

The ACQUIRE Project
Review of Service Statistics for Field Programs
FY 2003/2004
Quarter 1 (pre-ACQUIRE), July 1 to September 30, 2003
Quarter 2 (ACQUIRE start-up), October 1 to December 31, 2003

I. Introduction

This quarterly report summarizes select service, site and training statistics from field programs supported by ACQUIRE during the reporting period. As agreed with USAID/W at the project's start-up, ACQUIRE will report these statistics at 4 months following the end of the reporting period (due to the time needed to collect and review numbers from field programs).

This report includes FY 2003/2004 data from Bangladesh, Bolivia, Honduras, India, Tanzania and South Africa. Summaries are given for sites and services data for each country¹, followed by figures and training data.

The purpose of this statistical review is to identify trends in service delivery for field-based efforts, and it is used for program monitoring purposes. It is not intended to serve as a report of program results. Program results will be measured through evaluations and special studies, including baseline and endline surveys in core focus countries selected for this purpose, using tools adapted from the MEASURE Evaluation project's Quick Investigation of Quality (QIQ) tools.

Countries for focused in-country evaluation efforts will be selected from those in ACQUIRE's field portfolio that have strategies designed for expanding service delivery and where the USAID Mission has indicated its willingness to provide resources for at least a three-year period. To date, Bangladesh, Bolivia and Tanzania have been identified as focus countries for evaluation purpose.

II. Overall Data Issues

ACQUIRE is in a pilot phase of indicator collection and will finalize a set of core indicators in the performance management plan (PMP), for review and approval by USAID/W at the end of the start-up phase (June 30, 2004).

The period covered in this review – July to December 2003 – was a time of transition for the ACQUIRE Project. ACQUIRE officially began on October 1, 2003, with funding for several countries that were supported via EngenderHealth's former Cooperative Agreement.² This Agreement ended on March 31, 2004. Although most country activities were completed by September 30, 2003, EngenderHealth received an extension to continue support of program activities in South Africa and India through March 31, 2004. Therefore, this report includes activities that were financed under the previous Cooperative Agreement during the period July 1 to September 30 for all countries, and October 1 to December 31, 2003 for South Africa and India. We are reporting them here for continuity in project monitoring.

¹ South Africa did not report sites and service statistics because the project activities are not facility-based; however, the program does include training data. Hence, only training is presented for South Africa, in the training table at the end of the report.

² Program for VSC and Related RH Services, HRN-A-00-98-00042-00.

Finally, EngenderHealth is still in the process of determining indicators for monitoring of HIV/AIDS as well as maternal health activities. The HIV/AIDS indicators, as much as possible, will be based on the PEPFAR indicators. The maternal health activities will be based on, but not limited to, post-abortion care (PAC) data, particularly as it relates to PAC for family planning clients. For the time being, only family planning service statistics are being reported here. A more comprehensive list of indicators will be reported in later reports.

III. Data descriptions by country

BOLIVIA

Definition of ACQUIRE-supported site:

- Secondary and tertiary hospitals that receive direct ACQUIRE support, and
- Public sector health posts and centers and private sector health centers that receive ACQUIRE support through their membership in health networks supported by ACQUIRE.

Challenges in data collection:

- Because of a lag time between data collection and data reporting in the national management information system, various sites were still missing services data for one or more methods at the time of writing, particularly for Quarter 2.

Key fluctuations in service statistics:

- Injectable use increased from 1,254 in Quarter 1 to 1,421 in Quarter 2.
- IUD insertions declined from 872 in Quarter 1 to 529 in Quarter 2.
 - ❖ Partially caused by increased popularity of injectables
 - ❖ In addition, data is still missing from 6 sites.
- Male and female sterilization services declined slightly from Quarter 1 to Quarter 2, from 6 to 4 in the case of male sterilization and 401 to 340 in the case of female sterilization.
 - ❖ Female sterilization data is still missing from 9 of the 21 sites offering this method. The trend may look different once the data is complete.

BANGLADESH

Definition of ACQUIRE-supported site:

- Service delivery point that receives ACQUIRE financial, technical or material support.
- Level of reporting is an upazilla, which typically encompasses one Upazilla Health Complex (UHC) plus five to six Family Welfare Complexes (FWCs). Total number of sites was therefore actually 6 to 7 times as great as the total number of upazillas.
 - ❖ Data reported by upazilla because:
 - The national management information system—the data source for ACQUIRE/Bangladesh—reports the data in this manner

Challenges in data collection:

- Service statistics for Quarter 2 are an *estimate* of the total number of clients because the national management information system has a lag time for final audited figures.
- Because of the lag time, ACQUIRE/Bangladesh staff collects monthly service statistics through roving supervisors (MOH staff) who provide interim data to our project.
- Support to sites was scaled back in Quarter 2 and may be one reason for observed downward trends

- Though injectables were available in all of the sites, service statistics are unavailable on a consistent basis from the national management information system.

Key fluctuations in service statistics:

- IUD insertions were reported for 18,482 clients in Quarter 1 and 14,759 in Quarter 2.
- Clients served in implants decreased from 3,012 in Quarter 1 to 2,466 in Quarter 2.
- Male sterilization services were received by 4,594 clients in Quarter 1, and 4,237 clients in Quarter 2. The corresponding numbers for female sterilization were 4,472 and 2,410.
 - ❖ Male sterilization services were more frequent than female sterilization services in both quarters.

HONDURAS

Definition of ACQUIRE-supported site:

- Hospital to which EngenderHealth staff provided technical assistance.

Key fluctuations in service statistics:

- IUD services rose from 628 in Quarter 1 to 1,004 in Quarter 2.
 - ❖ Training of 58 providers in IUD insertion/removal as well as IUD kit provision in FY 02/03 may have contributed to this rise.
- Female sterilization declined slightly from 1,388 in Quarter 1 to 1,144 in Quarter 2.
 - ❖ Partly due to seasonal variance, as Quarter 2 fell during a holiday season, when clients are less likely to seek family planning services.
 - ❖ Also due to drop in services in one large site in Quarter 2 because of the departure of several key trained staff members.
- 2,559 injectable clients were served in Quarter 2³. Injectable data was only reported for Quarter 2.

INDIA

Definition of ACQUIRE-supported site:

- Teaching hospital, district hospital, community health center, primary health center, or sub-center in which:
 - ❖ A provider that received training by EngenderHealth (EH) staff, or by district trainers trained by EH staff, is posted and provides services; or
 - ❖ Quality Improvement Circle activities, training in emergency obstetrics and newborn care, or training in infection prevention have been implemented.

Challenges in data collection:

- Service statistics were collected from only 40 sites in Quarter 1 and 68 sites in Quarter 2 due to a need to obtain formal permission from SIFPSA for collection of the statistics.
- This permission is currently being requested

Key fluctuations in service statistics:

- The number of clients who received female sterilization increased substantially from 2,646 in Quarter 1 to 20,276 in Quarter 2.
 - ❖ 28 additional sites reported service statistics in Quarter 2. The data reported from these sites account for 51% (8,928) of the increase.

³ It is uncertain whether the injectables data includes clients new to injectables and/or clients returning for a follow-up injection. This issue will be clarified in Quarter 3 report.

- ❖ More female sterilization procedures are conducted during the cooler months that fall during Quarters 2 and 3.
- Male sterilization services fell from 247 in Quarter 1 to 157 in Quarter 2.
 - ❖ Possibly due to the transfer of the deputy at SIFPSA who was championing the no-scalpel vasectomy (NSV) program.

TANZANIA

Definition of ACQUIRE-supported site:

- Health facility identified by an EngenderHealth subgrantee for programmatic support to provide clinic-based reproductive health services.

Challenges in data collection:

- Service statistics are reported below from Quarter 1 only. Tanzania will submit Quarter 2 and Quarter 3 data during the Quarter 3 reporting period.
- Tanzania staff encountered difficulties in obtaining Quarter 2 data on a timely basis from sub-grantees. EngenderHealth staff is currently meeting with sub-grantees to discuss data collection issues, including how to collect post-abortion family planning counseling data with sub-grantees.

Trends in sites and services:

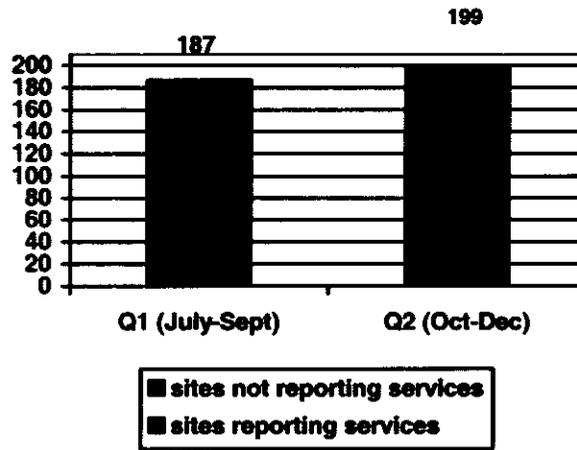
- Injectables were the most frequently reported method (37,948)⁴.
- No clients received male sterilization services.
 - ❖ This may be attributed to transfer of service providers and a low acceptance rate for vasectomy in some areas.

⁴ This number included returning as well as new clients. Tanzania staff will see if a distinction can be made in Quarter 3.

IV. Figures

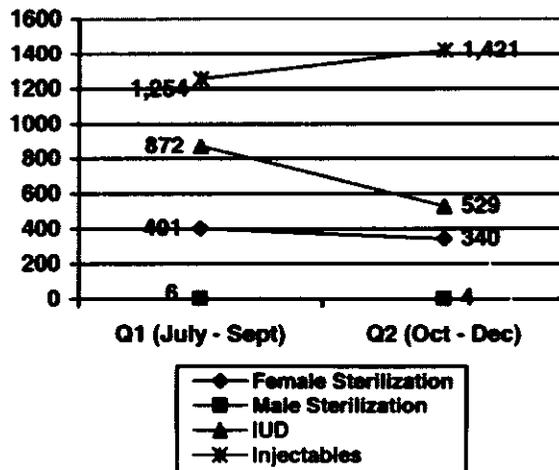
BOLIVIA:

Figure 1. Bolivia: Total number of sites by reporting status



Note: The twelve sites receiving Anonymous II funding for post-abortion counseling, which were added in Quarter 2, only report service statistics associated with PAC services.

Figure 2. Bolivia: Number of clients served by method by quarter



BANGLADESH:

Figure 3. Bangladesh: Total number of sites by reporting status by quarter

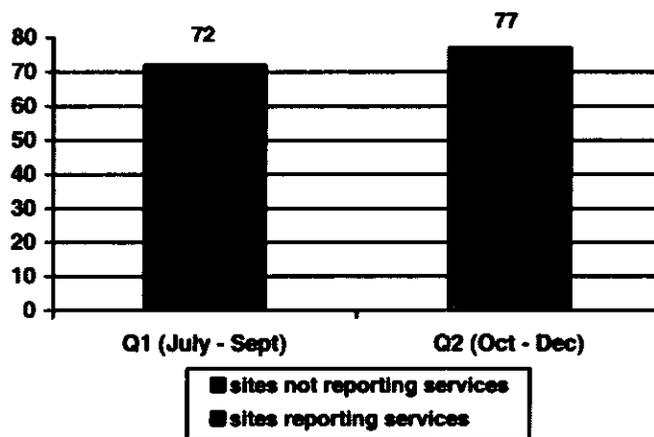
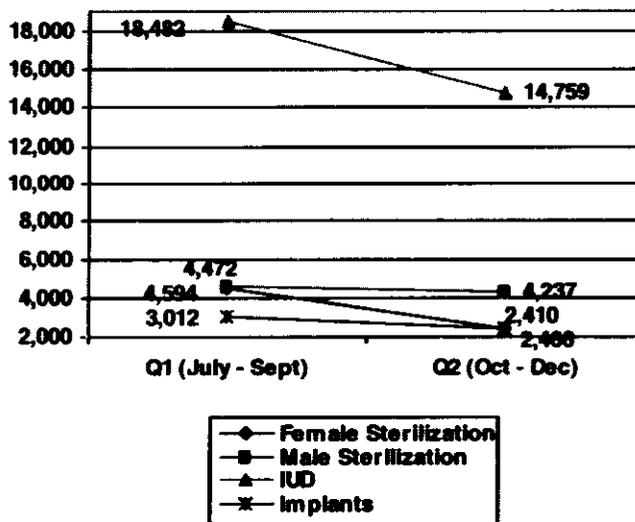


Figure 4. Bangladesh: Number of clients served by method by quarter



HONDURAS:

Figure 5. Honduras: Total number of sites by reporting status

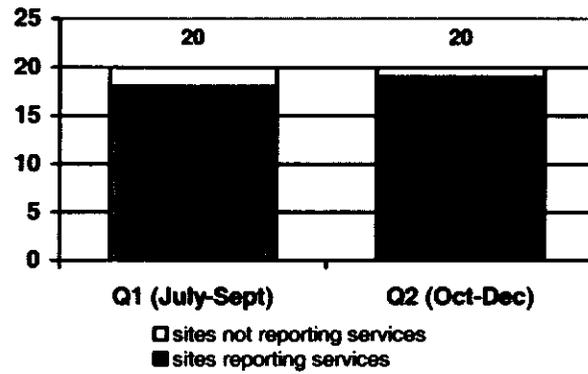
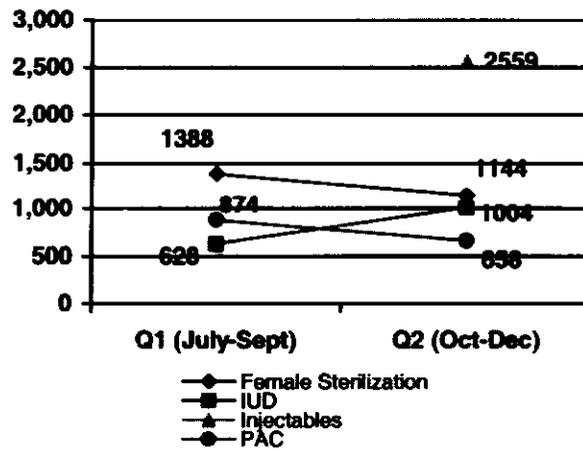


Figure 6. Honduras: Number of clients served by method by quarter



INDIA:

Figure 7. India: Total number of sites by reporting status by quarter

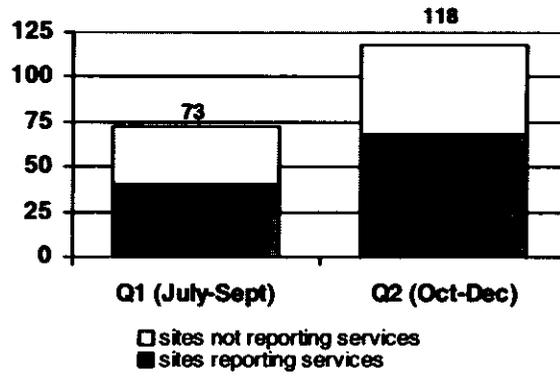
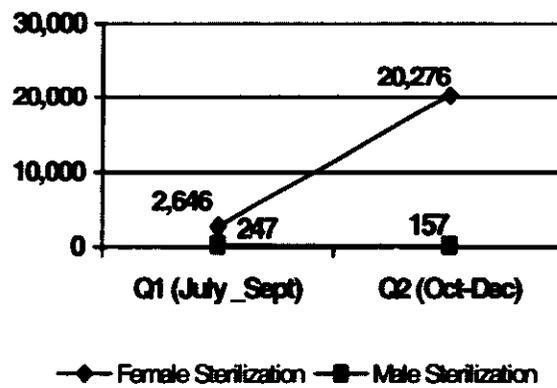
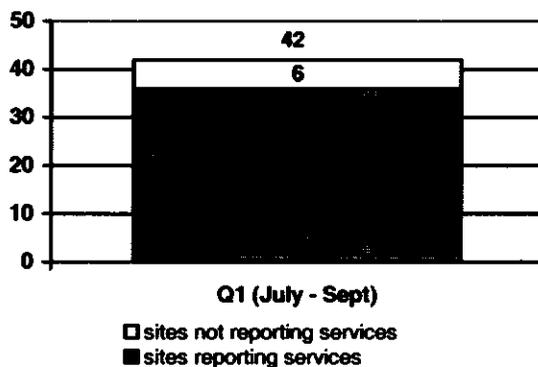


Figure 8. India: Number of clients served by method by quarter



TANZANIA:

Figure 9. Tanzania: Total number of sites by reporting status by quarter



Female sterilization	1,084
Male sterilization	0
IUD	225
Implant	139
Injectable	37,948

V. Training Data ⁵

Bolivia ⁶					
Quarter 1 (July-Sept 2003)					
4	USAID	151	Facilitative Supervision	N/A	N/A
2	USAID	59	MAP	N/A	N/A
1	USAID	45	COPE II	N/A	N/A
19	USAID	314	COPE III	N/A	N/A
4	USAID	130	Infection Prevention	N/A	N/A
1	Gates	44	Cervical Cancer	N/A	N/A
1	USAID	2	Vasectomy	N/A	N/A
1	USAID	2	Tubal ligation	N/A	N/A
4	USAID	114	Contraceptive technology (IUDs, pills, female/male condom, natural methods, and permanent methods)	Informed Choice	Integrated RH counseling
Quarter 2 (Oct-Dec 2003)					
1	USAID	35	COPE I	N/A	N/A
2	USAID	74	COPE II	N/A	N/A
2	USAID	51	Contraceptive technology (IUDs, pills, female/male condom, natural methods, and permanent methods)	Informed Choice	Integrated RH counseling
Bangladesh					
Quarter 1 (July-Sept 2003)					
14	USAID	259	IUD	Infection Prevention	FP Counseling
Quarter 2 (Oct-Dec 2003)					
1	USAID	6	FP Counseling	Family Planning (clinical methods)	N/A
1	USAID	6	IUD	Infection Prevention	N/A
Quarter 1 (July-Sept 2003)					
1	USAID	15	Minilap Skills	Pain Control	Infection Prevention
1	Summit	12	MVA Skills	PAC Counseling	Infection Prevention
Quarter 2 (Oct-Dec 2003)					
2	USAID	41	Minilap Skills	Pain Control	Infection Prevention
1	USAID	45	Infection Prevention	N/A	N/A
1	USAID	30	Counseling	Informed Choice	Client's Rights

⁵ No trainings were conducted in Tanzania in Quarter 1 or Quarter 2, because subagreements were not in place under ACQUIRE, and field support funding was insufficient to support any trainings. We anticipate that trainings will be conducted in Quarter 3.

⁶ All COPE training reported for Bolivia is COPE for Reproductive Health Services.

COPE I = first exercise

COPE II = 3-month follow-up

COPE III = 6-month follow-up after COPE I

Quarter 1 (July-Sept 2003)					
5	Old CA USAID/FS	12	No-Scalpel Vasectomy	N/A	N/A
4	Old CA USAID/FS	25	Abdominal Tubectomy Induction	N/A	N/A
6	Old CA USAID/FS	11	Laparoscopy Induction	N/A	N/A
1	Old CA USAID/FS	6	Infection Prevention TOT	N/A	N/A
2	Old CA USAID/FS	55	Infection Prevention Basic	N/A	N/A
Quarter 2 (Oct-Dec 2003)					
7	Old CA USAID/FS	8	No-Scalpel Vasectomy	N/A	N/A
5	Old CA USAID/FS	23	Abdominal Tubectomy Induction	N/A	N/A
2	Old CA USAID/FS	5	Laparoscopy Induction	N/A	N/A
12	Old CA USAID/FS	285	Infection Prevention Basic	N/A	N/A
2	Old CA USAID/FS	19	Infection Prevention TOT	N/A	N/A
1	Old CA USAID/FS	15	EmONBC ⁷ orientation	N/A	N/A
2	Old CA USAID/FS	28	EmONBC standardization workshop	N/A	N/A
2	Old CA USAID/FS	13	EmONBC TOT	N/A	N/A
South Africa					
Quarter 1 (July-Sept 2003)					
1	Ford	25	Men as Partners		
1	Field Support	8	Men as Partners		
Quarter 2 (Oct-Dec 2003)					
1	Ford/Field Support	42	Men as Partners		
1	Field Support	30	Men as Partners		

⁷ EmONBC = Emergency Obstetrics and New Born Care