: Implementing
TITLE:	REVIEW OF EXISTING NORPLANT® ACCEPTOR TRACKING SYSTEM
COUNTRY:	Indonesia
SPONSORING INSTITUTIONS:	Yayasan Kusuma Buana (YKB)
PRINCIPAL INVESTIGATOR:	Dr. Joedo Prihartono
DURATION:	September 1 - December 31, 1994
TOTAL BUDGET:	$11,876

SUMMARY

Indonesia's national family planning program constitutes the largest introduction of the NORPLANT® implant in the world. The 1991 NORPLANT® Use-dynamics study confirmed that many NORPLANT® implant acceptors are returning for removals at or just before the five year deadline, as they should. In Indonesia as a whole, it is likely that number of acceptors requiring the five year removals will increase dramatically over time due to increase in users.

This review study finds that initiatives for the tracking of the clients for the five year removals are being taken at the different levels. The provincial office coordinates to implement policy while the fieldworker maintains the records and the volunteer acts as the spear-head to contact the clients. On the other hand, the clients use different approaches to memorize the exact date for the five year removal. Among the educated clients, the client card which is given to the client at the time of insertion helps them to remember the date of removal. Some clients utilize the local calendar to memorize the removal date by drawing eye-catching marks on their walls. Among post-partum clients, the benchmark is the age of the youngest child. The majority of clients, however, rely on the local volunteers to inform them of the removal date.

STATUS: Implementing

TITLE:	SITUATION ANALYSIS OF SERVICE DELIVERY POINTS IN THE BKKBN'S LONG-TERM METHOD PRIORITY PROGRAM PROVINCES
COUNTRY:	Indonesia
SPONSORING INSTITUTIONS:	National Family Planning Coordinating Board (BKKBN)
COLLABORATING INSTITUTION:	Association for Voluntary Surgical Contraception (AVSC)
PRINCIPAL INVESTIGATOR:	Dr. Hermini Sutedi
DURATION:	September 1, 1993 - May 30, 1994
TOTAL BUDGET:	$95,063

SUMMARY

The use of sterilization continues to be a non-official method yet it is offered widely throughout Indonesia. The use of highly effective methods, such as NORPLANT® implant (3.1 percent) and voluntary sterilization (3.3 percent) is much lower than other contraceptive methods. The number of women using sterilization as a method of choice is increasing, though not in the high numbers necessary to reach and sustain the country's demographic goals. The relatively low levels of LTMs (implant, IUD, and sterilization) in the method mix highlights the need to strengthen service delivery.

The situation analysis study (SAS) aims to: (1) determine what factors contribute to a hospital performing, or not performing sterilizations as planned when the equipment and training is provided; (2) determine what factors occurring at the service site affect the numbers of clients served for sterilization and other clinical method services; and (3) investigate the sufficiency of supplies and the efficiency and quality of the services performed.

A sample of approximately 339 service delivery points (Provincial hospitals, Kabupaten hospitals, and Health centers) from: 1) East Java; 2) West Java; 3) Central Java; 4) North Sumatra; 5) South

Sumatra; 6) Lampung; 7) South Sulawesi; 8) West Sumatra; and 9) Nusa Tenggara Barat (NTB), were visited by teams of trained interviewers (medical doctors and social scientists). Data were collected using six different structured questionnaires through observation, interview, and examination of records. The uniqueness of the Indonesian Situation Analysis Study is that it includes an instrument specially designed for VSC, integrates the AVSC- COPE model into the SAS, and plans to develop operations plan for strengthening the service delivery at the provincial and national workshops.

Data collection will be completed by mid February, 1994 and a series of workshops are planned during May and June 1994.

STATUS: Implementing

TITLE:	A STUDY TO IMPROVE KNOWLEDGE OF AND SERVICE TO IMPLANT ACCEPTORS
COUNTRY:	Indonesia
SPONSORING INSTITUTIONS:	National Family Planning Coordinating Board (BKKBN)
PRINCIPAL INVESTIGATOR:	Dr. Heru Kasidi
DURATION:	November 1, 1993 - October 30, 1994
TOTAL BUDGET:	$83,556

SUMMARY

The 1992 NORPLANT® Use-Dynamics Study revealed that more than one-third of the NORPLANT® acceptors expressed their unwillingness to recommend the use of implants to others. At the same time, 25 percent to 38 percent of the acceptors surveyed, in West Java and West Sumatra respectively, expressed that they were not satisfied with the information given to them by health workers before insertions. A large majority of acceptors were not told about the various aspects of NORPLANT® implant nor did they know what it looked like before insertion. Community volunteers, PPKBDs, and PLKBs were the primary sources of information for the implant acceptors and midwives provided implant services to most women in Indonesia.

The lack of knowledge among clients is due to limited knowledge of providers, field workers, and volunteers on implants and lack of printed matter for clients and workers. The intervention study which includes experimental and control groups, will introduce multiple interventions to improve the knowledge of providers, field workers, and volunteers and thereby clients accepting NORPLANT® implant.

This intervention project has three basic activities: 1) a review of available materials on NORPLANT® implant, adoption of appropriate information, and production of materials for use at SDPs; 2) orientation training for midwives, PLKBs and PPKBDs; and 3) delivery of NORPLANT® implant information and services.

STATUS: Implementing

TITLE: DIAGNOSTIC STUDY OF THE COMMUNITY HEALTH VOLUNTEER (CHV) PROGRAM

COUNTRY: Nepal

SPONSORING INSTITUTION: New Era

PRINCIPAL INVESTIGATOR: Dr. Ganesh Gurung

DURATION: November 1, 1991 - August 31, 1992

TOTAL COST: $12,195

SUMMARY

The Community Health Volunteer (CHV) program was introduced into the Central Region of Nepal in 1989 as an important new strategy to extend coverage and improve the effectiveness of health and family planning services through community volunteers. The Government of Nepal needs to make critical strategic decisions in the near future as to whether and how to strengthen this program, expand it to other areas, or abandon it.

This study uses qualitative methods to evaluate the functioning of the (CHV) program. Data are collected on: (1) the actual health and family planning service delivery activities of CHVs; (2) factors that promote or hinder CHV performance; (3) linkages between CHVs and other government health workers; (4) community perceptions and expectations of CHVs; (5) the extent to which CHV performance has been affected by the cessation of honorariums; and (6) the extent to which the CHV program is seen to enhance the status of women.

Data were collected between February and April 1992 by six field researchers under the supervision of the Principal Investigator, using semi-structured interviews, group interviews, and participant observation techniques. The general findings were (1) that while the level of activity of the CHVs varied, where CHVs were active they were greatly appreciated by other health providers and by the community; and (2) their activities were significantly limited by weaknesses in implementation in the health system. A substantial list of detailed findings supplement these generalizations. The final report has been completed.

STATUS: Implementing

TITLE: FACTORS THAT CONTRIBUTE TO THE PERFORMANCE OF THE BSPOs AND BHWs IN THE DELIVERY OF FAMILY PLANNING SERVICES IN ILOILO CITY

COUNTRY: The Philippines

IMPLEMENTING INSTITUTION: Social Science Research Institute, Central Philippines University

PRINCIPAL INVESTIGATOR: Professor Fely P. David

DURATION: August 1993 - February 1994

TOTAL BUDGET: $15,110

SUMMARY

Considering the declining performance of the Barangay Service Point Officers (BSPOs) and Barangay Health Workers (BHWs), this study seeks to compare the FP activities and performance of these workers and to determine what factors influence their performance. The results of this study are expected to help improve the management and implementation of the population program of the City Population Office (CPO) and City Health Office (CHO) of Iloilo City. A combination of quantitative and qualitative techniques were used to collect the needed data: 1) Interview of BSPOs and BHWs, 2) In-depth interviews of CPO and CHO personnel, 3) Focus group discussion (FGD) with Married Couples of Reproductive Ages (MCRAs), 4) Actual observation of clinic and field activities of the volunteers, and 5) Examination of office or clinic records. The survey sample consists of 106 BSPOs and 106 BHWs.

The low and varying performance of the BSPOs and the BHWs can be attributed to lack of supervision, inadequate training , volunteers' lack of time, volunteers' lack of knowledge about their family planning functions, and the poor relationship between the CPO and CHO volunteers and personnel.

There is a need to define clearly the roles and functions of supervisors. It also is necessary to improve the BSPOs' and the BHWs' performance, especially in the delivery of family planning services. There is an urgent need to train or retrain them in the areas of motivation, follow-up, referral system, and in simple diagnostic procedures.

The conflict and strained relationship between some CPO personnel and volunteers and their CHO counterparts has already hampered family planning program implementation. Likewise, the lack of indicators of consensus among the family planning service providers regarding family planning performance makes it difficult to systematically assess the CPO's and the CHO's as well as the volunteer's performance. This suggests the need to identify and define common indicators of family planning performance which both offices should use in their performance evaluation.

The fact that husbands often make the final decision in family planning practice makes their involvement in family planning programs more imperative, both as targets and motivators. The CHO and CPO can start this by recruiting male BSPOs and BHWs. In addition, the volunteers' time, interest and commitment should also be considered in the recruitment and selection.

Since the varying incentives received by the volunteers has created animosity among them, it also is important to determine the volunteers' motivation in joining the program. In the training that will be conducted it is necessary to explain thoroughly the roles and functions that the volunteers are expected to perform and the concept of volunteerism and its implication for their work.

The research utilization for this study was already undertaken and was attended by 44 participants representing the City Health Office, the City Population Office, The Region VI Health Office (DOH, POPCOM, Integrated Provincial Health Office, the National Economic Development Authority- Iloilo Chapter (NEDA), Family Planning Organization of the Philippines (FPOP) Iloilo Chapter, the National Family Planning Office of the Department of Health (DOH), The Population Council, and the US Agency for International Development (USAID). To improve the BSPOs' and the BHWs' performance in the delivery of family planning services, the three most urgent recommendations of the participants were:

- Immediately facilitate or conduct family planning training for BSPOs and BHWs, which should focus on motivation, follow-up, referral, information dissemination, and simple diagnostic procedures.

- Identify, define and utilize common indicators of family planning performance. To reach more targets, especially the male population, male BSPOs and BHWs must be involved in the city's family planning program.

- Implement as decided and agreed upon, the CPO and CHO coordinating scheme in the implementation of Iloilo

City's family planning program. Give it a chance to work. Continuously review and improve it.

The final report is in preparation.

STATUS: Implementing

TITLE: A STUDY ON FACTORS LEADING TO CONTINUED COMPANY SUPPORT TO AN INDUSTRY-BASED FAMILY PLANNING PROGRAM

COUNTRY: The Philippines

IMPLEMENTING INSTITUTION: University of the Philippines Research Center

PRINCIPAL INVESTIGATOR: Dr. Josefina Cabigon

DURATION: August 1, 1993 to February 28, 1994

TOTAL BUDGET: $14,483

SUMMARY

The Philippine Center for Population and Development, Inc. (PCPD) has engaged in the expansion and strengthening of the provision of Responsible Parenthood (RP)/Family Planning (FP) services to workers in the industrial sector since 1985. At present, the PCPD provides technical and financial support to companies in setting up industry-based RP/FP services with the end goal of institutionalizing this program after project life. Understanding the different factors influencing or inhibiting the company's decision to continue supporting fully the RP/FP activities in the workplace is useful in modifying existing project strategies and developing effective designs for such institutionalization. The study was undertaken to provide policy makers and FP program managers with a better understanding of the factors that will lead to varying degrees of continued company support of the industry-based RP/FP program after the withdrawal of PCPD's technical and financial assistance.

PCPD's inputs in the RP/FP industry-based program vary according to batch. To take this into consideration, 10 companies from each of the three batches are selected randomly for the study. A two-pronged approach is used for data collection, namely (1) qualitative approach employing in-depth interviews among the company owner or his/her immediate subordinate, the liaison officer, the RP/FP clinic staff and in-plant volunteers; and focus group discussions (FGDs) among industrial workers; and (2) an analysis of the organizational structure, financial capacity, job description of the RP/FP team. Guidelines for the FGDs and in-depth interviews have already been developed and pre-tested.

In-depth interview guidelines are improved further with lessons learned from the FGDs. One FGD has been successfully completed.

The project has been delayed in completing required activities because November, December and January were untimely months for the study. The selected companies requested the study team to postpone the interviews because these are the ending and beginning periods of their operations and activities. These conditions presented as a major constraint to the study team. However, it is expected that research activities can proceed without interruption in the next three months.

STATUS: Implementing

TITLE: A DIAGNOSTIC STUDY OF THE IMPLEMENTATION OF THE DOH TRAINING COURSE FOR FAMILY PLANNING PROVIDERS IN CAR AND REGION II, THE PHILIPPINES

COUNTRY: The Philippines

IMPLEMENTING INSTITUTION: Cordillera Studies Center

PRINCIPAL INVESTIGATOR: Dr. Steve Rood

DURATION: November 21, 1993 to May 20, 1994

TOTAL BUDGET: $19,725

SUMMARY

The Department of Health (DOH) has assumed the lead role in the Philippine Family Planning Program for the past six years. As an implementing agency, the DOH conducts regular training courses for FP providers which is premised on the context of preventive health and life preserving measures. These trainings include the Basic/Comprehensive Course in Family Planning (FP) for physicians, nurses and midwives; the Preceptors' Course; and the Interpersonal Communication Skills Course. One of the innovations of this training program is the inclusion in all trainings of modules on values in the FP Program.

The diagnostic study in question aims to observe and describe the conduct of the Basic/Comprehensive Course in the Cordillera Autonomous Region (CAR and the Cagayan Valley (Region II) with the intention of providing program administrators and policy makers information essential for improving future FP trainings. In particular, the study intends to look at the specific FP trainings in context of the current concern on quality of care, as well as the newly devolved organizational set-up of the Family Planning Program at the local level.

All DOH personnel undergoing training in the two regions were given questionnaires at the beginning and end of trainings conducted in the areas during the period October to December 1993. Following an observation of training activities, in-depth interviews with trainors, LGU supervisors of trainees will be conducted. The objective of these interviews are to determine the values and attitudes of these program managers toward FP and the program as a whole.

The project was delayed because of difficulty in coordinating with DOH-CAR management but this was overcome by the strong support of the training personnel. Questionnaires have been completed and data gathering is on-going.

STATUS: Implementing

TITLE:	FACTORS AFFECTING THE FAMILY PLANNING DROP-OUT RATES IN BUKIDNON (REGION X)
COUNTRY:	The Philippines
IMPLEMENTING INSTITUTION:	Research Institute For Mindanao Culture, Xavier University
PRINCIPAL INVESTIGATOR:	Ms. Lita Palma-Sealza
DURATION:	August 1, 1993 to February 28, 1994
TOTAL BUDGET:	$14,553

SUMMARY

One factor which has consistently plagued program managers deals with the tendency of family planning acceptors to eventually become "drop-outs." POPCOM (1989) reports that around 50% of users drop out of the program yearly. The report adds that "very little time is devoted by motivators to the remotivation of dropouts. This is due to the overemphasis in the past on generating new acceptors."

The situation in the Southern Philippine province of Bukidnon, site of the proposed diagnostic study, may be even worse. Data from the Northern Mindanao (Region X) Office of the Department of Health indicate that more than half (60%) of all acceptors in this province subsequently become drop-outs.

This study aims to look into the following: 1) the extent and gravity of the drop-out problem; 2) the reasons why FP acceptors become drop-outs; and 3) the characteristics of certified family planning drop-outs as compared to those who are continuing users.

Three types of research methodologies were employed in this study, namely: structured interviews with a sample of 400 married women of reproductive age who are family planning acceptors in 1992; 2) indepth interviews with the Family Planning Coordinator, and a sample of nurses and midwives in the BHS; and 3) a one-day observation of provider-client interaction in 18 BHS using the instrument developed in the Situation Analysis Handbook of the Population Council.

Twenty barangays in the Province of Bukidnon were chosen using the probability proportionate to size sampling design. Within these areas, 20 acceptors were selected by systematic random sampling using the list obtained from the Provincial Health Office as counterchecked with the clinic records with family planning coordinators, the provincial offices and the nurses in charge of the sampled BHS continued during the conduct of the study. The final report is expected to be completed in March with the research utilization workshop being planned during the first week of March.

STATUS: Implementing

TITLE:	FAMILY PLANNING STUDIES IN THE PHILIPPINES: A REVIEW AND SYNTHESIS
COUNTRY:	The Philippines
IMPLEMENTING INSTITUTION:	The Population Council
PRINCIPAL INVESTIGATOR:	Dr. Virginia Miralao
DURATION:	October 25, 1993 to February 28, 1994
TOTAL BUDGET:	$10,000

SUMMARY

The basic purpose of the study is to review and integrate findings from major studies conducted to date in the Philippine Family Planning Program. At present, studies have already been summarized, and patterns found among them are identified. Based on these findings, policy and program implications are described. Output of the study is intended as a means by which the managers -- whether from a government office or a non-government organization -- can improve their programs.

A preliminary version (not for quotation) of the report is now under review. This material will be the main paper presented at the Department of Health's (DOH) Research Utilization and Planning Workshop on February 21, 1994. This study is hoped to outline the key policy or program implications which may be gleaned from previous studies in the field. A final report is expected to be done by a team composed of representatives from the Population Council and the DOH at the end of February 1994.

Preliminary findings of the review are divided into two major parts, namely the related indicators of family planning demand, and factors affecting the family planning supply. Trends observed among some studies reviewed show that there is a growing need for family planning among Filipinos. This is brought about by a slack in the local family planning program in the 1980s following a highly successful decade in the 1970s, as indicated by the slump in the national contraceptive prevalence rates. The program is only slowly recovering from its 1980s low performance rate.

On the supply side, the program is currently undergoing major changes following the ratification of the 1987 Constitution which gives emphasis of the rights of individual couples to determine the size of their families and to choose voluntarily, the means

of family planning which conforms with their moral conviction and religious beliefs. This change in state policy resulted to the transfer of authority to implement the program from DOH to POPCOM. As such, modifications in all aspects of family planning, i.e, IEC, training, service delivery, among others, should be effected consequent to these changes.

STATUS: Implementing

TITLE:	A DIAGNOSTIC STUDY ON THE IMPLEMENTATION OF THE DEPARTMENT OF HEALTH'S (DOH) HEALTH VOLUNTEER WORKERS PROGRAM
COUNTRY:	The Philippines
IMPLEMENTING INSTITUTION:	Philippines Department of Health
PRINCIPAL INVESTIGATOR:	Ms. Marlina Caballes-Lacuesta
DURATION:	October 15, 1993 to May 15, 1994
TOTAL BUDGET:	$20,355

SUMMARY

The Department of Health (DOH) has maintained its strategy of utilizing the Health Volunteer Program where the Barangay Health Workers (BHWs) are considered as the frontliners of services. Previous research shows a poor performance of the BHWs. This may be a factor in the alarming average annual population growth rate in regions XI and XII (where the study is being conducted), which exceeds the 2.35 national average growth rate.

The study seeks to determine the factors affecting the family planning performance of the BHWs in the two regions. To meet this objective, a survey will be conducted together with focus group discussions. The results of the study are expected to contribute to the current promotion and support provided by the DOH of the community-managed health care approach. This approach is meant to provide assistance to the local government units (LGUs) in the process of the devolution of DOH's functions.

In addition, DOH staff members are responsible for functions related to 23 programs, one of which is family planning. Activating the BHWs could deload the regular DOH staff of their heavy workload through the BHWs, resulting in more efficient health service delivery. Moreover, the volunteer program would enable community participation.

Finally, the study focuses on manipulable program variables. It is expected that, as a result of this study, interventions can be implemented with regard to training, recruitment, incentives and workload of the BHWs. The project team is now in the data collection phase. The final report is expected to be completed in the middle of May 1994.