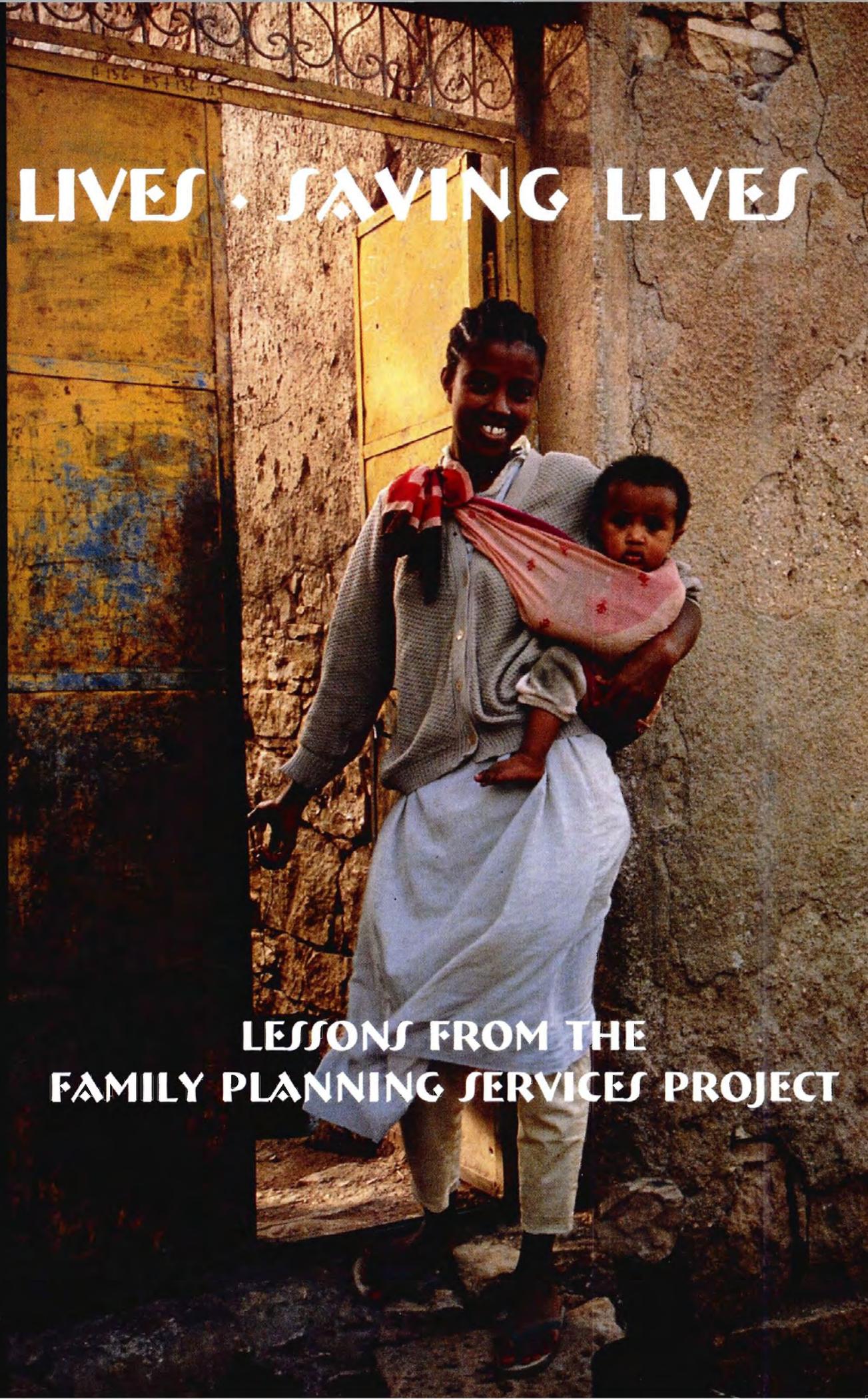


CHANGING LIVES • SAVING LIVES



END OF PROJECT
CONFERENCE

September 11, 2000
Washington, D.C.

LESSONS FROM THE
FAMILY PLANNING SERVICES PROJECT

 **Pathfinder**
INTERNATIONAL
in partnership with USAID

**Conference
Information**



CONFERENCE SCHEDULE

- 8:00 a.m. Registration and Continental Breakfast**
Ballroom Lobby
- 9:00 a.m. Introduction***
Welcome and Opening Remarks Dan Pellegrom
USAID Remarks Duff Gillespie
- 9:15 a.m. Brief History and Results of FPSP*** John Dumm
- 9:45 a.m. HIV-AIDS: Moving Beyond Prevention***
Elizabeth Lule, Africa Regional Office
- 10:30 a.m. Coffee Break and Screening of *Yellow Card* Video Clip***
- 11:00 a.m. Scaling Up Adolescent Activities***
Pamela Onduso, Africa Regional Office
Esperanza Delgado, Mexico
- 11:45 a.m. Postabortion Care*** Caroline Crosbie, Haiti
- 12:45 p.m. Lunch***
Melody Barnes, Senate
Judiciary Committee Chief
Counsel to Senator Edward M. Kennedy
- 2:15 p.m. Breakout Sessions (concurrent)**
- 1. Institutional Development: Working Ourselves Out of a Job**
Fran Farmer, Africa Regional Office
Joy Mukaire, Uganda

* Session will be held in the Ballroom

- Audrey Elster, Planned
Parenthood Association of South
Africa
Bernadette Msundi, Maendeleo Ya
Wanawake Organization
- Buchanan Room
2. Provider Performance Improvement
- Cathy Solter
Caroline Crosbie, Haiti
Ellen Eiseman, Peru
Delicia Ferrando, Peru
- Taft Room
3. SDES: The Experience from
Indonesia and Mexico
- Sumengen Sutomo, Indonesia
Esperanza Delgado, Mexico
- Douglas Room
- 3:45 p.m. Breakout Sessions (concurrent)**
1. Financial Sustainability
- T.J. Ryan, Abt Associates
- Taft Room
2. Integration of HIV-AIDS
with MCH/FP Programs
- Elizabeth Lule, Africa Regional
Office
Wilson Kisubi, Kenya
Sophia Mukas Monico, TASO
Ilka Rondinelli, Brazil
- Douglas Room
3. Community-Based Initiatives
- Milka Dinev, Peru
Joy Mukaire, Uganda
Victor Trigno, BKKBN South
Sulawesi
Bisi Tugbobo, Nigeria
- Buchanan Room
- 5:00 p.m. Closing Remarks**
Pierce Room
- John Dumm
- 5:15 p.m. Reception/Cocktails**
Pierce Room



ACRONYM LIST

ACNM	American College of Nurse Midwives
ADRA	Adventist Development and Relief Agency
AIBEF	L'Association Ivoirienne Pour le Bien-Etre Familial
AIDS	acquired immunodeficiency syndrome
ALCANCE	Planificación Familiar al Alcance de Poblaciones de Alto Riesgo
AMODEFA	Associação Moçambicana para o Desenvolvimento da Família
ANE	Asia and the Near East
ASBEF	Association Senegalaise pour le Bien-Etre Familial
ASRH	adolescent sexual and reproductive health
BASICS	Basic Support for Institutionalizing Child Survival
BCC	behavioral change communication
BKKBN	Indonesian National Family Planning Coordination Board
C&C	comunicação & cultura
CA	cooperating agency
CBD	community-based distribution or distributor
CBRH	community-based reproductive health
CBS	community-based service
CEISAN	Center for the Study of Health and Nutrition
CETAD	Centro de Estudos e Terapia do Abuso de Drogas
COCs	combined oral contraceptives
COFAP	Consortium of Family Planning NGOs in Ethiopia
COMBASE	Comision Boliviana de Accion Social Evangelica
CPR	contraceptive prevalence rate
D&C	dilation and curettage
DIRES	regional directorates
DMPA	Depo Provera
EARHN	East African Reproductive Health Network
ECP	emergency contraceptive pill
ESA	Eastern and Southern Africa
FEBRASGO	National OB/GYN Society
FHI	Family Health International
FLE	family life education
FLEP	Family Life Education Project

FP	family planning
FP/RH	family planning/reproductive health
FPSP	Family Planning Services Project
GAPA	Grupo de Apoio a Prevencao a AIDS da Bahia
GOI	Government of Indonesia
HAART	highly active anti-retroviral therapy
HBC	home-based care
HHS	Hanoi Health Services
HIV	human immunodeficiency virus
HRC	High Risk Clinic
HRDF	Human Resource Development Foundation
IBI	Indonesian Midwives Association
ICPD	International Conference for Population and Development
ID	institutional development
IDI	Indonesian Medical Association
IDP	internally displaced person
IEC	information, education, and communication
IMSS	Instituto Mexicano de Seguridad Social
IMT	information monitoring tool
IP	infection prevention
IPPA	Indonesian Planned Parenthood Association
IPSS	Social Security Health System
ISDS	Instituto de Projectos e Investigações em Saúde e Desenvolvimento Social
ISFI	Indonesian Association of Pharmacists
IUD	intrauterine device
JHPIEGO	Johns Hopkins Program for International Education in Reproductive Health
JHU/CCP	Johns Hopkins University/Center for Communications Programs
JSI	John Snow, Inc.
KU	Kenyatta University
LAC	Latin America and the Caribbean
MCH	maternal and child health
MIS	management information systems
MOH	Ministry of Health
MSH	Management Sciences for Health
MSPP	Ministere de la Sante Publique et Population
MVA	manual vacuum aspiration
NGO	nongovernmental organization
OB/GYN	obstetrician/gynecologist
OTTU	Organization of Tanzania Trade Unions
PA	postabortion

PAC	postabortion care
PASARE	Programa de Apoyo a la Salud Reproductiva
PATH	Program for Appropriate Technology in Health
PCS	Population Communication Services
PKMI	Indonesian Association for Secure Contraception
PLWA	people living with AIDS
POPs	progestin-only pills
PP	postpartum
PPASA	Planned Parenthood Association of South Africa
PRODESA	Programa de Estudios de Post Grado de Salud del Adolescente
PROFIT	Promoting Financial Investment and Transfer
PSI	Population Services International
PVO	international private voluntary organization
REDSO	Regional Economic Development Services Office
RH	reproductive health
RHP	reproductive health program
RIP	Regional Integration Partners
RSDP	Rural Service Delivery Partnership
RTG	Regional Technical Group
RTI	reproductive tract infection
SDES	service delivery expansion support
SEATS	Family Planning Service Expansion and Technical Support
SESAB	Family Planning Service Expansion and Technical Support
SISMAC	Continuous Monitoring and Evaluation System
SMTT	Safe Motherhood Training Team
SSA	Secretaría de Salud
STD	sexually transmitted disease
TA	technical assistance
TASO	The AIDS Support Organization
TESK	Turkish Confederation of Tradesman and Craftsmen
TFR	total fertility rate
TOHS	Tanzania Occupational Health Services
UNFPA	United Nations Family Planning Association
URC	University Research Center
USAID	United States Agency for International Development
VSC	voluntary surgical contraception
WfW	Working for Waters



Session Summaries

Morning Sessions

HIV-AIDS: Moving Beyond Prevention

Elizabeth Lule

After providing a brief overview of the demographic impact of HIV-AIDS on sub-Saharan Africa, the presenter explains how the interrelated nature of AIDS prevention and care makes the provision of both services necessary. This presentation highlights Pathfinder's HIV-AIDS work in the areas of networking, service integration, operations research, advocacy and dissemination, and home-based AIDS care and support. An overview of Pathfinder's approach to home-based care, the impact of home-based care efforts, the lessons learned from these initiatives, and remaining challenges is included.

Scaling Up Adolescent Activities

Esperanza Delgado and Pamela Onduso

This joint presentation covers Pathfinder's expansion of adolescent activities in sub-Saharan Africa and Latin America under the Family Planning Services Project. The Africa section of the presentation highlights lessons learned through the implementation of health facility, outreach, school-based, and media communications programs designed to reach adolescents in 12 sub-Saharan African countries with appropriate reproductive health services. The presentation also discusses the needs of adolescent parents and the challenges of providing services to adolescents, especially in light of the AIDS pandemic. Pathfinder's regional adolescent reproductive health goals and strategies are included.

The Latin America portion of the presentation identifies the main objectives of adolescent activities in this region and examines the major barriers to achieving these objectives. Strategies to improve the environment for, increase access to, and improve the quality of adolescent services are covered, along with the results of implementing these strategies. Lessons learned and main challenges are also included.

Postabortion Care

Caroline Crosbie

This presentation addresses the unmet need for abortion care worldwide and highlights work in Pathfinder's three abortion-related program areas: advocacy, postabortion care, and community participation. Activities, results, and lessons learned are presented for each of these three program areas. Future goals for Pathfinder's work in the area of abortion care also are outlined.

Breakout Sessions

Institutional Development in Africa

Audrey Elster, Fran Farmer, Bernadette Msundi, and Joy Mukaire

This session highlights Pathfinder's institutional capacity building efforts in Africa, examining the purpose of institutional development activities, the steps taken, benchmarks used to assess progress, and results. Institutional development tools that Pathfinder has developed, new ideas, and lessons learned are also discussed.

Provider Performance Improvement

Caroline Crosby, Ellen Eiseman, Delicia Ferrando, and Cathy Solter

This session defines and explains the four components or steps of provider performance improvement. These components are: 1) the needs assessment, 2) performance-based training, 3) integrated supervision, and 4) follow-up training evaluation. Lessons learned are presented for each component of provider performance improvement.

SDES Experience from Indonesia and Mexico

Esperanza Delgado and Sumengen Sutomo

The Indonesian portion of this session examines the main issues addressed by SDES, the goals and objectives of the project, and SDES's approach to achieving these goals. Topics covered include efforts to promote long-term contraceptive methods, strengthen community participation, build the capabilities of NGOs and the private sector, and support the management capabilities of BKKK. Project impact, outputs, performance, and lessons learned are included.

The Mexican portion of the session provides a country overview of SDES and covers the project's objectives, strategies, and operational mechanisms. Modifications to the SDES agenda, the project's main achievements, lessons learned, and future challenges are presented.

Financial Sustainability

Chris Grundmann, Pam Putney, T.J. Ryan, and Malcolm Steinberg

This presentation addresses Pathfinder's effort to promote the sustainability of NGO reproductive health programs in the six African countries of Ethiopia, Kenya, Nigeria, Senegal, South Africa, and Uganda. Representatives from Abt Associates explain the model used in these programs, which is multidisciplinary in its approach to fostering sustainability. Improvements in management skills, commitment to sustainability, and

financial management are covered, along with survey results assessing clients' willingness to pay for services. Discussion of emphasizing strategic thinking includes information on decentralization and public/private partnerships.

Integration of HIV-AIDS with MCH/FP Programs

Wilson Kisubi, Elizabeth Lule, and Ilka Rondinelli

This session begins with an overview of Pathfinder's HIV-AIDS integration strategy and includes examples and information about integration projects in both Brazil and Africa. The portion of the discussion focusing on Brazil covers efforts to strengthen integrated service delivery in primary health care units in Brazil. The presentation includes brief background information on HIV-AIDS in Brazil and the Ministry of Health's response to the epidemic, along with an overview of Pathfinder's integration strategy in Brazil, which includes combining prenatal care, family planning services, STD/HIV-AIDS services, and cervical cancer screening. Challenges, accomplishments, and lessons learned are highlighted.

The African portion of the presentation discusses Pathfinder's integration of HIV-AIDS prevention into maternal and child health and family planning programs. The presentation breaks down the elements necessary for effective service integration, offers a rationale for providing integrated services, and discusses the possible levels of integration. After highlighting the levels of HIV-AIDS services that have been integrated into Pathfinder-supported projects in sub-Saharan Africa, the presentation covers lessons learned in the areas of planning and implementation, client response, home-based care, and the impact of integrated RH/HIV services.

Community-Based Initiatives

Milka Dinev, Joy Mukaire, Dr. Victor Trigno, and Bisi Tugbobo

This session begins with a brief background of Pathfinder's 30 years of community-based work, its approach to community-based services, and the future of the organization's community-based initiatives.

Pathfinder's community-based initiatives in Nigeria and Uganda are highlighted. The Nigerian portion of the session addresses community-based initiatives that have been adapted to the Nigerian context, specifically in relation to the country's six geo-political zones. Major lessons learned at the regional and community levels and through local partnerships with other organizations are presented. The sustainability of Nigerian community-based projects is also addressed. The second portion of the Africa presentation discusses building the partnerships that have been essential to community-based initiatives in Uganda. It also provides an overview of the Busoga Family Life Education Program's community-based efforts and their impact. Remaining challenges, lessons learned, and a vision for the future of community-based initiatives in Uganda are presented.

An overview of Pathfinder's community-based initiatives in Andean countries is also included. This portion of the presentation explains the state of Andean governments and government services as they relate to reproductive health. The presentation also covers lessons learned about public/private sector and community partnerships; the successful selection, training, and use of health promoters; and training and working with Ministry of Health staff. The use of surveillance committees to link the community, Ministry of Health, and NGOs is also addressed.

The Indonesian community-based initiatives that were implemented as part of the Service Delivery Expansion Support Project are also presented. Approaches covered in this portion of the session include use of *barugas*, or traditional community buildings, as centers for midwife services in rural areas, and the development of *poksi*, or urban community centers, that function as service delivery points. Problems, lessons learned, and recommendations for both *barugas* and *poksi* are outlined.

September 11, 2000



Dear Friends and Colleagues,

On behalf of Pathfinder, let me welcome you to our presentation today of the results and lessons we have learned through the implementation of the Family Planning Services Project. We have quite a story to tell.

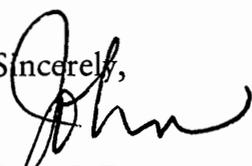
Throughout its 43-year-old history, Pathfinder's mission has always been to improve access to and use of quality family planning services. No other project epitomizes this mission more than the Family Planning Services Project. FPSP has provided family planning and other reproductive health services to well over 35 million women and men in 26 countries. This project has changed lives, and it has saved the lives of some of the poorest and most vulnerable women and children in the world.

Since it began in 1993, FPSP has responded to the changing complexities of sexual and reproductive health issues in developing countries and to the challenges we as a community accepted with our commitment to the goals of ICPD. We hope you will learn today of the wide variety of program approaches we have applied in pursuit of FPSP's overarching goal of access.

Pathfinder's commitment to reproductive rights and health, to safe abortion care, to ending the scourge of the HIV-AIDS pandemic, and to protecting the sexual and reproductive health of young people is stronger today than it has ever been. Our strength and dedication to the cause of international population has been shaped and supported by our 32-year-long relationship with USAID's Office of Population. Rarely has any institutional relationship been as productive as ours has been.

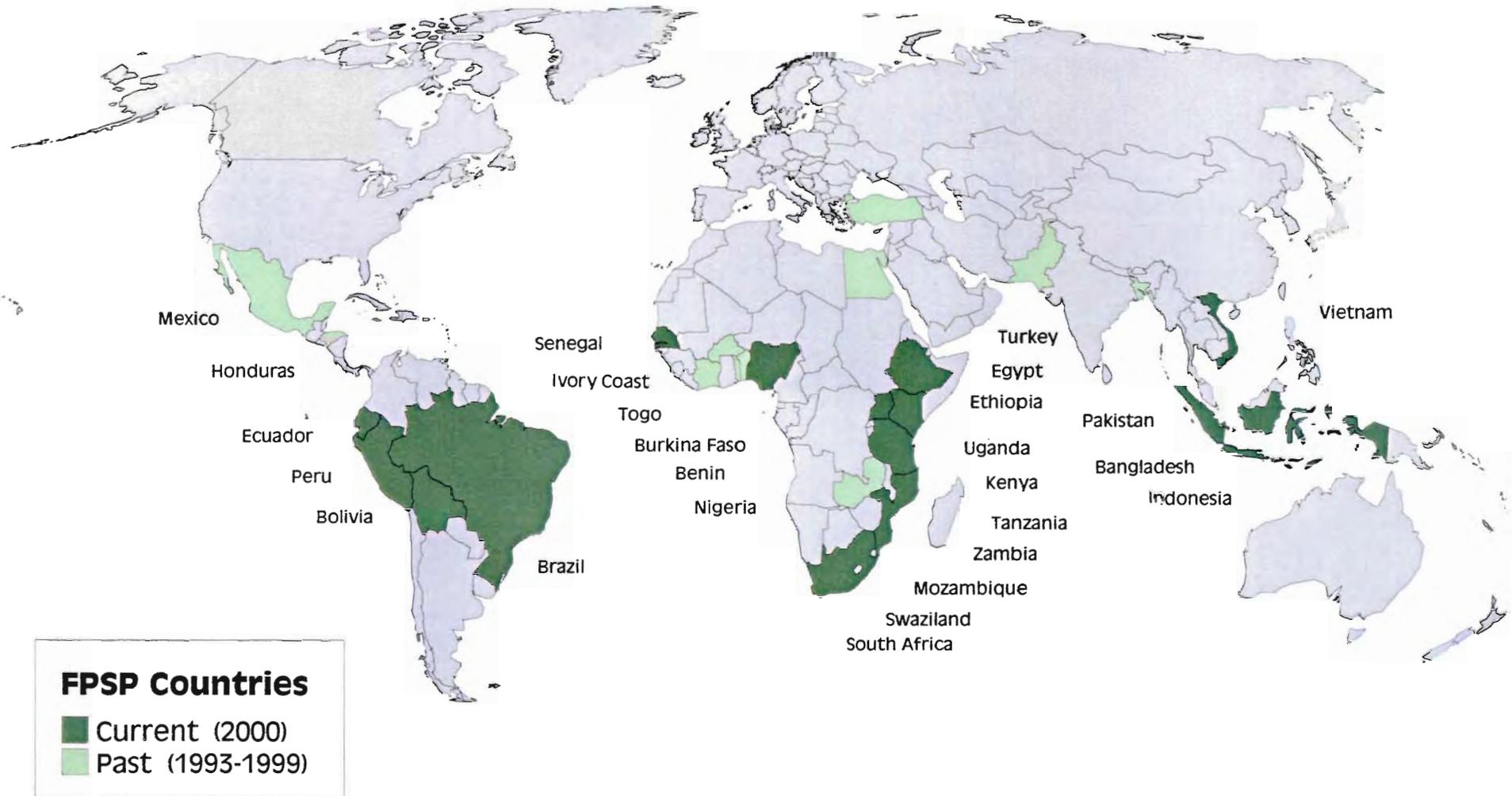
So much has been accomplished through our partnership with the Pop Office and the many USAID Missions that have worked with us on the Family Planning Services Project. However, there is still so much more to be done to ensure that access to minimal family planning and reproductive health services becomes available to the millions of women and men who remain outside of the reach of services. We hope that today will be a learning experience for all of us and that we will use the story of the Family Planning Services Project to illuminate our path with new ideas and enthusiasm for the important work that lies ahead.

We thank you for joining us today.

Sincerely,


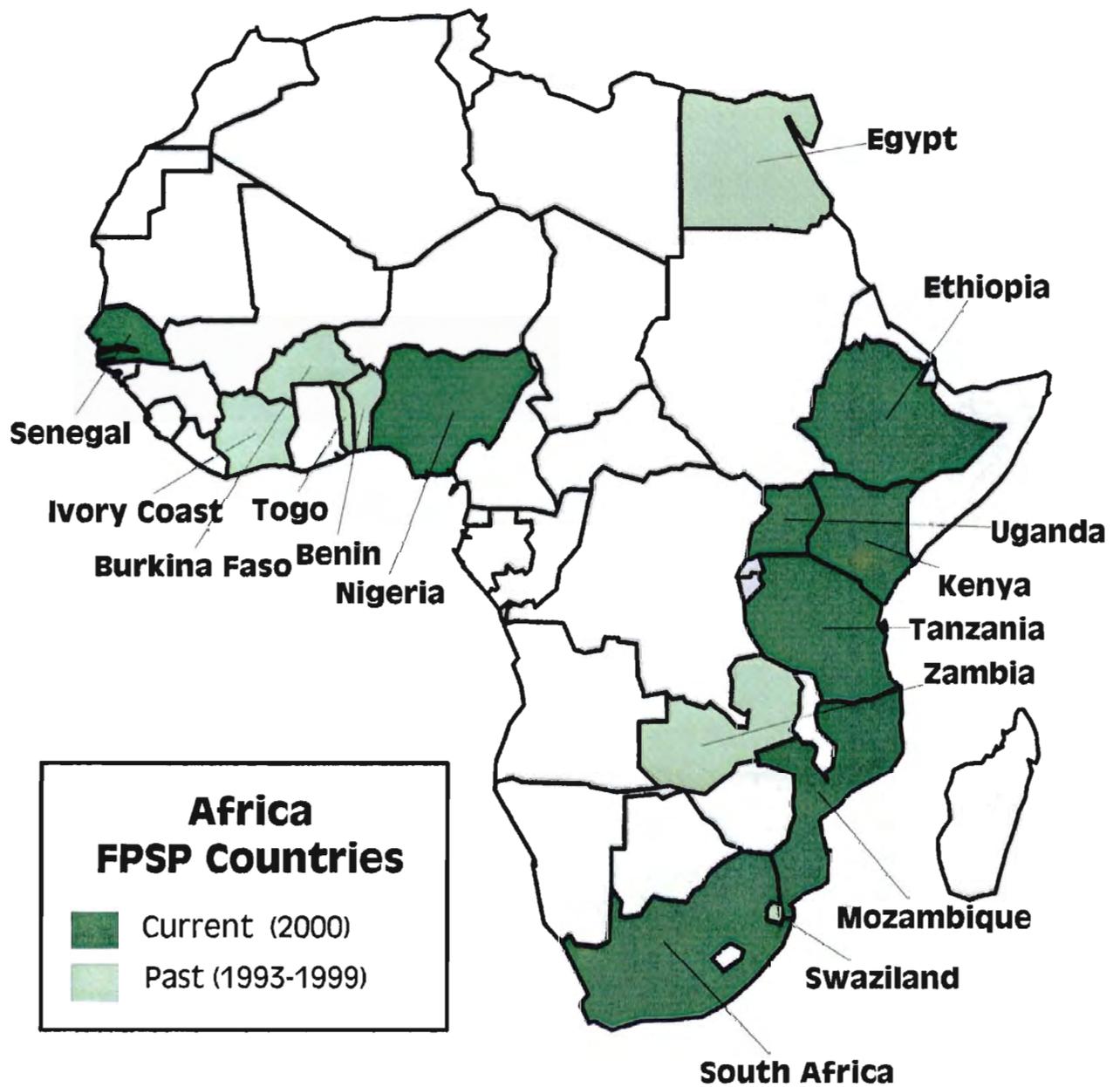
John J. Dumm
Senior Vice President

PATHFINDER INTERNATIONAL / USAID FAMILY PLANNING SERVICES PROJECT



Regional Summaries

PATHFINDER INTERNATIONAL / USAID FAMILY PLANNING SERVICES PROJECT Africa Region





AFRICA REGIONAL SUMMARY

Background

Pathfinder's work in sub-Saharan Africa, of necessity, has focused on the dual dilemma facing most African countries and communities: a substantial unmet need for modern family planning (FP) coupled with spiraling rates of STD and HIV transmission. Over the course of the FPSP, Pathfinder has learned and applied many lessons that reflect the unique contexts and characteristics of programs and communities throughout Africa. Some of these lessons have significant implications for the future. Increasingly, for example, Pathfinder has worked to address the gap between widespread knowledge of modern FP methods and their relatively low use across the region. Similarly, gaps between almost universal knowledge of the causes and prevention of STD/HIV-AIDS and appropriate, sustained behavior change must be addressed using a variety of locally appropriate strategies and working with local implementing partners who understand how and what to communicate.

FPSP in AFRICA

- ◆ Countries with FPSP activities: Benin, Burkina Faso, Cote d'Ivoire, Ethiopia, Kenya, Mozambique, Nigeria, Senegal, South Africa, Tanzania, Togo, Swaziland, Uganda, and Zambia
- ◆ 2.6 million new users
- ◆ 1.9 million couple-years of protection provided
- ◆ 28,000 people trained
- ◆ 31.5 million people informed

During the FPSP, Pathfinder worked with 76 partners ranging from church networks, universities, and public sector agencies to national NGO networks and private practitioners. After conducting assessments and preparing country-wide strategies, Pathfinder worked in 10 countries (Cote d'Ivoire, Ethiopia, Kenya, Mozambique, Nigeria, Senegal, South Africa, Tanzania, Uganda, and Zambia) and implemented several regional initiatives. A key lesson learned early in the FPSP was that to achieve greater impact and make better use of diminishing resources, Pathfinder's Africa regional program needed to shift from a portfolio of numerous small projects to large service delivery projects within comprehensive country programs. Pathfinder was also able to leverage USAID funding and expand resources available to its programs and partners from other diverse public, bilateral, and multi-lateral sources.

Pathfinder's Africa program emphasizes increased access to FP/RH services through service delivery modes and strategies that reach underserved and at-risk groups such as adolescents, males, urban dwellers, and the indigent. Innovative service delivery approaches such as community-, workplace-, and marketplace-based service delivery efforts complement facility-based services. Within this rubric, specific program activities are tailored to address the region's most pressing FP/RH needs. Pathfinder also improved the services by working with local organizations in the public and private sectors to improve quality of care, train service providers, and offer an appropriate constellation of

RH services. Once these programs are in place, Pathfinder helps organizations build institutional capacity by developing long-range strategic plans to make their programs more cost-effective and sustainable, and by strengthening their capacity to manage the services they provide.

As a consequence of its seven year FPSP, Pathfinder and its local partners in Africa served 2.6 million new users, provided 1.9 million couple-years of protection (CYP) and referred clients for services, contributing another 787,000 CYP. Participating in training were approximately 28,000 physicians, nurses, clinical officers, community-based workers, program supervisors, and managers, and more than 31 million persons were informed about FP and RH services and issues. Working with a number of key partners, Pathfinder also facilitated a four-fold increase in the number of organizations with strategic and sustainability plans and helped a majority move upwards along the continuum of institutional development and self-sufficiency. Through countrywide and regional workshops, onsite TA (including linkages with other organizations such as Abt Associates) and materials development, Pathfinder improved partners' financial management, planning, monitoring and evaluation, and management information systems.

Through the FPSP, Pathfinder has facilitated several initiatives that reinforce technical leadership in the region and complement country-level programs. These initiatives promote exploration and replication of innovative approaches, models, or activities. Pathfinder's pioneering work in integrating FP/MCH/STD/HIV-AIDS services and protocols, its groundbreaking work with adolescents, and its efforts to address the tragedy of unsafe abortions through postabortion care (PAC) are described in separate Technical Summaries. Highlights and accomplishments of the other regional focuses—the urban initiative, emergency contraception, monitoring and evaluation, and activities related to Pathfinder's third strategic objective, institutional development—are described below.

The Urban Initiative

The Urban Initiative was developed in response to problems faced by service providers and others working to meet health needs in urban settings. A combined effort of REDSO/ESA, SEATS, and Pathfinder, the initiative aims to improve the quality of RH and to provide urban groups, particularly high transmitters such as youth, men, commercial sex workers, and slum dwellers, with information on condom and dual method use and STD prevention, including HIV-AIDS. The initiative first worked to improve infrastructure and quality of care in facilities serving the hard-to-reach, then explored urban community-based services to increase program impact. Pathfinder emphasized community partnership and participation to ensure that services were tailored to the needs of the underserved. Lessons learned from these participatory processes are being applied in other program with great success.

- ◆ In Kenya and Tanzania, Pathfinder worked with community leaders to select periurban target areas with large youth populations for services. Community diagnoses were then conducted to determine knowledge, attitude, and practice levels, and needs assessments were carried out to identify service delivery needs and develop plans to address them.

- ◆ To ensure acceptance and ownership of the project by the respective communities, Pathfinder conducted sensitization seminars for youth and women’s and men’s groups, as well as for community leaders in four sites. Pathfinder oriented 191 service providers and trained 80 CBD agents to assist clients in condom negotiation skills. Additionally, select agents were trained in counseling for dual method use. As a result, CBD agents are conducting IEC activities related to condom use and dual method use, both with individuals and small groups. They are also directing IEC efforts at in- and out-of-school school youths and community members through video showings.
- ◆ In target areas, more than 1.25 million condoms were distributed in just six months—a marked increase over past levels—using condom dispensers in strategic outlets (i.e. bars, restaurants, shops, health facilities, etc.) and trained CBDs.

Emergency Contraception

Initiated with private funding and then later supported with FPSP funds, Pathfinder has worked to improve access to emergency contraception (EC) in select countries throughout the region by creating a more favorable environment for EC through policy activities, expanding availability of emergency contraceptive pills (ECP) using a dedicated product, and increasing knowledge about using combined oral contraceptives (COCs) for emergency contraception where a dedicated product is not available. Pathfinder supported several ECP Consortium meetings that were attended by members from Uganda, Tanzania, and Kenya. In Kenya, Pathfinder received a large donation of Postinor-2 from Global Pharmacy for distribution to the clinics carrying out ECP activities. In Uganda, advocacy for EC was conducted with members of parliament. Moreover, Pathfinder assisted agencies to prepare protocols or amend service delivery guidelines and standards of practice to include emergency contraception.

Results of one study found that service providers experienced major problems in getting clients to understand that Postinor-2 is for emergency contraception only. Some clients argue that since they do not have regular partners, there is no need to use regular contraceptives and they would rather use ECP whenever there is an “emergency.” Pathfinder is working with grantees to help strengthen providers’ counseling skills to promote use of FP methods after a crisis situation and to discourage reliance on EC as a family planning method.

Monitoring and Evaluation

Pathfinder has long recognized the critical role of accurate data and information, as well as research and evaluation, in forming effective implementation of its partners and its own RH programs. It has approached monitoring and evaluation in three important ways: a) assisting partners to strengthen their own systems for data collection, analysis, reporting, and use; b) bolstering partner skills in monitoring, supervision, and implementation of performance standards; and c) documenting and disseminating useful information, models, better practices, and materials. Evaluations also assisted Pathfinder to improve its own

program designs, specifically through the use of assessments of Pathfinder-provided clinical infection training and its impact from CBD, dual method use, and male involvement programs. Pathfinder also conducted two regional workshops on monitoring, evaluation, and MIS for 36 representatives of partner organizations in eight countries and Pathfinder's regional and country office staff. Intensive onsite technical assistance, and efforts to sharpen and streamline data collection procedures and formats while linking them to Pathfinder's global Program Support System (PSS) were also a major emphasis during the FPSP.

Institutional Development

At the beginning of the FPSP, Pathfinder identified strengthening grantee capability in all aspects of project management and implementation as a global strategic objective. Institutional development was especially important in the Africa region because most of its African partners had fragile management capabilities and institutional structures. During the FPSP, Pathfinder has worked jointly with partners to address institutional capacity using a variety of tools such as joint assessments, multi-year TA and training plans, systems implementation (including guidelines, training modules, software), manuals, specialized workshops (e.g. program planning, financial management and sustainability, monitoring and evaluation), self-assessment or supervisory checklists, and south-to-south exchanges or study tours. Moreover, during the FPSP a majority of Pathfinder's partners were assisted to develop, implement, and systematically review tailored strategic and sustainability plans. A critical lesson learned is that joint activities are essential to ensure partners' "ownership" of the often difficult process of managing change and growth. Ownership, in turn, fosters a more sustainable commitment to excellence, cost-effectiveness, efficiency, and resource mobilization.

Although Pathfinder initially selected six "priority" grantee agencies to receive more intensive technical assistance and management development assistance, another key lesson learned was that all partners needed some form of institutional development or capacity building assistance. The amount, focus, degree, and expected results of such assistance depended on the partner's organizational level and the commitment to sustained change demonstrated by its leadership. As FPSP ends, it is clear that some organizations are ready for "graduation" and many more are able to formulate strategies or evaluate options leading to greater self-sufficiency. In addition, some of the more mature organizations have been used to provide south-to-south TA and training—a much more cost-effective, locally appropriate, and ultimately sustainable way of developing and strengthening organizations. The case study of PPASA in South Africa illustrates the work Pathfinder has done in institutional development.

Program Highlights by Country

Under FPSP, Pathfinder established and/or continued to support ongoing country-level programs in several African countries. Funding from FPSP has been critical in leveraging support from other donors as well other USAID sources. It has ensured a cohesive, practical, and strategic approach towards developing comprehensive reproductive health programs.

Ethiopia

Pathfinder was among the first international PVOs to support Ethiopia's family planning activities in the early 1960s. Under FPSP, Pathfinder established its Ethiopia country office in 1995 and went on to build support and collaboration for family planning/reproductive health services among the Government of Ethiopia, NGOs, and multi-sectoral agencies. The program supported an innovative NGO consortium (COFAP) in efforts to improve the institutional capacity of Ethiopian private and public organizations and assist them to share information, tools, and resources more effectively. Key country accomplishments under the FPSP include:

- ◆ Growth from a few, small projects to a full-fledged country program. With FPSP support, the project has attracted major funding from private foundations and other USAID sources. The number of local organizations supported by Pathfinder increased from one in 1995 to 15 by 2000. In collaboration with country partners, Pathfinder country program encompasses 31 clinic sites, 34 CBD areas, one marketplace, and seven workplaces.
- ◆ Improved quality of care through training, expanded method mix, integration of STD/HIV-AIDS in service delivery, and building the management capacity of service providers.
- ◆ Establishment of the Consortium of Family Planning NGOs in Ethiopia (COFAP), which coordinates and standardizes family planning and reproductive health activities within the NGO sector. Networking among members also enhances collaboration, facilitates open dialogs, minimizes duplication of efforts, and maximizes limited resources. COFAP membership grew from five to 38 organizations over the course of the FPSP.
- ◆ Support for development and use of nationally endorsed tools including community-based reproductive health protocols and training curriculum, a master sustainability plan, a cost accounting and financial management procedures manual, a CBRH supervision manual, clinical standards of practice, clinic-based service training curriculum, monitoring and evaluation instruments, and an infection prevention manual.

Kenya

Pathfinder has worked in Kenya for over three decades in collaboration with more than 40 local partners, governmental agencies, and other organizations. As one of its more mature

country programs in Africa, Pathfinder's Kenyan program has helped to ensure access to family planning/reproductive health services for the majority of Kenyans, including high-risk and hard-to-reach groups. To achieve this objective, Pathfinder and Kenyan partners pioneered community-based and other innovative modes of service delivery. Pathfinder has also invested its technical and financial resources to bolster the institutional capacity of Kenyan organizations.

- ◆ Pathfinder supported the creation of the High Risk Clinic (HRC) at Kenyatta National Hospital. The HRC provides postabortion and postpartum services to women under 25 years of age. The HRC specially trains service providers in PAC counseling and service delivery for young women and their partners, and has incorporated ECP and STD and HIV-AIDS information, care, and prevention into its mix of services. The HRC model has been replicated in rural and other urban areas of Kenya and serves as a model for postabortion and postpartum services throughout the region.
- ◆ Pathfinder has initiated, scaled-up, and gone beyond CBD services. Under FPSP, Pathfinder expanded awareness of and access to family planning services through its long-term projects with several local partners. From its strong CBD base in Kenya, Pathfinder has expanded its service delivery mechanism to include a more efficient depot approach. Further, CBD agents have been trained to offer some integrated services and are being groomed to provide training in home-based care (HBC) to household members of people living with HIV-AIDS.
- ◆ Pathfinder provided resources for many long-term local partners to develop their institutional capacity and become more independent, both technically and financially. Due in large part to TA provided under FPSP, organizations such as Maendeleo Ya Wanawake have developed and are using strategic plans, formal human resource management plans, and computerized MIS and financial management systems. Additionally, these organizations have developed creative financing plans to generate income and market services, better manage the money they do have, and diversify donor bases.

Mozambique

As Mozambique recovers from civil war and transitions from relief to development services, Pathfinder has committed its resources to establishing a full-fledged family planning/reproductive health program. FPSP funds were combined with USAID PVO II monies to design the FP/RH program. This also allowed leveraging of UNFPA funds for adolescent-focused activities. The program strategy is comprised of five main elements: 1) policy advocacy and technical support to MOH and local NGO partners to improve access, availability, use, and quality of MCH/RH services; 2) TA to expand and improve RH and MCH interventions by PVOs and international NGOs; 3) organizational development and capacity building of two NGO partners; 4) focus on adolescent RH; and 5) use of multi-sector approaches to strengthen program implementation and increase coverage.

Unfortunately, the bilateral agreement was abruptly shortened by one-half, thereby negating some critical gains in terms of NGO partner momentum and trust.

- ◆ Pathfinder initiated national and provincial mechanisms to strengthen coordination between local and international PVOs and to improve public sector capability to effectively use NGOs. Pathfinder provided essential leadership in promoting communication among donor agencies, fostering an open, collaborative environment, and advocating for local partner support.
- ◆ Pathfinder successfully piloted community-based services initiatives in Niassa, Nampula, and Zambezia provinces in partnership with two national NGOs (AMODEFA and Salama) and in close collaboration with MOH at provincial and district levels. Pathfinder trained trainers, elementary nurses, MCH nurses, and “activistas” (CBD agents) to improve quality at various levels of FP/RH service delivery. Training and IEC materials, along with service standards and guidelines, were developed in collaboration with local counterparts and have been adopted for use as required.
- ◆ Pathfinder conducted strategic planning exercises with both local NGO partners. These exercises produced usable, practical plans that have since been implemented and revisited.

Nigeria

Home to nearly one in four Africans, Nigeria is the most populous country in the region. Although it enjoyed a very successful nationwide family planning program supported by USAID in the late 1980s and early 1990s, program gains could not be maintained due to donor withdrawal after de-certification. Although Pathfinder did not receive USAID funding for Nigeria for several years during the course of the FPSP, Pathfinder was able to diversify its funding base and focus on institutional capacity building and prevention and management of STD/HIV-AIDS. When limited FPSP funding from USAID was made available, several small projects with private sector facilities were developed and implemented to expand access to services. Accomplishments using FPSP funds include:

- ◆ Improving access by bringing services to hard-to-reach populations, including adolescents and males, in select areas throughout the country. Under FPSP, Pathfinder offered family planning and RH services through multiple service delivery systems, namely clinics, hospitals, private sector providers, and a variety of innovative community-based approaches (marketplaces, hotels, motorparks).
- ◆ Sponsoring a series of advocacy workshops for project directors/coordinators and supervisors. Pathfinder also continues to work with community and traditional leaders to increase their knowledge of modern family planning/reproductive health, cultivate their support for programs, and gain their influence in project implementation.

- ◆ Maintaining use of local technical resources by contracting with members of the Nigeria Management Network, an organized group of experts formed by Pathfinder under the Nigeria Family Health Services Project, to provide technical assistance in various aspects of management, MIS, training, and quality improvement. All of the subprojects funded through the FPSP have benefited from their technical contributions, while the Network has benefited from the additional experience and lessons learned.

Senegal

Supported solely with FPSP funds and managed from its Regional Office in Nairobi, Pathfinder's country program in Senegal consisted of its collaboration with the Association Senegalaise pour le Bien-Etre Familial (ASBEF). Over Pathfinder's five-year association with ASBEF, significant progress was made in improving the availability of quality family planning services. The process was difficult, however, because ASBEF is the only organization in the country besides the Ministry of Health providing reproductive health services. Pathfinder and ASBEF worked on institutional capacity building with the former providing intensive technical assistance in financial management, MIS, management systems, and quality of care. Highlights of Pathfinder's achievements include:

- ◆ Improving access by establishing new clinics in St. Louis and Kaolack, Senegal's second and third largest towns respectively. These clinics served as a base for family planning CBD services, the first to be offered in the country.
- ◆ Improving quality of services by expanding the method mix. The project initially offered only pills, condoms, and spermicides. Method choice was augmented by the addition of longer-term methods including injectables, IUDs, and Norplant. In addition to family planning services, ASBEF integrated a wider range of RH services such as gynecological, prenatal, and pediatric services, along with STD and HIV-AIDS prevention.
- ◆ Strengthening institutional capacity. Pathfinder provided extensive TA to ASBEF in developing a five-year strategic plan. This plan was not only used as an operating guide by the organization, but also to help market the organization to other donors after Pathfinder completed its funding commitment. Additionally, Pathfinder included ASBEF in a series of financial sustainability workshops conducted in collaboration with Abt Associates. This intervention led to south-to-south exchanges with FLEP, one of Pathfinder's partners in Uganda.

South Africa

Pathfinder's centrally funded work in South Africa has concentrated on increasing the institutional capacity of its local partner, the Planned Parenthood Association of South Africa (PPASA), which serves as a vital technical resource to the government and private sector on reproductive health issues. Pathfinder has also worked with PPASA to raise funds and diversify its funding base, and provided support for a growing regional conference,

sponsored by the RH Research Unit at the University of Witswatersrand and entitled the RH Priorities Conference. Specific program highlights are as follows:

- ◆ Worked with PPASA on strategic planning as well as development of new program planning guidelines and procedures. These interventions have strengthened program design and implementation. As a result, PPASA staff members, from service providers to senior managers, are now thinking strategically. They understand how their work fits into the organization's mission and how they contribute to it. This has resulted in streamlined programs and more effective implementation.
- ◆ Used FPSP to leverage funding from private foundations to support Working for Waters (WfW), a unique environmental and public works program that provides jobs in disadvantaged communities. These jobs are environmental, focusing on removing non-native plant species that are depleting the country's fragile water table. Because the Department of Water Affairs takes holistic view of development, PPASA will incorporate a community-based reproductive health component into the WfW program. This approach will strengthen services for adolescents who still lack accurate information about RH and have great unmet FP/RH access to services.

Tanzania

FPSP made possible Pathfinder's establishment of a Tanzania country office in 1996. Pathfinder's role in Tanzania is to complement the government's efforts to improve the country's overall health status by increasing accessibility, quality, cost effectiveness, and management of integrated reproductive health services. Under FPSP, Pathfinder has:

- ◆ Promoted male responsibility through "male-friendly" activities. These include male-focused promotional materials on family planning and STD/HIV-AIDS prevention, male-only clinic hours, and advocacy and awareness meetings and orientation seminars with local leaders to promote male motivation.
- ◆ Increased access to integrated services for industrial workers and their families. Pathfinder advanced workplace-based service delivery using the existing clinics and community-based distributors of two local grantee organizations, Tanzania Occupational Health Services (TOHS) and Organization of Tanzania Trade Unions (OTTU).
- ◆ Expanded the range of contraceptive methods through pilot-testing and successful promotion of "CARE," a female condom. CARE has become a method of choice for many couples.

Uganda

Activities supported under FPSP complemented and enriched those funded through the Mission agreement, Delivery of Improved Services for Health Project (DISH). Pathfinder's strategy in Uganda is to increase access to and the use of family planning/reproductive health services, to improve quality of service delivery and foster sustainable local

institutions, and to change behaviors related to reproductive and maternal and child health in selected districts. Specifically, Pathfinder has worked to increase access to services for internally displaced people in select areas of Uganda and introduced innovative approaches to support people living with HIV-AIDS, such as home-based care. During FPSP, Pathfinder:

- ◆ Supported the Family Life Education Program (FLEP) for over eight years under the FPSP. The program has grown from a small community project to a major training resource that offers family planning and reproductive health education and training to reach the most vulnerable populations and hard-to-reach groups. Pathfinder provided technical assistance to build organizational capacity and promote sustainability. Results include improved strategic planning, the ability to provide technical assistance to other NGOs, income generation skills, and a diversified funding base.
- ◆ Promoted public-private partnerships and sustainability by assisting programs to prepare and implement sustainability plans and memoranda of understanding between local governments and Pathfinder's local implementing partners such that governments are paying for services provided by these partners and increasing their options for growth and sustainability.
- ◆ Served a population of over 130,000 internally displaced persons (IDPs) living in the Masindi and Kasese districts. Pathfinder trained community reproductive health workers to integrate nutrition education, breastfeeding, and growth monitoring into village reproductive health services. In addition to offering basic health care, food, and clothing, the projects introduced maternal health, distributed condoms to the army stationed at the IDP camps and men within the IDP camps, and offered other non-prescriptive contraceptives and STD treatment.
- ◆ Supported projects that increased knowledge about reproductive health and MCH and behavior change through community awareness programs that include a mix of traditional education approaches such as puppet shows, plays, and folk songs, as well as radio and print campaigns. According to a community survey in one of the project areas served, over 90 percent of women knew at least three family planning methods.

Other Countries

Early into FPSP, Pathfinder also supported large projects in Cote d'Ivoire and Zambia, as well as a few training activities in Burkina Faso and Benin.

- ◆ In Cote d'Ivoire Pathfinder worked with L'Association Ivoirienne Pour le Bien-Etre Familial (AIBEF) to support clinic and CBD activities in urban areas. Some of the program's achievements include expanding support to clinic- and community-based services that target young people and males, leveraging collaborative approaches between AIBEF clinics and public maternities, expanding method mix by

introducing VSC, and refining systems to manage income generation. Pathfinder also assisted AIBEF to improve the quality and increase the quantity of services at its clinics at the Treichville and Yopougon Hospitals by strengthening the two clinics and assisting in initiation of pilot community-based activities in Yopougon.

- ◆ In Zambia, FPSP funds were used to “bridge” subproject support to three family planning organizations: Makeni Ecumenical Center and two ADRA subprojects in Kabwe and Chipata. This support enabled client recruitment and IEC activities through static and mobile clinics, community-based distribution activities, and community mobilization. Additionally, technical assistance was provided in the areas of MIS review and design, CBD training, financial management, and program management and supervision.
- ◆ In collaboration with the Benin Ministry of Health, seventeen health professionals from the MOH and Social Affairs of Benin were trained on how to conduct a family planning situational analysis using various methods of data collection and evaluation and survey techniques.

Lessons Learned

Access

- ◆ Adolescents are among the most vulnerable, yet least served, African residents. A more holistic approach is required to reach and serve adolescents and delivery of information and services must be integrated with advocacy for policy reform, reduction of barriers, and changes in attitudes.
- ◆ Alternative service delivery options must be explored and emphasized to reach at-risk populations, particularly adolescents, rural groups, urban slum dwellers, men, and commercial sex workers.
- ◆ Radio is a very efficient medium for reaching rural residents with health messages. According to a 1997 survey, more than 80 percent of new family planning clients had heard a radio message about family planning. Nevertheless, interpersonal communication in the African context is also extremely important.
- ◆ CBS projects must continue to evolve into more cost-effective operations such as using depot holders, relying more on social marketing, integrating income generating activities as incentives, and linking with organizations or programs in other sectors to increase coverage and acceptance.
- ◆ Systematic, effective referral networks and medical backup are essential components of CBS approaches to increase client-centered access.
- ◆ Political factors influence programmatic realities in ways that are not always amenable to outside technical assistance.

Quality

- ◆ Supervisors who train their own staff are ideally positioned to monitor performance and provide assistance as needed. This creates a team approach to supervision.
- ◆ Core teams of trainers help build institutional capacity of local partner organizations. When partner organizations make a systematic commitment to improving quality services, managers and supervisors, in addition to service providers, require training.
- ◆ Quality means more than technical competence and standards; it requires adapting standards to fit clients' definitions of quality and establishing mechanisms to regularly obtain client feedback and ensure client satisfaction.
- ◆ Institutionalization of a commitment to quality requires rigorous monitoring and supervision at all levels and user friendly tools to assist providers and managers to assess and improve their own performance.

Institutional Development

- ◆ Organizations that have become sustainable fulfill a more important role than simply providing services in the communities where they work. They become critical models for other NGOs and for the public sector, particularly in the area of generating demand, creating access, and providing high quality services as well as TA and training resources. In this respect, small NGOs can make a significant contribution in moving to improving RH in a country.
- ◆ All three components of institutional development – management, financial, and technical capacity building – must be addressed simultaneously to achieve beneficial synergies, coherent systems or operations, and sustainable programs.
- ◆ When implementing partners feel “ownership” of problems and their solutions, there is a higher degree of commitment to ID activities.
- ◆ Since many of Pathfinder's partners in Africa still have fragile management systems or organizational structures, it usually takes longer than originally anticipated to identify the most fundamental problems facing individual agencies and develop programs tailored to addressing them.
- ◆ Community support is key to sustainable organizations. Assistance in strengthening outreach and using participatory processes systematically must be incorporated into plans for institutional development or capacity building.
- ◆ Monitoring and evaluation can be powerful tools for strengthening programs and increasing institutional capacity, especially when linked with TA and training for managers and supervisors in using data for decision-making and program design.

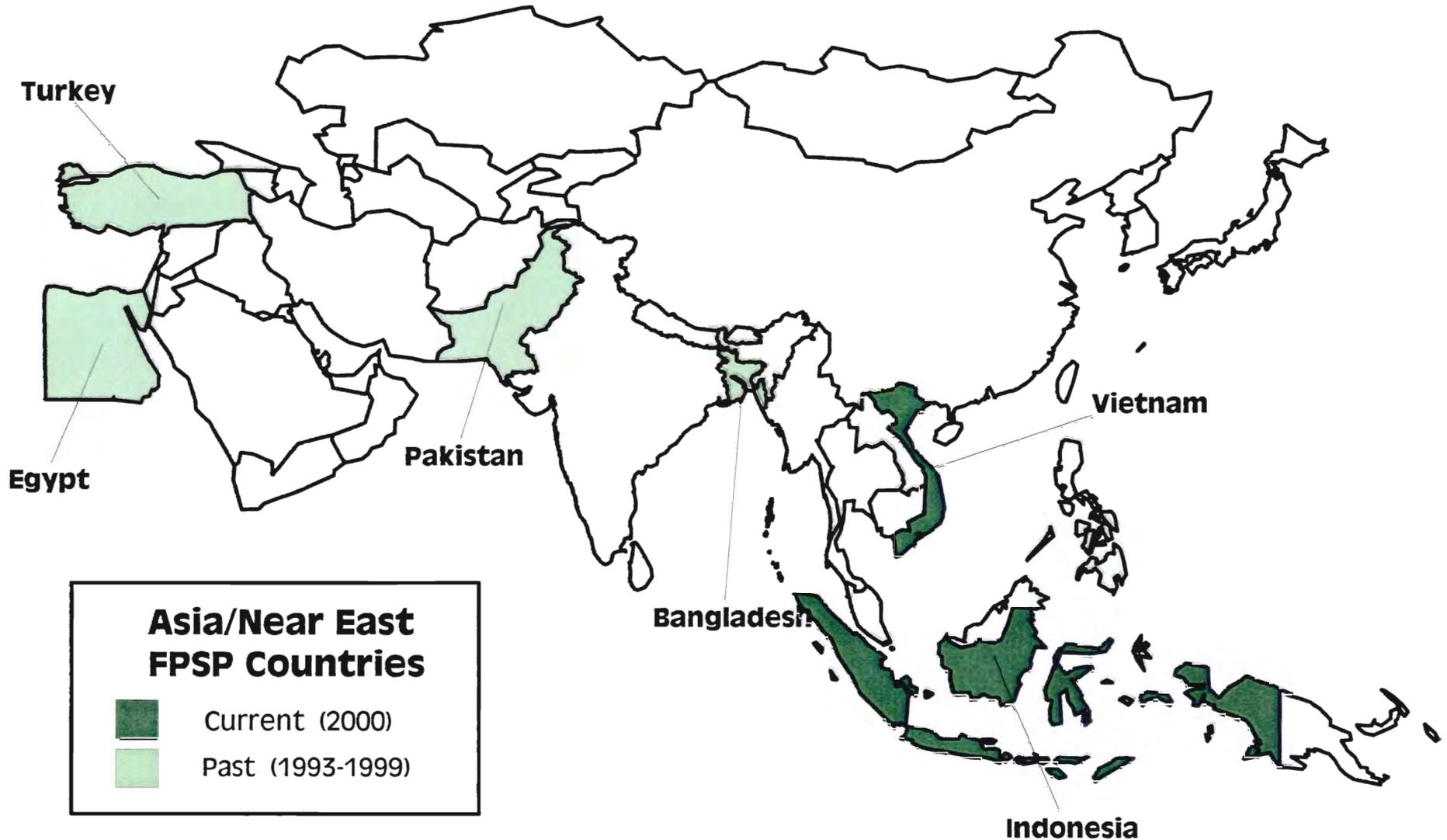
Strengthening PPASA's Institutional Capacity

In 1996, Pathfinder and Planned Parenthood Association of South Africa (PPASA) entered into a dynamic partnership to implement and test new institutional development approaches. Many of Pathfinder's lessons learned about institutional development were validated by experiences with PPASA over the last four years. For example, technical assistance and training inputs were selected and prioritized after an initial, comprehensive management audit jointly conducted by Pathfinder and PPASA staff. Upgrading the MIS, creating better use of data by staff at all levels, improving planning, strengthening monitoring and evaluation, managing financial resources, establishing a shared strategic vision, and diversifying resources all figured prominently in the detailed, multi-year plan developed by both organizations to increase institutional capacity. Skills transfer approaches, focusing on practical issues or realities faced by PPASA managers and staff, proved to be a major tool for developing the institution. These initiatives were urgent because over four years PPASA had experienced exponential growth, with an estimated ten-fold increase in its overall budget.

One of the challenges for PPASA and its partners was to manage growth and change efficiently and effectively. Through Pathfinder's facilitation, PPASA staff and volunteers developed and institutionalized a five-year strategic and sustainability plan. Each year both organizations met to review this plan as conditions within the organization or South Africa changed. The strategic plan initiative guided PPASA in selecting program priorities and increasing or diversifying resources, while Pathfinder focused on strengthening planning, budgeting, and monitoring of implementation or operational plans. Enhanced planning skills helped PPASA attract new public sector and private resources, ranging from a national tender to provide RH training for teachers to a significant influx of foundation support for PPASA's adolescent RH services and youth centers. PPASA and Pathfinder worked together to prepare fundraising systems, databases, and guidelines, as well as to raise resources for innovative initiatives such as a multi-sector program in South African townships, rural areas, and informal settlements that links RH and environmental services.

The most significant evidence of the success of this joint approach to institutional development comes from PPASA's staff members. Many of them have written about or expressed satisfaction with the joint institutional development initiatives, citing a sense of "ownership" of the results, increased confidence or skill in planning and managing programs or fundraising, and more systematic collection and use of data to support planning and resource allocation decision making. They also are pleased about the fact that the collaboration has evolved to address PPASA's changing needs. For example, as PPASA faced more significant issues related to financial management and sustainability mandates, Pathfinder asked Abt Associates to provide more sophisticated TA to help PPASA staff budget and manage resources more efficiently and implement viable sustainability initiatives.

PATHFINDER INTERNATIONAL / USAID FAMILY PLANNING SERVICES PROJECT Asia/Near East Region





ASIA AND NEAR EAST REGIONAL SUMMARY

Background

Pathfinder's programs in Asia and the Near East (ANE) focus on providing high quality family planning and reproductive health services in countries that are quite distinct in terms of history, culture, and level of development. Pathfinder is currently active in Azerbaijan, Bangladesh, Egypt, India, Jordan, and Viet Nam, and is ending Family Planning Service Project (FPSP) initiatives in Indonesia and Viet Nam. In the ANE region an emphasis is placed on providing services to underserved groups such as adolescents and postabortion women, forming partnerships with public and private sectors, building the capacity of local organizations, responding to immediate needs during crises, and engaging in longer-term strategic planning in countries.

FPSP in ANE

- ◆ Countries with FPSP activities: Azerbaijan, Bangladesh, Egypt, India, Indonesia, Jordan, Turkey, and Viet Nam
- ◆ 19.5 million new users
- ◆ Long-term method use increased from 27 to 72 percent between 1992 and 1997
- ◆ 23.3 million couple-years of protection provided
- ◆ 65,700 people trained
- ◆ 5.6 million people informed

Projects funded through the Family Planning Service Project (FPSP) in the ANE region include the Service Delivery Expansion Support (SDES) project in Indonesia and the Training for Safe Motherhood and Care of the Newborn project in Viet Nam. Both of these projects will end on September 30, 2000. SDES began in 1994 to assist in the expansion and strengthening of the national Indonesian FP program. The project was implemented in a total of 11 provinces and reached approximately 77 percent of the population. SDES was extended by a sixth year in order to respond to the economic crisis that struck the region in 1997. The Safe Motherhood Initiative in Viet Nam was an 18-month program (funded by the ANE Bureau/USAID) to improve clinical practices for normal delivery and care of the newborn. This child survival initiative did not include family planning services.

FPSP funds were also used to support programming in Turkey from 1993 through 1996 with the objective of promoting modern contraception methods through increased access and improved quality of family planning services. The programs also stimulated private sector involvement in service provision and strengthened the capacity of local NGOs to improve management and delivery of services. In 1994, FPSP funds were used to provide high level technical assistance in Egypt to support both private and public sector projects aiming to increase the effectiveness of the national family planning and reproductive health program. In the first year of the agreement, some funds were also used to continue support to community-based services (CBS) in Pakistan, one of USAID's priority countries

in Asia during that period. Innovative, high impact models such as the use of male educators, the integration of family planning into nurse midwifery schools, and the involvement of Islamic leaders in FP promotion are highlights of Pathfinder's work in Pakistan. In June 1993, the USAID program in Pakistan was terminated due to global political concerns. Pathfinder has worked in Bangladesh through a USAID cooperative agreement since 1978. In the first year of the FPSP agreement, funds were utilized to support community-based and clinic-based services in urban and periurban areas of Dhaka. Pathfinder continued efforts to assist the Government of Bangladesh in its efforts to decentralize the national family planning program and to promote FP and MCH services in communities.

Program Highlights by Country

Indonesia

In 1994, USAID launched the Service Delivery Expansion Support (SDES) Project in Indonesia to assist the Government of Indonesia (GOI) reach its goal of reducing the country's total fertility rate to 2.1 by the year 2005. SDES was designed to support the efforts of the GOI to augment the reach and quality of public sector family planning services and to increase the role of the private and non-governmental sectors in the National Family Planning Program.

The SDES country strategy, applied to both Indonesia and Mexico, provided financial support to mature public sector family planning programs so that these programs could be significantly expanded and improved. Initially, Pathfinder's role was limited to the delivery of financial assistance with appropriate management oversight. However, the need for additional technical assistance by both public and private partners soon changed the nature of SDES. As the project evolved, Pathfinder coordinated the activities of a number of collaborating agencies in Indonesia to provide technical assistance and to accomplish the main objectives of SDES. Pathfinder's main collaborating partners included AVSC International, JHPIEGO, JHU/CCP, JSI, the Population Council, PROFIT, FUTURES, and University Research Center (URC).

Pathfinder International has been the prime agency responsible for the five-year project, which was later extended through a sixth year and ends on September 30, 2000. Total funding to Indonesia through the FPSP agreement was approximately \$52 million over the life of the project. SDES was implemented through the Indonesian National Family Planning Coordination Board (BKKBN), the primary government organization responsible for coordinating the national program. A number of local organizations were also key partners in SDES including, but not limited to, the Indonesian Planned Parenthood Association (IPPA), the Indonesian Association for Secure Contraception (PKMI), two national Islamic organizations (Nahdlatul Ulama and Muhammadiyah), and the professional associations of physicians, midwives, and pharmacists (IDI, IBI, and ISFI, respectively).

The project initially started in seven provinces and later expanded to four additional provinces in 1996. Project interventions covered approximately 170 million people, or 77 percent of the population, most of whom were in hard-to-reach and low contraceptive prevalence areas. Indonesia presented several key challenges to the project despite the high levels of contraceptive use nationally. The incredible diversity of the population (ethnic, religious, geographic, linguistic, and socioeconomic) resulted in significant gaps in knowledge about and access to family planning services. The uneven distribution of quality and services, limited method mix, under-utilization of village midwives, and the untapped potential of private and NGO sectors in the delivery of family planning services were some of the major obstacles facing the project. Family planning was only one component of the national family welfare program.

During SDES, provincial level BKKBN offices received funding directly through Pathfinder rather than through the central BKKBN office. Additionally, some BKKBN offices passed this funding directly on to NGOs that were better equipped to access hard-to-reach communities. This new model of direct funding was successful because it increased efficiency and allowed greater control over resource allocation, permitting provinces to meet community needs more effectively. It became evident, however, that these organizations would benefit from technical assistance in numerous areas such as quality, training, IEC, strategic planning, institutional development, and financial management. Pathfinder and the collaborating agencies responded by developing strategies and implementing activities that provided the technical assistance needed by local organizations.

The changing political environment and the harsh economic crisis that began in 1997 had a severe negative impact on the project. During the crisis, USAID and Pathfinder reallocated funding to purchase additional contraceptives for the GOI, which was unable to purchase adequate supplies. Pathfinder also worked with BKKBN to establish a crisis monitoring and response unit to effectively respond to those populations hit hardest by the economic upheaval. A new project was added to provide services to the urban poor in Jakarta.

The SDES project has catalyzed broad scale change in Indonesia's National Family Planning Program and has improved the program throughout BKKBN and the private and NGO sectors. Overall, SDES contributed to improving the access to and quality of FP services. The direct funding mechanisms in place fostered innovation and replication at the local level, in addition to improving the capacity of BKKBN and NGOs at the provincial level. The roles of the NGOs and the private sector were enhanced, along with the ability of the public sector to coordinate a multisectoral family planning program. The project also helped to support the transition away from target-oriented services, moving towards a program that emphasized public education on a wide range of methods as well as training in clinical and communication skills to improve the provider/client relationship. Placement of village midwives in communities has been one of the most important contributors to

improving access to services. SDES also made significant contributions to the renovation or construction of approximately 1425 service delivery points including NGO clinics and 1408 village health posts in rural areas.

Project Highlights

- ◆ Information and outreach to communities and religious leaders built awareness of family planning.
- ◆ Equipping and upgrading private and public clinics increased the availability of services at provincial, district, subdistrict, and village levels.
- ◆ Strengthening and expanding alternative service delivery models such as community-based, work-based, and mobile services increased access for hard-to-reach communities.
- ◆ Providing standardized training to midwives and other clinical providers in the provision of long-term methods, including counseling, improved quality.
- ◆ Developing appropriate media and messages increased the acceptability of long-term methods.
- ◆ Implementing models for quality assurance and project management increased sustainability.
- ◆ Strengthening the capacity of BKKBN provincial branches and NGOs improved coordination and management of service delivery.

Viet Nam

In July 1998, child survival funds from the ANE Bureau/USAID were used to pilot an 18-month initiative in Viet Nam that focused on improving medical practices for normal delivery and care of the newborn. The goal of the program, "Training for Safe Motherhood and Care of the Newborn," was to improve the capacity of midwifery care providers (both midwives and obstetrician-gynecologists) to provide normal maternal and newborn care.

The initiative tested a training module developed by the American College of Nurse Midwives (ACNM) and adapted for use in Viet Nam, in four districts of Hanoi and partnered with the Hanoi Health Service (HHS) of the Government of Viet Nam. The Hanoi Secondary Medical School and the Hanoi Obstetric and Gynecological Hospital served as the primary training sites for this project. Family planning was not part of this initiative.

The primary objectives of the program included increasing provider knowledge and skills, improving the client/provider relationship, and developing a team-based approach for physicians and midwives. Pathfinder and the HHS's longer-term goal is to develop the capacity of the HHS as a Regional Training Center to provide training on safe motherhood and care of the newborn for other health providers in the Hanoi province, with phased expansion to other regions of Viet Nam.

The initiative is an important component of Pathfinder's overall objective of working with Vietnamese partners in the public and private sectors to improve the quality and range of reproductive health services. In addition, the program enhanced safe motherhood training and curriculum development in the Reproductive Health Program (RHP), a partnership between Pathfinder, AVSC International, and Ipas. The initiative also served to evaluate the effectiveness of the ACNM training curriculum on safe motherhood and care of the newborn that was adapted for use in Viet Nam.

The mid and final program assessments found that the established training team was performing very effectively and that providers demonstrated confidence and the ability to apply the knowledge gained through training in the care of their clients. The clinical skills of providers had improved and provider/client relationships were reported as good by the clients interviewed. Physicians and midwives were also working as a more effective team. The materials and methods utilized in the training were found to be appropriate. Close communications and coordination among the HHS and the participating organizations contributed to the success of the initiative.

Project Highlights

- ◆ An eight-member Safe Motherhood Training Team (SMTT)—two sets of four master trainers—was identified, trained, and fielded.
- ◆ Approximately 120 midwifery care practitioners were trained in four district maternity centers and one provincial hospital in Hanoi.
- ◆ Ten key midwifery staff of the Hanoi Obstetric and Gynecological Hospital were trained to insure safe motherhood protocols and procedures are institutionalized.
- ◆ Capacity was built at key training sites (Hanoi O/B Hospital and the Secondary Medical School) and selected priority maternity clinics were renovated.
- ◆ A mid-initiative progress assessment report and an end-of-initiative review report were produced, and a final joint dissemination workshop was held.

Turkey

Turkey, with a population of 66 million and a total fertility rate (TFR) of 2.6, has made great strides in meeting its family planning needs since the mid-1970s when the TFR was 4.3. The vast majority of family planning services are provided under the Ministry of

Health, but the population is greatly underserved in rural and periurban areas. Access to quality services and contraceptives are the obstacles faced in raising modern contraceptive use. To address these challenges, Pathfinder International initiated a community-based service (CBS) project to reach underserved populations.

Pathfinder International's FPSP-funded programs operated in Turkey from 1993 through 1996. The primary objectives included: 1) producing continuous users of modern contraceptive methods through sustainable behavioral change in contraceptive use through provision of high-quality family planning services; and 2) developing and stimulating private sector involvement in supporting family planning activities.

Project Highlights

- ◆ Family planning education and services were increased and expanded in underserved periurban areas.
- ◆ Family planning counseling was improved.
- ◆ Sustainability was built by integrating activities into public and non-public systems.
- ◆ The capacity of local organizations to better manage and deliver family planning programs was strengthened.
- ◆ Pathfinder collaborated with two local NGO organizations: Human Resource Development Foundation (HRDF) and the Turkish Confederation of Tradesman and Craftsmen (TESK).
- ◆ Pathfinder utilized and developed appropriate family planning services models such as Turkey's first workplace-based family planning project.
- ◆ Pathfinder established Turkey's first voluntary vasectomy services.

Egypt

Egypt, with a population of 66 million and a current total fertility rate of 3.3, has made significant progress towards meeting the family planning and reproductive health needs of its country. The vast majority of family planning services are provided under the Ministry of Health. Pathfinder International, with FPSP funds, supported a series of public and private sector projects that provided high level technical assistance in order to increase the efficiency and effectiveness of the country's family planning and reproductive health programs. Pathfinder took a broad-based approach to providing and coordinating technical assistance to both public and private sector family planning organizations.

Project Highlights

- ◆ Pathfinder provided technical assistance in program management, systems design, hospital clinic management, and training to the Ministry of Health (MOH) projects, the Teaching Hospitals Organization, the Health Insurance Organization, and the Cairo Curative Care Organization.
- ◆ Pathfinder provided technical assistance in quality assurance, evaluation, clinical services, sustainability strategy development, computerized MIS, and project management to the Clinical Service Improvement Project and the Private Practitioners Family Planning Project of the Egyptian Junior Medical Doctor Association.

Lessons Learned

Access

- ◆ Enabling provinces to develop innovative local strategies has increased access to and the availability of appropriate services for populations in hard-to-reach areas.
- ◆ SDES provided a mechanism for successful approaches to be replicated in non-SDES districts and to be adopted on a larger scale as part of the national program in other provinces.
- ◆ Community-based workers and volunteers are an essential link between hard-to-reach communities and the alternative mobile and community-based distribution systems that are essential to expand the impact of the national FP program.
- ◆ Working with the NGO community builds acceptability of FP among hard-to-reach communities.
- ◆ The continued support and involvement of the religious community—from the national to the local level—is essential to increase acceptance of long-term methods.
- ◆ SDES provinces can take leadership in supporting policy shifts in favor of an expanded method mix that includes all long-term methods.
- ◆ In order for SDES to fully increase utilization of all methods, the management of contraceptive supplies and services needs to be compatible with IEC and social marketing activities.

- ◆ Enhancing the skills and roles of midwives in both private and public practice was central to increasing the availability and the acceptability of a wider range of methods in rural areas.
- ◆ CBS workers should be recruited with varied backgrounds and skills to better reflect local population and to develop programs that adapt to local conditions and needs, including different approaches to delivering CBS services (workplace, home-based, educational institutions).

Quality

- ◆ In order to standardize and institutionalize quality improvements, links between the BKKBN and Ministry of Health quality initiatives need to be improved.
- ◆ Acceptance of a client-centered approach is still limited within the BKKBN culture.
- ◆ Competency-based training in safe motherhood and newborn care should be extended as resources allow.
- ◆ Monitoring visits by teams that include trainers should be continued to maintain skills of trained providers, as well as the training skills of the trainers.

Institutional Development

- ◆ Supply issues must be addressed if the sustainability of the national family planning program is to be fully realized.
- ◆ The transition to sustainability, particularly in a multisectoral program, requires substantial institution-building within the public sector to ensure its capacity to coordinate different sectors.
- ◆ Although the government is still the major provider of family planning, utilization of private sector services is growing and will become increasingly important for program sustainability.
- ◆ Realizing NGO potential to contribute to the national family planning program in sustainable ways requires long-term planning and technical assistance.

An Innovative Approach to Service Delivery in Indonesia

South Sulawesi, Indonesia had the lowest rate of contraceptive use among all of the SDES provinces (42.6 percent in 1994) with an average of three children per couple. With funds from SDES, BKKBN was able to find innovative ways to work at the province and district levels to bring services to the hard-to-reach communities including urban slums, small islands, and seasonally inaccessible mountain areas.

Dr. Victor Trigno has been the chief of the South Sulawesi BKKBN provincial branch since 1979. With SDES support, Dr. Trigno brought to fruition his idea for developing "barugas" or community buildings that serve as a home base for village midwife services, as well as a place for community meetings and income generating activities. Communities pitch in to build the barugas as a means of creating a sense of shared ownership and partnership with the midwife who lives and provides services there. Subsequent maintenance and upkeep of the baruga is the responsibility of the local community. In turn, BKKBN workers ensure that the baruga is equipped with family planning supplies and information, and they work closely with the midwife to ensure that community members receive counseling.

In South Sulawesi, the baruga model has provided an important boost to the village midwife program and has made health services available locally. In addition to providing family planning, midwives offer pre- and postnatal care, delivery, nutrition, and care of infants and children under five. The barugas are also used as food distribution sites and integrated health posts (posyandu).

The idea has caught on quickly. There are now more than 500 barugas throughout South Sulawesi; 100 of which were built with SDES support. Based on its success, the model has been replicated by communities and local governments throughout the province, as well as in two other SDES provinces, Jakarta and North Sumatra, and in the non-SDES provinces of Kendari and Central Sulawesi.

The baruga has made family planning more effective at the village level. Today, the baruga is used not only for the provision of health services, but by other sectors working in local development. One of the remaining challenges is to improve the management skills of volunteer staff responsible for the barugas.

PATHFINDER INTERNATIONAL / USAID FAMILY PLANNING SERVICES PROJECT Latin America Region





LATIN AMERICA AND THE CARIBBEAN REGIONAL SUMMARY

Background

Pathfinder's Latin America/Caribbean (LAC) regional program under the Family Planning Services Project (FPSP) has focused on the broad goals of increasing access, enhancing quality, increasing cost effectiveness, and strengthening organizational capacity. During the past six years, the LAC program evolved from supporting numerous non-governmental organizations (NGOs) to a greater emphasis on support to larger government programs and community-based activities. Program activities in Bolivia, Brazil, and Peru emphasized strengthening the institutional capacity of public sector organizations. In Mexico, service delivery was expanded on a large scale in nine priority states through the Service Delivery Expansion Support (SDES) program, a six-year collaboration between USAID, Pathfinder, and key public sector agencies. In all countries, training, technical assistance, and the development of operational links between public and private sectors were key to improving the quality of care. At the same time, throughout the FPSP, Pathfinder continued its support to key NGOs that complement public sector activities in Bolivia, Brazil, Peru and Ecuador.

FPSP in LAC

- ◆ Countries with FPSP activities: Bolivia, Brazil, Ecuador, Honduras, Mexico, and Peru
- ◆ 7.2 million new users
- ◆ Long-term method use increased from 11 to 56 percent between 1992 and 1997
- ◆ 30.8 million couple-years of protection provided
- ◆ 76 thousand people trained
- ◆ 33.9 million people informed

A strategic emphasis of the LAC program has been to increase access to services for underserved and higher risk groups, such as rural and periurban, indigenous and poor populations, as well as young adults. Key elements of this work have been the region's pioneering adolescent, postpartum (PP) and postabortion care (PAC) services programs and the introduction of emergency contraception (EC) services. Pathfinder and its partners also supported government efforts to expand the choice of methods available to clients by strengthening postpartum intrauterine device (IUD) programs, introducing injectable methods, and developing mechanisms to ensure the informed consent of voluntary surgical contraception (VSC) clients.

LAC programs under the FPSP have made significant contributions to the expansion, improvement and institutionalization of family planning and reproductive health services in the region. During the life of the project, almost 7.3 million people received FP/RH services, more than 75,500 service providers were trained in FP/RH, and 33.2 million people were informed about FP/RH concepts and services. In addition, Pathfinder continues to be a strong advocate of efforts to promote program sustainability. These efforts have revolved around the formulation of national FP/RH programs and policies,

creating contraceptive-commodities procurement and distribution plans, designing and implementing logistics management systems, and strengthening the management capacity of service delivery providers.

Strategic Objectives

In the LAC Region, the FPSP strategic objectives of access, quality, and institutional sustainability have been addressed in the following ways:

Access

In Bolivia, Peru, Brazil, and Mexico, Pathfinder worked to improve access to FP/RH services by channeling the bulk of its FPSP assistance to large public sector institutions that serve the majority of FP users. Pathfinder has also supported public and private sector programs providing services to hard-to-reach populations such as adolescents/young adults, indigenous groups, and men, as well as increasing access by integrating FP/RH services into other program areas, such as HIV-AIDS prevention, MCH services, and environmental conservation.

Quality

Under the FPSP project, Pathfinder helped improve quality of care in the LAC region by concentrating on strengthening FP/RH providers' technical competence and counseling skills as well as through expanding contraceptive method mix and ensuring continuous implementation, assessment, and adaptation of programs.

Training and technical assistance were tailored according to the needs of the service providers. In Peru, for example, in response to the findings from a PP clinical training program evaluation, Pathfinder focused subsequent training for MOH staff on identified areas of deficiency—counseling and infection prevention (IP) practices. In Mexico, follow-up and monitoring activities developed by Pathfinder with the Instituto Mexicano de Seguridad Social (IMSS) resulted in improved quality of care and informed consent in surgical services. FP/RH service provision training programs were also developed for the IMSS's special target populations—adolescents and residents in rural and periurban areas. In both Bolivia and Brazil, where FP/RH projects continued to be initiated in new areas in the last year, Pathfinder conducted both basic and refresher FP/RH training programs according to the participants' skill level.

Expanding method mix was also a key component of the FPSP in the LAC region, in particular during the first five years. Pathfinder and its partner organizations have continued to support VSC and PP IUD insertion in all four current regional program countries, and injectables have been introduced in Bolivia and Brazil in collaboration with the Ministries of Health.

Non-FPSP programs in the LAC region have benefited from FPSP-developed training and supervision methodologies and IEC materials. Of particular note has been the application of Pathfinder's FPSP-funded training curriculum. In Haiti, a national infection prevention training program that has trained 200 service providers and a PAC program currently underway in two hospitals have both applied modules from this series. In Bolivia, where

Pathfinder works with Population Services International to train private providers in social marketing, the DMPA module of the curriculum was specifically requested by the USAID mission to be used in DMPA training. The FPSP also allowed the translation of the majority of the training modules and counseling cue cards into Spanish and French. These materials are being widely used in by Pathfinder programs and those of other institutions in Latin America and Haiti, in addition to being disseminated to other CAs and organizations from francophone countries in Africa.

Institutional Sustainability

Working toward institutional sustainability, Pathfinder International has assisted public and private sector agencies in Bolivia, Brazil, and Peru in the development and implementation of organizational, clinical, and financial management systems. Technical assistance was provided to selected health sector institutions; financial management workshops for program administrators were supplemented with on-the-job follow-up and increased collaboration between the public and private sectors. Pathfinder has also supported new initiatives and strategies to increase NGO income generation capacity and conducted long-term strategic planning activities to help strengthen organizational capacity to design, manage, and evaluate FP, RH, and MCH services. Institutions that have made significant strides toward achieving sustainability include CEPEO and SESAB in Brazil, as well as PROSALUD and COMBASE in Bolivia.

Program Highlights by Country

Peru

Since the 1970s, Pathfinder has been working with government and NGO counterparts in Peru to expand access to and improve the quality of family planning and reproductive health services, both clinical and community-based. Emphasis has been placed on the development of adolescent services, multisectoral collaboration and strengthening the service delivery capability of major institutions. Since 1990, Pathfinder has supported public sector, hospital-based models to serve postpartum and postabortion patients. Much of this work began under the FPSP and has continued and expanded to Social Security and Ministry of Health hospitals under other funding mechanisms.

Following are some highlights of the PASARE project, a major FPSP project in Peru:

- ◆ Technical assistance (TA) and training were provided to 16 Social Security (IPSS) hospitals and 26 Ministry of Health (MOH) hospitals for development of a program monitoring and evaluation system.
- ◆ From 1993 to 1997, almost 3,900 MOH and IPSS professional staff in 14 departments of Peru received training. Training was geared toward improving service quality through strengthened provider competence, particularly in the areas of infection prevention, postpartum services, and provider communication skills with adolescent clients.

- ◆ To support MOH decentralization, local decision making capacity and management skills were strengthened by training select MOH and IPSS supervisors. Management training and TA focused on supervision, quality of care, and long-term strategic planning.
- ◆ To strengthen service delivery capacity and quality of care, Pathfinder provided essential medical equipment and IEC materials to 42 hospitals and to select, difficult-to-reach, underserved areas that also received TA in CBD and community outreach.

Other Pathfinder programs in Peru have had mutually beneficial relationships with FPSP programs:

- ◆ Pathfinder used its FPSP-funded training curriculum in both USAID-funded projects as well as projects funded by other agencies, including the World Bank.¹ This sharing of resources contributed to the standardization of FP/RH training throughout the country.
- ◆ PAC services were introduced in Peru and continued and scaled up as a non-FPSP program. Methods and protocols developed in Peru under this program have been used as resources in developing the FPSP-supported PAC training module.
- ◆ Translation into Spanish and dissemination of Pathfinder's *Comprehensive Family Planning and Reproductive Health Training Curricula* took place in Peru.

Bolivia

Pathfinder has supported family planning and reproductive health programs in Bolivia since the mid-1970s. In order to heighten impact on the country's health indicators, in recent years the organization has consolidated its assistance under the FPSP to the two largest public sector health institutions in the country, the Ministry of Health and the Caja Nacional de Salud (CNS), and to selected private sector NGOs. Examples of Pathfinder's assistance under the FPSP project include:

- ◆ Pathfinder contributed to the development of national RH norms.
- ◆ At the Departmental level, Pathfinder has worked with the MOH in Beni, Pando, La Paz, and Oruro to increase the technical capacity of health districts. In Oruro and Beni, emphasis has been placed on expanding access and improving quality of care through an integrated approach in that involves training, development of IEC materials, strengthening of community outreach programs, provision of medical equipment and infrastructure rehabilitation, and TA in monitoring and supervision.

¹ Pathfinder International training curricula are available at www.pathfind.org.

In addition to expanded access, quality and institutional capacity of FP/RH service provision in all four departments, work with the MOH has resulted in:

- ◆ Strengthened national support for postpartum and postabortion services. PP contraception was introduced in eight maternity hospitals, and PAC has been introduced in two.
- ◆ Strengthened adolescent programs in MOH hospitals. Pathfinder trained providers for adolescent service delivery in seven departments.

Pathfinder worked with the CNS to introduce family planning and reproductive health services at a national level. Strengthening information systems was a significant contribution made by Pathfinder with support from USAID. This included the development and installation of the Information Monitoring Tool (IMT) and the subsequent design of the Commodities Monitoring Tool. Pathfinder also developed a MIS approach that enabled cooperating agencies in Bolivia to collect information and report on the activities of their grantees. Select Bolivian NGOs received TA, training, and other support under the FPSP. Some highlights of the NGO work include:

- ◆ Pathfinder worked with PROSALUD to introduce family planning and reproductive health services in this successful NGO's 33 clinics.
- ◆ The Cochabamba-based COMBASE worked with Pathfinder support under the FPSP to similarly improve quality of care and program effectiveness, including expanded and institutionalized community outreach programs. COMBASE has also made significant strides towards achieving financial sustainability.
- ◆ SERVIR has been an important FPSP partner in both rural and urban projects, most recently implementing the MOH's basic package of MCH services, as well as strengthening family planning and reproductive health services in El Alto with Pathfinder/FPSP support.

Brazil

Pathfinder has worked in Brazil since 1979, supporting both public and private sector family planning efforts throughout the country. Since 1988, Pathfinder has channeled its support primarily to the northeast, due to the region's high unmet needs for family planning and reproductive health services and USAID/Brasilia's corresponding priorities for this region. A major focus of the FPSP project in Brazil has been its work with public sector agencies. Pathfinder worked with other cooperating agencies to provide technical assistance to the Secretary of Health of Bahia (SESAB) in the areas of service expansion, MIS, and integration of STD/HIV-AIDS services in MCH and FP programs. STD/HIV-AIDS integration was also implemented in the State of Ceara with the Secretary of Health of that state. A number of Brazilian NGOs were also FPSP project partners, in particular in the areas of population and environment and HIV/AIDS prevention. Some of the results of the Brazil FPSP program efforts include:

- ◆ The development and application of SISMAC, the MIS that is now being considered by the MOH for national-level application.
- ◆ Service expansion within the public sector health system in the State of Bahia greatly increased under the FPSP project. In 1991, only 19 health units of a single municipality provided services. Currently, 280 health units provide services in approximately 180 municipalities, covering 28 of the 30 Regional Directorates (DIRES).
- ◆ The method mix was expanded by reducing barriers to underutilized methods such as DMPA and IUDs and by promoting the availability of emergency contraception. The initiative resulted in an IUD prevalence rate in Bahia of 10.64 percent, versus 2.84 percent in the rest of the country. The use of Depo Provera has also increased significantly, reaching 13.9 percent of the method mix in the State of Bahia.
- ◆ Pathfinder worked with two environmental NGOs, FUNATURA and ADAC, to improve the accessibility of FP services in isolated rural areas by adding RH/FP information, training, services, and referral links into ongoing environment and community development initiatives.
- ◆ Four local NGO projects, two in Bahia State and two in Ceará State, carried out innovative IEC activities aimed at STD/HIV-AIDS prevention. Comunicação e Cultura worked with students to develop RH messages published in school newspapers, ISDS developed similar messages with disk jockeys, GAPA developed a community outreach program with low-income urban women, and CETAD reached low-income young adults and drug users through mobile services.
- ◆ Pathfinder provided technical assistance to a private enterprise, CEPEO, which now provides a sustainable source of FP commodities.

Mexico

Pathfinder began its work in Mexico in 1976, and since the late 1980s has supported leading organizations in the public and private sectors in expanding coverage and improving family planning and reproductive health service delivery. In 1994, Pathfinder was chosen as the lead cooperating agency (CA) in the implementation of the SDES, a five-year program to support the provision of modern family planning methods through public sector institutions in nine priority states. Key private agencies were also involved. The priority states are home to 47.3 percent of Mexico's population and represent 61 percent of Mexico's rural population. Under FPSP programming, Pathfinder:

- ◆ Expanded access to services in hard-to-reach/rural populations, lowering the gap in contraceptive prevalence between urban and rural areas.

- ◆ Designed, tested, evaluated, and expanded new strategies to reach marginalized urban dwellers, rural populations and indigenous groups, and adolescents.
- ◆ Introduced and implemented a broad, sector-wide approach linking IEC, mass media, training, and service delivery.
- ◆ Introduced a strategic approach to programming to Mexican public sector institutions, which now use research results and evaluation data to inform decision-making and set program priorities.
- ◆ Contributed to a modern CPR increase from 32 percent in 1992 to 43 percent in 1995 in rural areas of nine states. In 1995, 87 percent of users in the nine states were using a modern method.
- ◆ Contributed to a drop in TFR from 3.87 (1987–1991) to 3.29 (1992–1996) in rural areas of nine states.

Ecuador

Pathfinder assistance in Ecuador spans several decades, with greatest emphasis in the 1980s, when the organization focused on strengthening the service delivery capacity of major non-governmental organizations (NGOs) and private physicians. Pathfinder's long-term support of community-based distribution projects was directed toward low-prevalence client groups, especially the rural poor. In 1994, Pathfinder phased out its family planning support to NGOs. After a three-year hiatus, in 1997 Pathfinder launched a new initiative in collaboration with the Center for the Study of Health and Nutrition (CEISAN) to address the need for emergency contraceptive pill (ECP) information and services. Through this project Pathfinder has facilitated the provision of ECP services in five Quito health clinics, including programs that address the special needs of adolescents. Key highlights of Pathfinder's work include:

- ◆ Pathfinder provided early support for community-based NGOs in service provision, training, and evaluation and increased access for rural and hard-to-reach populations.
- ◆ With CEISAN, Pathfinder carried out a situation analysis of services available in the public sector, which included identifying models and support for selected services and provider training.
- ◆ ECP services were expanded and integrated into regular FP/RH services in five Quito clinics. Pathfinder's support included baseline data collection and final evaluation with CEISAN, provider training, development of IEC materials, and training events attended by over 40 providers and 3,000 potential users. One of the most important achievements that will contribute to the sustainability of the services was the incorporation of ECP into the MOH Reproductive Health Norms. At project start up, only five percent of providers indicated that they had prescribed

ECP, compared to 57 percent at the end of the project. Currently the MOH is working with Pathfinder's partner, CEISAN, to implement the provision of ECP services in various provinces of the country.

Lessons Learned

- ◆ Strengthening operational links between the public and private sectors increases coordination between the two, improves efficiency, and maximizes the potential of referral use. However, the time and effort required to ensure the success of these links and foster a team approach between the two is often underestimated in project design. The process may require the incorporation of new stakeholders over time.
- ◆ Referral and counter-referral systems, in particular, depend on close ties between public and private sectors. Strengthening both in this area is necessary.
- ◆ The capacity of rural local NGOs to deliver FP and RH services is often overestimated. More TA, supervision, and support is required for both NGOs and the corresponding public sector agencies in order to manage referrals appropriately. Ideally this TA, supervision, and support should be carried out with both sectors simultaneously. If done sequentially, start with the MOH.
- ◆ Sustainability in CBD efforts is more likely when local governments have a sense of ownership, including being involved in delivering the community-based services and in distributing commodities. TA for local governments must be built into the project so that they feel comfortable and competent working in RH.
- ◆ In many countries in LAC, there is a high level of staff turnover in Ministries of Health. The Ministries, in turn, do not have the capacity to maintain large training programs to ensure that new staff have up-to-date skills. Continuous training can be achieved by converting the traditional supervisor into a supervisor/trainer, who provides specific and timely guidance to staff. For example, the supervisor is expected to provide updates in contraceptive technology and any changes in service delivery norms and standards. The approach has an added benefit in creating a team approach to supervision.
- ◆ Stakeholders need to invest in the process from the beginning. This is particularly important if there is a transition from donated contraceptives to purchased ones. This process would have been smoother if Pathfinder's counterparts had been required to finance some of the costs from the beginning, thereby creating the political and administrative channels for purchases.

Improving Method Mix in Brazil

In Brazil, Pathfinder has worked with a number of partner organizations under the FPSP to improve the choice of methods available to family planning clients. One initiative involved developing strategies to overcome significant barriers to IUD use. More than a decade after the Dalkon Shield was taken off the market, many providers in Brazil were reluctant to offer the IUD to their clients due to lingering concerns about its safety. As a result, clients did not have access to the full range of methods that were available. In response, Pathfinder worked with SESAB, OB/GYN Societies, and medical schools to dispel misinformation and improve the acceptability of the IUD among both practicing providers and medical students. Activities included the joint development of training materials with the National OB/GYN Society (FEBRASGO), disseminating protocols, hosting seminars and study-tours, and postpartum and postabortion contraceptive initiatives. Results demonstrate that IUD use by women in the state of Bahia, where most of the efforts were focused, is 10.64 percent, versus 2.84 percent in the rest of the country.

To further improve the method mix available to clients seeking services in the state of Bahia, Pathfinder and partners developed similar initiatives around other underused methods. Recent examples include participation in a national mass media campaign to increase awareness and understanding of the three-month injectable, Depo Provera, and support for the introduction of emergency contraception services in the Hospital Climerio de Oliveira in Salvador. This hospital has become a referral center for ECP, where potential clients can receive accurate information about ECP 24 hours a day. Since it is a university teaching hospital, this also ensures that a large number of medical students will continuously receive training in ECP and other methods. Additional collaboration with the Bahia Ob/Gyn Society (SOGIBA) complements the hospital-based activities. A series of two-day seminars for providers on ECP, maternal mortality, adolescent pregnancy, and other topics in major regional centers of the state has further raised awareness and knowledge surrounding ECP and other methods.

Technical Summaries



ADOLESCENTS

Background

In many countries, high incidences of adolescent sexually transmitted diseases, pregnancy, and abortion indicate young people's need for information, appropriate counseling, and reproductive health (RH) services. However, due to controversies related to adolescent sexuality and the general lack of knowledge about the reproductive and sexual needs of adolescents, very few countries in the world have provided adequate reproductive health care services for adolescents.¹ Consequently, young people are often denied information and services at a time when the largest group of adolescents in history (over one billion aged 15-24) enters its childbearing years. For the past 25 years, Pathfinder has been continually committed to addressing the unique and diverse circumstances and reproductive health needs of young people across countries and regions.

Improving access to and use of quality family planning and reproductive health information and services is the cornerstone of Pathfinder's mission. Initially, the Family Planning Services Project (FPSP) activities worked to expand services for diverse and hard-to-reach client populations including adolescents, men, and geographically and culturally isolated populations. However, as FPSP progressed, by virtue of sheer numbers alone, adolescents could no longer be regarded as targets for a special subset of mainstream family planning and reproductive health services delivery programs.² To respond to the challenge of meeting the needs of the demographically critical adolescent population, initiatives evolved to become even more focused on addressing the information and service needs of the young. Reaffirming ICPD's Programme of Action, Pathfinder works "to protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the numbers of adolescent pregnancies."³

Approach

Throughout the life of FPSP, Pathfinder's goal to expand reproductive health services for youth has evolved from providing services solely at clinics to bringing FP/RH services and information to adolescents in the places where they live, work, and "hang out." In Africa, projects have taken a more holistic approach that addresses a variety of adolescent needs

¹ The Alan Guttmacher Institute. 1998. *Into a New World: Young Women's Sexual and Reproductive Lives*.

New York: Alan Guttmacher Institute.

² Webb, Sheila. 1998. *Insights from Adolescent Project Experience: 1992-1997*. Watertown, MA: Pathfinder International.

³ United Nations. 1995. *Population and Development, Programme of Action Adopted at the International*

Conference on Population and Development, Cairo, 5-13 September 1994. Volume 1. New York: United Nations Department for Economic and Social Information and Policy Analysis.

including education, employment, and life skills. Pathfinder's partners in adolescent reproductive health have included ministries of health and education, municipal governments, family planning associations, public-sector hospitals and clinics, private youth serving agencies, universities, and school and community groups. Interventions have consisted of peer counseling and outreach; information, education, and communication (IEC) activities; clinic-based and alternative services; provider and educator training; research and evaluation; and outreach to policymakers, religious leaders, parents, educators, youth workers, and community leaders.⁴ In order to increase both rural and urban and in- and out-of-school youth coverage, activities took place in locations such as health clinics, youth centers, classrooms, brothels, markets, bars, churches, local hang outs, and at sport clubs/events. Examples of these interventions are given below in Pathfinder Project Highlights.

In addition to initiatives funded through FPSP, Pathfinder receives financial support for adolescent projects from a variety of sources, including USAID, UNFPA, and the Bill and Melinda Gates Foundation, which compliment FPSP adolescent initiatives. Through the FOCUS on Young Adults project, a USAID cooperative agreement, Pathfinder and its project partners aim to provide accessible, youth-centered reproductive health information and services to large numbers of young people worldwide. Whenever possible, Pathfinder collaborates with the FOCUS on Young Adults project and applies their lessons learned and best practices to other Pathfinder projects. As a result of Pathfinder's experience in designing successful adolescent reproductive health care programs and its ability to deliver quality technical assistance, Pathfinder, in collaboration with UNFPA and PATH, was successful in its bid for a five-year grant from the Bill and Melinda Gates Foundation. Under this program, titled "Alliance With Youth for Reproductive Health in Sub-Saharan Africa: A Four-Country Initiative," Pathfinder will contribute to improving the sexual and reproductive health of adolescents in Botswana, Ghana, Tanzania, and Uganda.

As Pathfinder International enters the 21st century, its adolescent projects will continue to:

- ◆ Enhance the ability of young people to make responsible, informed decisions about their life choices, including their RH, with a view to improving their life prospects.
- ◆ Decrease the incidences of early pregnancy and HIV among young people with a view to improving their RH.
- ◆ Amplify awareness of young people's RH issues among policy makers, parents, leaders, program managers, and the general public to foster an enabling climate.
- ◆ Increase the involvement of young people in the design and implementation of programs that affect them in order to make programs more effective for youth.⁵

⁴ Webb, 1998.

⁵ Pathfinder International. 1999. *Adolescent Reproductive Health in Africa: Paths into the Next Century*.

Watertown, MA: Pathfinder International.

Program Highlights

Pathfinder's 31 adolescent subprojects in 13 countries have informed over 2,368,820 adolescents about the benefits of FP and service availability—much higher than the 187,575 projected in the initial FPSP proposal. The following examples represent a small selection of the activities conducted by projects funded through FPSP.

Community-Based Outreach Projects

The Good Shepherd Family Planning Project increased the availability and quality of reproductive health services for underserved young adults and commercial sex workers in Addis Ababa, Ethiopia. With 75 percent of the city's population living in poverty, many women and girls between the ages of 12 and 26 turn to prostitution. The project provided hairdressing and tailoring training to the girls, thus improving their social and economic status. Commercial sex workers were also trained to work as community-based reproductive health agents. A portion of the money generated from contraceptive sales were used by the women as seed money to start their own salons and tailoring shops.

Working with the Ministry of Health in Mexico (Secretaría de Salud/SSA), Pathfinder aimed to prevent unwanted pregnancies and STD/HIV transmission among urban and periurban adolescents through the extension of sexual and reproductive health services. To achieve this objective, adolescent-friendly clinics were installed in health units and hospitals throughout the country. The number of adolescent-friendly clinics expanded from 33 in 1994 to 259 in 1998. Additionally, FP/RH information was provided through mobile clinics at schools, sports centers, and other places where adolescents usually gather. The project also provided ASRH (adolescent sexual and reproductive health) training to service providers.

Health Facility-Based Projects

Pathfinder and Fundación San Gabriel in La Paz, Bolivia established a system of integrated services to provide comprehensive reproductive health care to pregnant adolescents who came to the hospital and area health clinics. A special postpartum room for adolescents was arranged, and a team of a physician and a psychologist provided family planning counseling and services to the adolescents. The project was expanded to reach adolescents who were not pregnant through IEC initiatives and sexual education courses. Due to the discontinuation of sexual education offered in the local schools, Fundación San Gabriel was one of the only sources of accurate and comprehensive RH information for adolescents. Teachers and health professionals were also trained in ASRH. The concept of specialized adolescent services was very new at the time of implementation, and thus project experiences and lessons learned helped shape current adolescent friendly FP/RH services in Bolivia.

School and University-Based Projects

Due to high pregnancy rates at more than 20 institutions of higher learning in Kenya, Pathfinder initiated a dynamic information and education program through Kenyatta University. The goal of the project was to decrease unwanted pregnancies among students,

which often lead to illegal and unsafe abortion. The Kenyatta University Family Welfare and Counseling Project provided family life education (FLE), human sexuality communication, and reproductive health information and services to students. Activities included creating a contraceptive depot-holding system in residence halls so that students have access to short-term FP methods like condoms and oral contraceptives and supporting the university-based FLE peer education program. *KU Peer*, a Kenyatta University newsletter, provided a forum for students to express their ideas and inform one another about important issues affecting their lives including dating, premarital sex, HIV/AIDS, and stress management. As a result of this project, family planning services are provided to thousands of students. A similar project was also developed at the University of Dar es Salaam in Tanzania.

Working with the Comunicação & Cultura (C&C), an NGO in Brazil, Pathfinder supported the expansion of educational and community activities with adolescents attending public schools. Activities included production of newspaper articles, speeches, and video exhibitions, as well as educational and theatrical plays designed to sensitize adolescents about gender relations, reproductive health, and STD/HIV-AIDS prevention. Students were organized and trained to be editors for the school newspaper with the goal of strengthening their leadership skills. The project also worked to increase C&C's capacity through the authoring of articles and the development of social mobilization activities.

Mass Communication Projects

As a follow-up to the 1986 African youth-oriented film, *Consequences*, Pathfinder completed the 90-minute feature film, *Yellow Card*. With FPSP funds, Pathfinder leveraged additional monies to increase the coverage and scale of the film, which presents the challenges facing young adults including unprotected sex, HIV-AIDS, unwanted pregnancy, and illicit abortion. The story centers on a young male soccer player who impregnates his girlfriend and must face the consequences. Developed by African youth, the script reflects their perspective on the challenges they face. The film also takes a nontraditional approach by putting the focus on young men with the intention of provoking discussion and debate about male involvement. *Yellow Card* is educational but also entertaining, attracting many to the theaters. Critically acclaimed, the film has opened across Africa and will be translated into several different languages with other donor funds.

Other Projects

Initially using private funds, Pathfinder, through the Universidad Cayetano Heredia in Peru, created a diploma degree program in adolescent services. The program trained human resource professionals in the management and administration of adolescent health programs by creating a Diploma Degree in Adolescent Integrated Health with a special focus on reproductive health (PRODESA, Programa de Estudios de Post Grado de Salud del Adolescente). The first phase of the project included designing the program curricula, establishing educational strategies, and validating educational materials. With FPSP funds, Pathfinder provided scholarships to ten health service providers to participate in the

PRODESA program. The diploma program has been institutionalized by the University and has been given yearly since Pathfinder's initial aid. This project demonstrates how activities initiated through private funds can be strengthened with USAID funding.

Using FPSP funds, Pathfinder facilitated the activities of the East African Reproductive Health Network (EARHN) to increase regional capacity to address reproductive health issues, especially adolescent sexual and reproductive health (ASRH) activities. EARHN's objectives are to document best practices in ASRH programs, provide opportunities to share and disseminate ASRH information, and promote technical exchange visits or study tours. EARHN's initial program focus was on ASRH in three target countries: Kenya, Tanzania, and Uganda. EARHN worked with policy makers and program managers through focal institutions to strengthen the availability and quality of sustainable RH services in East Africa; improve RH status of East Africans; involve civil society, NGOs, and the private sector; and collaborate with existing networks in sub-Saharan Africa. In FY '99, EARHN organized and conducted a study tour to South Africa and Zambia for 18 policy makers. This trip oriented participants to better practices in ASRH programming.

Lessons Learned

Overall

- ◆ Pioneering programs for youth require a long commitment of support, perhaps as long as a decade, to become institutionalized and entrenched.
- ◆ Traditional systems, including early age at marriage or consensual union and early and frequent childbearing, are still influential in the developing world
- ◆ Studies show that reaching young people (especially those aged 10-14) with reproductive health information and education before their first sexual experience has an important impact on responsible sexual behavior patterns.
- ◆ Young people must be engaged in finding solutions to their RH problems. Involving them as active participants, even as planners and managers, is critical to success.
- ◆ Youth-friendly care can be offered at a variety of sites, including hospitals, clinics, or youth centers.
- ◆ Integrating HIV prevention education into RH projects is a logical program action.
- ◆ The introduction of condom use is a critical starting point. It prevents pregnancy and STDs, is easily available, and can serve as a transition to other methods depending upon the users' situation and needs. The condom also suits the episodic nature of adolescent sexual behavior.
- ◆ ECP is a highly appropriate and timely method for young adults.
- ◆ Evaluation activities must be both qualitative and quantitative to capture the nuances that may indicate success less directly, given the limitations in data collection and application in young adult programs.

Policy

- ◆ Key opinion leaders and role models must be educated and mobilized to support adolescent programs.
- ◆ Building coalitions among groups that share an interest in adolescent health, including reproductive health issues, can strengthen efforts to advocate for changes in public policy.

Communications

- ◆ Supportive networking and training activities should be conducted throughout the project's life to effectively shape young adult reproductive health social norms. Networks can be created with policymakers, media professionals, health service providers, counselors, peer educators, and others.
- ◆ Effective media interventions address not only the behavioral issues of young adults themselves, but also environmental factors and social norms.
- ◆ Involving key societal gatekeepers and stakeholders at the outset of the media design process is a critical project success factor given the controversial nature of adolescent RH issues.

Community-Based/Outreach

- ◆ It is important for ASRH programs to work more holistically with youth, to incorporate ASRH into existing youth-serving organizations and programs, and to recognize that young people's primary concerns (education and jobs) need to be acknowledged and addressed.
- ◆ Staff hired to work in youth programs must be genuinely committed to helping young people deal with RH concerns.
- ◆ Programs must be designed to reach out-of-school youth, as well as students.
- ◆ Peer counselors can be trained to reach both in- and out-of-school youth.
- ◆ Income generating activities can significantly boost participation and can also advance program goals to create job opportunities for young mothers.

Health Facility

- ◆ A youth-friendly environment is critical to attracting adolescent clients.
- ◆ It is important to train staff members in treating adolescents. This training is often overlooked if project staff are already knowledgeable about providing services to adults and if the differences between the two populations are perceived as negligible by staff.
- ◆ Adolescents face numerous barriers to using referrals to clinics and hospitals.
- ◆ Services for adolescents should be made available at times that suit their schedules.

School- and University-Based

- ◆ Sexual activity among students is highest during school vacations.
- ◆ In some populations, the majority of young people do not reach secondary school. In such settings, it is essential to design other strategies to reach these youth, including interventions at elementary schools and outreach programs.
- ◆ Curricula must be relevant to the reproductive health needs of adolescents and include discussion of STD/HIV-AIDS, contraception, and the development of the skills needed to bring about more responsible sexual behavior.



HIV-AIDS

Background

The HIV-AIDS pandemic is causing social and economic devastation in developing countries. This is especially the case in Africa, where 30 years of hard won gains are being reversed through drastic life expectancy reduction, a shrinking workforce, decreased agricultural productivity, and the increasing strain of caring for the sick on families and on the already fragile health systems. In other parts of the world the epidemic is younger, but is developing rapidly.

Young people are in the precarious position of being very vulnerable to infection and having the least access to programs and services that can prevent and treat sexually transmitted diseases. Men also lack access to information and services tailored to their needs. Women carry a large part of the burden of the disease in that their rate of infection is rising the fastest, they can transmit the disease to their babies, and when they fall ill, their families lose the main caretaker and often the primary breadwinner. Although Pathfinder works in many countries with HIV-AIDS intervention programs, those supported by the FPSP project in Africa and Brazil will be highlighted here.

Brazil is a country in the early but critical stages of the epidemic. Currently there are more than 700,000 people living with AIDS in Brazil. While this represents a mere 0.4 percent of the general population, even a small change in the percent of infected people would have a serious impact. This would be catastrophic for the country, given that the public health system of Brazil is very precarious, especially for the poor. The impact of AIDS in Africa can be clearly seen in Kenya, where the epidemic is far more advanced, with 50–70 percent of the hospital beds occupied by AIDS patients and 500 people dying every day. The effect of AIDS on health care costs in Kenya has been dramatic, with a ten-fold increase between 1989 and 1997.

Approach

Pathfinder's approach to the HIV-AIDS pandemic under the FPSP has emphasized finding cost-effective, realistic solutions to meeting new health needs. It has focused on the areas of service integration into family planning programs, specific target audiences, and community involvement.

Integrated Services

Since the early 1990s, Pathfinder has provided leadership in developing strategies to fight HIV-AIDS that maximize available resources. One of the key strategies to emerge in the field has been the integration of STD/HIV-AIDS services into existing family planning and maternal and child health programs and facilities, which has well-known benefits.

Pathfinder has been at the forefront of developing integration services in the Africa region. In 1995 Pathfinder was part of a team that included REDSO, USAID/Washington, The Population Council, USAID's BASICS Project, the Data for Decision Making Project at Harvard, and FHI that convened the "Setting the Africa Agenda" conference in May, 1995. The work of the conference was to first define integration, and then discuss approaches, review advantages and barriers, and create an agenda of activities to move integration forward in the areas of research, programs, and policy. The Africa Agenda I was followed by Africa Agenda II in 1998. Pathfinder produced and disseminated reports from both conferences. Pathfinder also published the document, *Integrating STD/HIV-AIDS Services with MCH/FP Programs*, which has been distributed throughout the Africa region and elsewhere. In Brazil, Pathfinder introduced integrated services into the health systems of two northeastern states.

Pathfinder's integration work has been enriched by collaborations with partners. Two examples are the Regional Integration Partners (RIP), which include CAs and REDSO/ESA representatives, and the Regional Technical Group (RTG), which includes skilled program managers, service providers, and public and private policy makers. Both groups work to disseminate information about and support efforts toward integration in the region. Networking is a constant part of Pathfinder's efforts and includes exchange visits and study tours, participation in international conferences, and distribution of publications, always with the goal of building partnerships.

Target Groups

During the latter years of the FPSP project, significant efforts have been made to reach high-risk, poorly served, and hard-to-reach groups who are high transmitters in this pandemic. Groups that have been targeted under the FPSP include adolescents and young adults, men, injection drug users, and commercial sex workers. (Details regarding programmatic interventions with these groups can be found in the Highlights section.) During the life of the FPSP project, focus has changed from an initial compartmentalized approach to FP to an integrated approach with FP as its base. This shift has been in response to the need, at the operational level, for a wider range of reproductive health services that allow more in-depth and creative interventions with specific groups.

Community Involvement

Based on CBD programs in Ethiopia, Kenya, Nigeria, and Uganda, Pathfinder developed a new model of *Home-Based Care (HBC) for People Living with AIDS (PLWA)* with its partners in those countries. The model uses CBD workers, some of whom have already expanded their roles beyond providing FP, who are trained to teach and support families/caregivers to provide in-home care for PLWA. This is a cost effective way to provide care, and its added benefits include promoting community awareness of HIV-AIDS and decreasing stigma, freeing up hospital beds and medical personnel to deal with the acutely ill, promoting the family's function within the community, and offering support and referrals for medical care. Country-specific modules for home-based care have been developed in four countries, and Pathfinder is developing a global module on the same topic.

Other community efforts in Africa include the Urban Initiative in Nairobi, Mombasa, and Arusha, which is an effort to reach urban poor communities at high risk for HIV-AIDS with prevention and treatment services for adolescents, men, sex workers, and poor slum residents. The initiative also includes social marketing of condoms and work with traditional healers to prevent the spread of AIDS.

Program Highlights

- ◆ Adolescents, especially girls, are experiencing the most rapidly increasing rates of HIV infection. Adolescents also have the least access to services and information that can protect them. Most young people lack access to skills training or employment opportunities, making these a critical part of services for adolescents. Youth outreach programs that including life planning skills and use of peer educators, and youth-friendly services that include more than RH services, are all part of Pathfinder's ARH programs. In Brazil Pathfinder has been working with its target health centers to provide more youth-friendly services.
- ◆ Pathfinder has been directly involved in training service providers in RH service integration. It has promoted syndromic management of STDs, which increase the risk of HIV transmission, through training providers. Pathfinder has offered a valuable critique of the syndromic management of vaginal discharge, while upholding the usefulness of syndromic management in other cases. It has also tackled the problem of provider bias and attitude, as well as quality of care issues, through training and publications.
- ◆ Reaching men who are high risk is a priority that has only recently been recognized. Pathfinder has programs that are designed to reach men in the military, long-distance truck drivers, bicycle messengers, and clients of sex workers. Men need services tailored to their needs, and Pathfinder has designed programs that use peer educators and have strong IEC/BCC, counseling, and trust building components.
- ◆ Injection drug use represents an important mode of HIV transmission. In 1997, almost 20 percent of all AIDS cases were due to unsafe needles, and the transmission from a male injecting drug user to his female partner via unprotected sex is considered the main path for HIV infection for women and their babies in Brazil. Pathfinder partnered with Bahia's largest local NGO to introduce measures that prevent sexual and intravenous transmission of HIV among drug addicts, thereby slowing the spread of AIDS within and outside of the drug user community.

- ◆ In Nigeria, Pathfinder's innovative work with sex workers includes brothel-based clinics, STD management and screening, condom and FP provision, peer education for both sex workers and clients, advocacy with hotel managers and police, and participation in research. Because commercial sex workers are not truly "safe" unless they can get out of sex work, projects offer live and vocational skills training. In Brazil, Pathfinder worked trained sex workers as peer health agents.
- ◆ In Brazil, Pathfinder developed an integration program targeting the primary health system, consistent with Ministry of Health strategies and needs detected by Pathfinder. The MOH promises free and ubiquitous care for all, a promise that it cannot keep. Nevertheless, the public health post is the only option for millions of people. Pathfinder chose to introduce integration in USAID's two target states, Bahia and Ceará, through a quality approach. It targeted four main services at the health post level that needed improvement (family planning, pre-natal care, STD/HIV-AIDS, and cervical cancer prevention), and incorporated STD/HIV-AIDS counseling, prevention, and treatment. Pathfinder developed a training module for integrated services for each of these areas, and it helped the public sector redefine the roles and responsibilities of staff so that they could implement integrated services.

Lessons Learned

Coordination and Partnering

- ◆ Political commitment is needed at the highest levels to fight the AIDS epidemic.
- ◆ Brazil is a leader in dealing with HIV medicines in the developing world. It already produces seven out of the twelve anti-retroviral medicines, a measure that has saved millions of dollars. While it spends roughly \$360 million per year on medicines, it has reduced hospital admissions by 80 percent and saved \$420 million. In addition, Brazil has successfully negotiated reduced prices from some producers of the other medications. Other governments may be able to replicate this model where adequate infrastructure and support exists.
- ◆ If properly coordinated, partnerships can work and may be the most effective way to confront the HIV-AIDS pandemic at multiple levels and across borders or regions.
- ◆ To confront the growing problem of AIDS orphans, it will be necessary to build on and expand existing partnerships and incorporate communities to an even greater extent.

Integration

- ◆ Integration can remove the stigma from services since people can come for many reasons and not call attention to themselves. This is especially helpful in bringing youth and men in for services.
- ◆ Integration can be done at elementary or complex levels that range from prevention and referral to STD/HIV-AIDS management, as resources allow.

Adolescents

- ◆ Integrated service delivery for adolescents should include youth-friendly service providers, non-medical surroundings and services, convenient hours, walk-in capability, appropriate IEC, and peer educators, who are particularly effective with young people.
- ◆ Better IEC interventions must be developed and implemented in order to decrease the strong cultural or religious resistance in many parts of the world to providing adolescents with information and condoms.

Men

- ◆ Men's involvement in HIV prevention activities is key. They are family decision makers, community leaders, and often the primary transmitters of the disease.

High-Risk Behavior Groups

- ◆ Local NGOs and other grassroots organizations often work or have contacts with high-risk behavior groups who would be difficult to reach in other ways. Partnering with these groups often will facilitate quicker access to persons who may not normally go to traditional service delivery sites.
- ◆ Targeting vulnerable groups and high transmitters can reduce the reservoir of infected persons by detecting and treating STDs early, and counseling regarding safer-sex practices can reduce both STD infections and HIV transmission. However, high-risk behavior groups need services and interventions tailored to their particular needs in order for them to use services and for behavior change to occur.

Community Participation

- ◆ Community participation and support are essential in initiatives like home-based care and can increase the use of integrated services and sustainability by promoting awareness of the availability and need for health care.

- ◆ Care of PLWAs at home reduces the costs of health care. Improved care at home, or self-care, can lengthen and improve the quality of AIDS patients' lives. HBC helps develop family and community awareness of AIDS prevention. Training and support for both the PWLA and the caregiver is critical.
- ◆ CBD workers are able to train the caregivers of PWLA. In Africa, this is a cost effective way to provide care.

Services

- ◆ Training for service providers to obtain new skills and to change attitudes requires follow-up. It must include values clarification and self-selection, which are essential to improving quality and access to services for PLWAs and those at risk, especially young people.
- ◆ It is necessary to sensitize everyone in the service environment who may interact with HIV-AIDS clients or those at risk for infection, in order to avoid stigmatization or alienation of clients.
- ◆ Pathfinder has found that when integrating RH services, it naturally follows to also integrate RH programs with poverty alleviation, including income generation training, and micro-enterprise loan programs. Vulnerability to AIDS cannot be significantly reduced without dealing with the poverty at the base of that vulnerability.



POSTABORTION CARE

Background

Globally, more than one quarter of all pregnancies end in abortion. Of these, half are performed in unsafe conditions, causing the deaths of 78,000 women annually. The toll is heaviest on women with little access to safe health services—poor women—but is also felt by the children, partners, and communities who lose caretakers, wage earners, and productive members. Although worldwide recognition of this almost entirely preventable cause of maternal mortality has increased over the past decade, improvements in services have progressed slowly.

Pathfinder has worked to address the consequences of unsafe abortion for more than 25 years. The Family Planning Services Project (FPSP), which called for expanding services to underserved populations, including postabortion women, enabled Pathfinder to increase the number of countries and kinds of settings in which it carried out this work. At the same time, the Postabortion Care Consortium, of which Pathfinder was a founding member, developed the concept of postabortion care (PAC)¹, which provided a framework for designing programs and brought attention to postabortion care as an important, emerging area of reproductive health. Pathfinder now carries out PAC projects in 11 countries, and it has been a leading collaborator in introducing PAC, emphasizing effective integration of family planning services and institutionalization of services. Its portfolio of projects ranges from multi-hospital public sector projects to single-clinic projects funded by FPSP or through other donors.

Approach

If an unsafe abortion is the starkest representation of the failure of services to meet a woman's needs, then the overriding goal of PAC must be to respond to those needs. Pathfinder has worked to reorient services in this direction by engaging clinicians, community members, public opinion, and policymakers. Since 1993, Pathfinder's efforts to address unsafe abortion have been guided by a broad strategy that encompasses PAC, but that also works outside of the clinical context to improve the response to this problem from all sectors. This strategy includes:

- ◆ PAC: Improving technical competency through infection prevention practices, better pain management, and new procedures; ensuring the availability of postabortion contraception and counseling; and improving interpersonal communication between all levels of staff and the client.

¹ The elements of PAC are emergency treatment for incomplete abortions, the provision of family planning counseling and services, and linkages to ongoing reproductive health care.

- ◆ **Advocacy:** Supporting improved policies on PAC and unsafe abortion through dissemination of technical information and program evaluations to providers, the public, and policymakers.
- ◆ **Community Participation:** Improving the ability of community members to recognize potential emergencies and to define service needs through focus groups and surveys of women’s decision-making processes.

The institutional, cultural, and legal contexts in which Pathfinder carries out this work have varied considerably, and Pathfinder’s local approaches are tailored accordingly. Some projects focus on introducing, improving, and/or institutionalizing postabortion care, such as in Bolivia, Ecuador, Ethiopia, Haiti, Peru, Tanzania, and Uganda. Other projects combine postabortion and postpartum interventions, including those in Brazil, Kenya, and Peru. In other contexts, particularly where abortion is legal, such as Azerbaijan, Kazakhstan, and in Viet Nam, postabortion initiatives are part of efforts to improve the quality of comprehensive reproductive health care. Projects are carried out through partnerships with hospitals, private clinics, ministries of health, community organizations, medical schools, and professional medical societies.

Program Highlights

Postabortion Care

In Kenya, Pathfinder and Kenyatta National Hospital collaborated to set up a High Risk Clinic (HRC) for young women suffering from the consequences of incomplete abortions after hospital staff noticed that a third of the young women treated at KNH for this problem returned within a year in the same condition. The clinic provides information and counseling on contraception and reproductive health, including diagnosis and referrals for treatment of sexually transmitted diseases and HIV-AIDS. The clinic has also set up referral links with clinics in the communities where many of its clients live so clients can more easily receive follow-up care and contraceptives. The HRC now serves 5,000 women annually and has been a model for the creation of four similar clinics in other cities in Kenya. According to evaluation research, contraceptive acceptance among young postabortion clients has risen from virtually no women to 54 percent of women.

Tanzania Occupational Health Services (TOHS) has been providing health services for Tanzanian employees within their workplaces since 1967. In 1996, Pathfinder and TOHS joined forces to incorporate reproductive health services—including postabortion care—into the TOHS service delivery system. Postabortion care was added to existing RH services in the main hospital, with referral links to the network of clinic and workplace-based sites, which were expanded to include STI/HIV-AIDS and child survival services. To make services more accessible to workers and their families, the number of TOHS community-based agents was expanded.

In Ethiopia, where a substantial portion of family planning services are provided by the private voluntary sector, Pathfinder supports a consortium of family planning NGOs (COFAP) that has developed and disseminated standards of practice for the NGO sector, including standards for postabortion care. COFAP, which coordinates the expansion of FP/RH services throughout the country and trains providers, has created standardized training and service delivery curricula, protocols, and manuals for both clinic- and community-based family planning services.

In Peru, Pathfinder has been a key partner of the Ministry of Health (MOH) in introducing and institutionalizing postabortion care since 1993. Together with the Social Security Institute, this partnership trained 3,800 physicians and midwives to provide postpartum and postabortion family planning services in 42 public sector hospitals. The training was one of few opportunities for providers to gain new skills, particularly in postabortion IUD insertion. When the project ended, the MOH issued new regulations requiring all hospitals to assign permanent staff to PP/PA FP services, making the project an important step in the institutionalization of family planning as a routine part of PP/PA care. With funds from the British government, the MOH and Pathfinder have continued their collaboration in institutionalizing PAC in public sector hospitals, which is now in 15 new hospitals and 15 health centers around the country.

Advocacy

Pathfinder has collaborated with Ministries of Health, teaching hospitals, non-governmental organizations, and medical societies to develop and review guidelines and standards for postabortion care in Ethiopia, Kenya, Viet Nam, Bolivia, and Peru.

In Peru, Pathfinder disseminated research and evaluation findings that resulted in concrete improvements in the organization of services and the quality of postabortion care. A 1995 evaluation comparing the treatment of incomplete abortion using manual vacuum aspiration (MVA) and dilation and curettage (D&C) in the largest maternity hospital demonstrated the considerable cost and time savings associated with MVA. A study of patient flow that examined the path of care postabortion clients go through, including the time spent at each step, identified bottlenecks and weak points in care. Besides enabling hospital managers to target service improvements effectively, the study uncovered the fact that women with uncomplicated cases of incomplete abortion were being unnecessarily admitted, which cost the clients time and money and used scarce hospital resources. This led to a service protocol recommending that uncomplicated incomplete abortion cases be treated on an outpatient basis.

In Ecuador and Peru, Pathfinder is working with Ob/Gyn societies to provide a forum for discussing unsafe abortion from a public health perspective. Supported initially with FPSP funds, this work is now privately funded. Through a series of regional meetings, titled “Medical Responsibilities of Obstetrics and Gynecology Societies towards Abortion,” providers are given a rare opportunity to focus on this issue. The meetings have culminated in several recommendations:

- ◆ Professionals should be informed about the legal status of abortion in their countries.
- ◆ Norms and protocols for postabortion care that are in accordance with local law are needed.
- ◆ Discussion within Ob/Gyn societies of the role that unsafe abortion plays in maternal mortality should be promoted.
- ◆ Providers and other professionals need to be sensitized on the social, cultural, and economic consequences of unwanted pregnancy.

Community Participation

To better understand how and why women make the complex decision to induce an abortion, particularly in settings where the decision carries substantial risk, Pathfinder conducted qualitative research in the *favelas* surrounding Rio de Janeiro, Brazil. Through interviews with postabortion clients in hospitals and with providers, the study brought to light how poverty can impede women's desires to plan their families and how providers often feel exasperated with their role in treating these women. The study also suggested ways of making services more relevant and useful to the lives of women living in these settings.

In Haiti, Pathfinder is using a tool developed in Peru with FPSP funds to conduct a community needs survey to guide the introduction of postabortion care services in a local hospital. The survey sought to determine the extent and gravity of unsafe abortion in the community; confirm the lack of access to adequate postabortion care services; identify, if possible, sources of clandestine abortions; and introduce the community to the forthcoming hospital-based PAC services.

Lessons Learned

Planning

- ◆ When introducing PAC into the overburdened setting that characterizes most hospitals, it is important to work with managers to address needs for additional human and financial resources to absorb the extra workload that PAC will cause initially. It is helpful to explain that, over the long term, this burden will decrease as the numbers of unwanted pregnancies and abortions decrease.
- ◆ Introducing the MVA technique can be the most difficult part of improving postabortion care. For this reason, a flexible approach that does not hinge on the transition from D&C to MVA is most effective at yielding improvements in postabortion care.
- ◆ Planning for PAC sustainability needs to be done up front. Hospital commitment from top management needs to be ensured early on, including agreements to create protocols for services and assign space and personnel. It is difficult to get protocols in place and/or change service organization in the middle of a training or project.
- ◆ Program budgets should allow for monitoring visits to sites where trainees are practicing their new skills. Problems that are easy for outside observers to resolve

sometimes jeopardize the functioning of part of or an entire facility's postabortion care program.

- ◆ Top-level management commitment is necessary for PAC to be institutionalized.

Training

- ◆ Training doctors and nurses as a team enables them to provide more coordinated care and better communication to their patients.
- ◆ Provider attitudes can be more punitive and restrictive than even the law requires. Special focus on sensitizing providers and improving their counseling skills can change these attitudes.
- ◆ Good counseling requires interacting with clients in ways that may be new to many providers. Extra guidance on exploring clients' needs and situations and on helping them solve problems can give providers the confidence they need to do more than simply "go through their checklist."
- ◆ For provider training to be effective, trainees need to carry out a minimum number of actual procedures under observation. When there are not enough clients at the provider's facility to fulfill this minimum while the training is ongoing, arrangements can be made for providers to complete the practical part of the training at another facility.
- ◆ Giving providers many opportunities to practice using MVA under observation, as well as the chance to visit other providers who are regularly using MVA, helps to build their confidence with the new technique.

Services

- ◆ The equipment, supplies, and commodities involved in providing PAC are essential to the provision of quality services. Managers must ensure that a range of contraceptives, MVA equipment, and educational materials are available where PAC services are offered.
- ◆ To supplement counseling, brochures and fact sheets on contraceptive options and post-procedure care should be available for clients to take with them.
- ◆ Postpartum and postabortion FP can be effective entry points for eventually offering and improving postabortion care.
- ◆ Although postabortion and postpartum care complement each other well, PAC has greater and different challenges. Grouping them together can lead providers and staff to minimize the differences between the two groups of patients.
- ◆ The practical benefits of MVA can make some providers more open to the rest of PAC.
- ◆ Postabortion care does not offer easy opportunities for client follow-up, which is why it is important that women leave the care setting with an appropriate contraceptive method and knowledge about where they can receive future contraceptives. Referring clients to outpatient clinics often fails because many clients do not go to them.

- ◆ Measurements of progress in introducing or improving postabortion care should include the perspectives of clients who have received care.
- ◆ Despite the controversial nature of postabortion care, experience has shown that it is possible to engage the public sector in collaborative partnerships aimed at making concrete improvements in services.

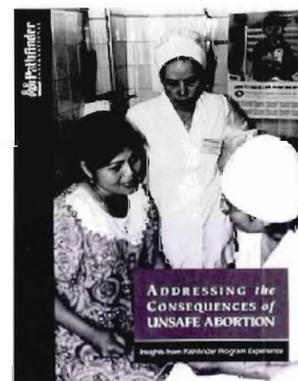


Publications List

For copies of any of the listed publications, please send a request to information@pathfind.org, or visit Pathfinder's website at www.pathfind.org.

Addressing the Consequences of Unsafe Abortion: Insights from Pathfinder Program Experience

This report presents a review of Pathfinder's efforts to address the consequences of unsafe abortion around the world. It provides a broad picture of the range of programs undertaken, how they evolved, what their effects have been, and what has been learned from them. English/2000

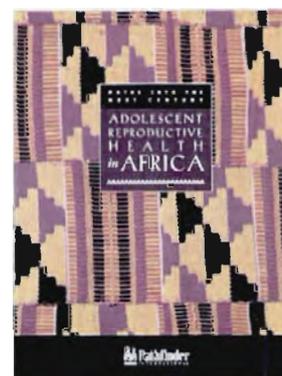


Pathpapers: Pathfinder's Community-Based Projects Address Barriers to Reproductive Health Services

This publication documents Pathfinder's three decades of experience developing community-based services, including the evolution from door-to-door distribution of contraceptives to the community-level delivery of a wide range of reproductive and family health services. English/2000

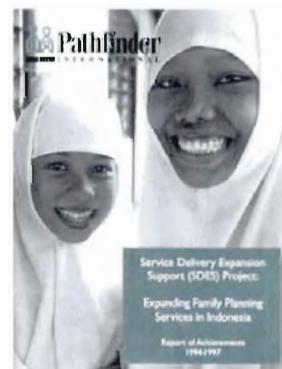
Adolescent Reproductive Health in Africa: Paths into the Next Century

This report contains Pathfinder's strategic approach to meeting the reproductive health needs of adolescents and provides detailed analyses of the health problems faced by young people in Africa, as well as the changing social and economic circumstances that give rise to these problems. English/1999



Service Delivery Expansion Support (SDES) Project: Expanding Family Planning Services in Indonesia 1994-1997

This report documents the success of SDES in working from the ground up to build support for, increase access to, and improve the quality of family planning in Indonesia in cooperation with community and religious leaders and women's groups. English/1999



Reproductive Health Services and Sustainability in Rural Uganda: The Family Life Education Program

This case study profiles a successful local African organization that has grown over the past 10 years from a fledgling agency to a nearly

independent entity. Lessons learned about organizational effectiveness and long-term sustainability are presented to help inform others engaged in similar endeavors. English/1999

Insights in Adolescent Project Experience 1992-1997

This report presents an overview of Pathfinder’s experience supporting reproductive health projects for adolescents in the early 1990s. It describes programs undertaken in Africa, Latin America, Asia, and the Near East during this period and discusses their evolution, the clients they served, what their effects have been, and what has been learned from them. English/1998

Reproductive Health Beliefs, Practices, and Needs of Women from the Rural Andes – Callejon de Huaylas, Peru

This research was conducted to examine the fertility, family planning, and maternal and child health beliefs and practices of rural Peruvian women and to determine the level of access these women have to family planning services. This evaluation should prove interesting to others in the field, particularly those working in Peru. English/1998

An African Response to the Challenge of Integrating STD/HIV-AIDS Services into Family Planning Programs

This document defines and documents the process of integration and discusses the identification and management of integration activities. It describes practical considerations for program managers. English/1997

Mexico Service Delivery Expansion Support (SDES) Mid-term Data

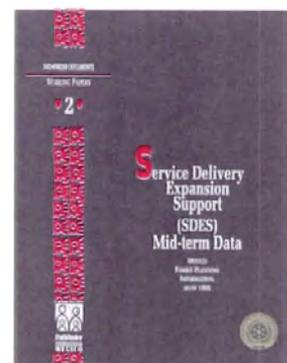
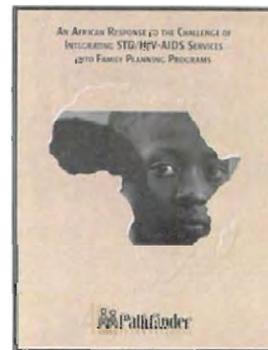
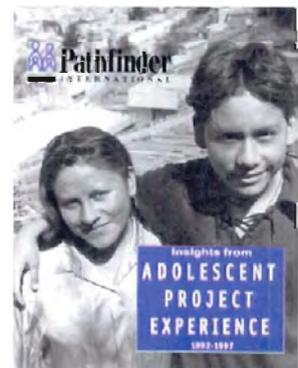
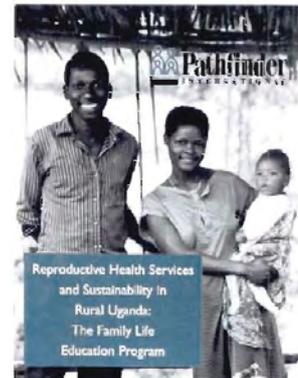
The SDES Program channels support from USAID to Mexico’s principal public family planning institutions. This document tracks the impact that SDES has had on the provinces in which it works. English/1997

United Nations Population Award: Speech by Daniel E. Pellegrum

This pamphlet contains the speech presented by Pathfinder International’s President in acceptance of the 1996 United Nations Population Award. Pathfinder is the second U.S.-based organization ever to win the award. English/1996

Swayamvar, A Bulletin on Sustainability Efforts of NGOs in Bangladesh

“Swayamvar” is synonymous with sustainability in Bengali. This



bulletin provides examples of Bangladeshi family planning programs' efforts to reduce dependence on international donor assistance. English/1996

The Practice of Induced Abortion among Low-Income Populations in Rio de Janeiro: Perspectives of Clients and Health-Care Providers

This research, conducted to clarify the circumstances under which low-income Brazilians induce abortion, should be useful to those interested in the impact of hazardous abortions in Brazil.

English/1996

Mexico Service Delivery Expansion Support Baseline

This document presents an overview of family planning in Mexico and provides baseline data and analysis from the beginning of the SDES program. English and Spanish/1996

Jordan, Marketing of Birth Spacing Project: Training Component, A Final Evaluation Report

This evaluation outlines the efficacy of a project designed to increase awareness of the risks of short birth intervals and make quality, affordable contraceptives commercially available. English/1996

Maendeleo Ya Wanawake Organization CBD Program Costs and Economic Performance 1993

This study analyzes Kenya's largest community-based distribution program to identify cost-effectiveness measures for strengthening resource management and improving program performance. English/1994

Comprehensive Family Planning and Reproductive Health Training Curriculum

This 15 module series provides information and training instruction on a variety of family planning and reproductive health issues. The curriculum uses visual aids, skills practice, role plays, and discussion. Modules 10 (*Voluntary Surgical Contraception*) and 15 (*Quality of Care*) have not yet been completed. The series includes:

1. *Introduction to Family Planning and the Health of Women and Children and an Overview of Family Planning Methods*. Outlines the benefits of child spacing, the value of private sector service provision, and a variety of contraceptive methods. English, Russian, French, and Spanish/1997
2. *Infection Prevention*. Prepares providers to practice appropriate infection prevention procedures in order to reduce disease transmission risk. Designed for use with the JHPIEGO/AVSC video *Infection Prevention for Family Planning Service Programs*. English, French, and Spanish/1997
3. *Counseling*. Describes the principles of counseling and examines the impact of provider attitudes and values on the counseling process. English, Russian, French, and Spanish/1998

4. *Combined Oral Contraceptives (COCs) and Progestin-Only Pills (POPs)*. Prepares providers to safely provide COCs and POPs. The module includes information on the mechanism of action, effectiveness, advantages, and disadvantages. English and Russian/1999
5. *Emergency Contraceptive Pills (ECPs)*. Explains ECP effectiveness, client screening, and management of complications. English, Russian, and Spanish/1997
6. *DMPA Injectable Contraceptive*. Trains providers to safely administer Depot Medroxyprogesterone Acetate (DPMA) in clinic or community-based delivery settings. English, Russian, and Spanish/1996
7. *Intrauterine Devices*. Covers insertion and removal services for IUD clients, side-effects management, and follow-up care. English, Russian, and Spanish/1997
8. *Lactational Amenorrhea and Breastfeeding Support*. Informs trainees about the benefits of breastfeeding for maternal and child health and its viability as a family planning method. English, Russian, and French/1997
9. *Condoms and Spermicides*. Designed to train physicians, nurses, and midwives about the effectiveness of these methods as contraceptives and as means to avoid the spread of STD/HIV-AIDS. English, Russian, French, and Spanish/1998
10. *Voluntary Surgical Contraception*.
11. *MVA for Treatment of Incomplete Abortion*. Prepares health workers to provide quality postabortion care to women who come to a health facility for treatment of an incomplete or septic abortion. English/forthcoming 2000
12. *Prevention and Management of Reproductive Tract Infections (RTIs) in Reproductive Health Settings*. Prepares participants to provide quality RTI management and prevention services as an integral part of comprehensive reproductive health service delivery. English/forthcoming 2000
13. *Postpartum/Postabortion Contraception*. Teaches providers about the importance of postpartum and postabortion contraceptive services. English, Russian, French, and Spanish/1998
14. *Training of Trainers*. Includes information on adult learning, facilitation skills, training methodologies and needs assessment, planning, and evaluation. English, Russian, and French/1997
15. *Quality of Care*.

Selected Research and Evaluation Reports

The Dynamics of Contraceptive Use among Kenyan Women: Results of a 1996 Geographic Area Impact Survey
English/1998

Summary Report of the Urban Initiative in Kenya: Process Evaluation and Post-training Follow-Up
English/1998

Evaluation of Reproductive Health Services at the High Risk Clinic, Kenyatta National Hospital, Nairobi, Kenya
English/1997

An Evaluation of Patterns of Clinic Attendance and Modern Contraceptive Acceptance among Postabortion Clients at the High Risk Clinic
English/1995

The Sustainability of Family Planning NGOs in Ethiopia
English/1997

Quality Assessment Study of the Family Planning Service Delivery Expansion Support Project in Indonesia
English/1999

Management Effectiveness Study: Lessons Learned from SDES Management and Programmatic Interventions in Indonesia
English/1999

Indonesia Young Adult Reproductive Welfare Survey 1988-89
English/1999

The Impact of Two Family Planning Projects Operated by Two NGOs in Ferrenafe, Peru
Spanish/1997

Evaluation of Clinical Training in Postpartum and Postabortion Contraception in Peru
Spanish/1997

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Country	FY	Title	Document Type	Language	SO
Africa					
Africa	1993	Summative Evaluation	Evaluation Report	English	SO I: Accessibility
Africa	1994	Knowledge, Attitudes, and Practice of Reproductive Health/ Family Planning and Use of Institutional Health Services	Special Study	English	SO I: Accessibility
Africa	1995	Inter-Regional Evaluation Workshop September 26-30, 1994: Summary Report	Document	English	SO I: Accessibility
Africa	1995	Workshop Report on a CAS Dissemination and Data Utilization for Planning	Document	English	SO I: Accessibility
Africa	1995	Regional Quality of Care Course Report	Technical Report	English	SO II: Quality
Africa	1996	SDA Clinic/CBD and UMATI Rural CBD Program Evaluations	Evaluation Report	English	SO I: Accessibility
Africa	1996	A Step by Step handbook for CBD Program Managers and Evaluators	Occasional Paper	English	SO I: Accessibility
Africa	1997	Youth and Reproductive Health: Paths into the Next Century (A Programmatic Strategy for Addressing the Reproductive Health Needs of Young People in Sub-Saharan Africa (1997-2000))	Concept Paper	English	SO I: Accessibility
Africa	1998	An African Response to the Challenge of Integrating STD/HIV-AIDS Services into Family Planning Programs	Concept Paper	English	SO II: Quality
Africa	1999	Regional Monitoring and Evaluation Courses	Document	English	SO I: Accessibility
Africa	2000	Evaluation of CBD in Africa: MWYO-CBA-GIS	Evaluation Report	English	SO I: Accessibility
Africa	2000	Baseline Study on Urban Quality Improvement Initiative	Baseline Study	English	SO II: Quality
Africa	2000	Adolescent Reproductive Health in Africa: Paths into the Next Century	Concept Paper	English	SO I: Accessibility
Africa	2000	A Rapid Response Training Approach for improving the Quality of Reproductive Health Services in Resource-Poor Environments	Special Study	English	SO II: Quality
Africa: Kenya / Uganda	1997	Africa Regional Infection Prevention Training Course Evaluation	Evaluation Report	English	SO II: Quality
Côte d'Ivoire	1993	KAP/Baseline Survey*	Baseline Survey	French	SO I: Accessibility
Ethiopia	1993	Ethiopia Needs Assessment*	Needs Assessment	English	SO I: Accessibility
Ethiopia	1993	Ethiopia: Challenges and Opportunities in Providing Family Planning	Concept Paper	English	SO I: Accessibility
Ethiopia	1997	Baseline Assessment Ethiopian Family Planning NGOs and Service Delivery Points: Marie Stopes International – Ethiopia*	Baseline Survey	English	SO I: Accessibility
Ethiopia	1997	Baseline Assessment of Ethiopian Family Planning NGOs and Service Delivery Points, The Ethiopian Gemini Trust; Evaluation of Pathfinder Project Conducted by Family Health International	Baseline Survey	English	SO I: Accessibility
Ethiopia	1997	Integrated Family Planning Services: A KAP Survey Report in Peri-Urban Nazareth*	KAP Study	English	SO II: Quality
Ethiopia	1997	The 1996 MSI-E Fertility Survey/CBD Baseline Survey Report*	Baseline Survey	English	SO I: Accessibility
Ethiopia	1997	Annotated Bibliography on Fertility and Reproductive Health/Family Planning in Ethiopia*	Annotated Bibliography	English	SO I: Accessibility

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Country	FY	Title	Document Type	Language	SO
Ethiopia	1997	Baseline Assessment of Ethiopian Family Planning NGOs and Service Delivery Points: Nazareth Children's Center & Integrated Community Development (NACID)*	Baseline Survey	English	SO I: Accessibility
Ethiopia	1997	Baseline Assessment of Ethiopian Family Planning NGOs and Service Delivery Points: Family Guidance Association of Ethiopia*	Baseline Survey	English	SO I: Accessibility
Ethiopia	1997	Baseline Assessment of Ethiopian Family Planning NGOs and Service Delivery Points: Ethiopian Evangelical Church Mekane Yesus (EECMY-SCS)*	Baseline Survey	English	SO I: Accessibility
Ethiopia	1997	Baseline Assessment of Ethiopian Family Planning NGOs and Service Delivery Points: Good Shepherd Family Care Service*	Baseline Survey	English	SO I: Accessibility
Ethiopia	1997	Catchment Area Survey Report for the Family Planning Clinics of Addis Ababa and Mekele, Family Guidance Association of Ethiopia*	Catchment Area Survey	English	SO I: Accessibility
Ethiopia	1997	A Baseline Survey Report for Nazareth and Haik CBD Projects, Family Guidance Association of Ethiopia*	Baseline Survey	English	SO I: Accessibility
Ethiopia	1997	Study on the Sustainability of Family Planning NGOs in Ethiopia	Special Study	English	SO III: Capacity
Ethiopia	1997	Baseline Assessment of Ethiopian Family Planning NGOs and Service Delivery Points, The Ethiopian Gemini Trust	Baseline Survey	English	
Ethiopia	1998	Expansion of Family Planning Services: A Project Review, Family Guidance Association of Ethiopia*	Evaluation Report	English	SO I: Accessibility
Ethiopia	1998	Reproductive Health and Family Planning in Underserved Communities in Southern Nations, Nationalities and People's Regional State of Ethiopia: Findings from a Baseline Survey*	Baseline Survey	English	SO I: Accessibility
Ethiopia	1998	Report of the Service Statistics Data for Pathfinder Program supported NGOs	Special Study	English	SO I: Accessibility
Ethiopia	1999	Quality of Care in the Delivery of Family Planning Services in Ethiopia: Family Guidance Association of Ethiopia: Baseline Assessment*	Baseline Survey	English	SO II: Quality
Ethiopia	1999	Quality of Care in the Delivery of Family Planning Services in Ethiopia: Marie Stopes-International, Ethiopia*	Evaluation Report	English	SO II: Quality
Ethiopia	1999	Evaluations conducted by Family Health International and Consortium of Family Planning NGOs	Evaluation Report	English	SO I: Accessibility
Ethiopia	1999	Report of the Service Statistics Data for Pathfinder Program Supported NGOs, April 1999	Evaluation Report	English	SO I: Accessibility
Ethiopia	1999	Operational Guidelines for Sustainability	Special Study	English	SO III: Capacity
Kenya	1993	Diocese of Maseno West Rural Family Planning and CBHC Project: Management Capabilities and Project Needs	Needs Assessment	English	SO III: Capacity
Kenya	1993	Family Life Education Tracer Study at Kenyatta University	Tracer Study	English	SO II: Quality
Kenya	1993	Improving Management of Family Planning Programs through Computerized MIS: The Case of Maendeleo Ya Wanawake CBD Programs	Case Study	English	SO III: Capacity
Kenya	1994	Maendeleo Ya Wanawake MCH/CBD Family Planning Project: Articulating Catchment Areas and Coverage Denominators for the CBD Program as a Basis for Effective Program Evaluation	Technical Paper	English	SO I: Accessibility

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Country	FY	Title	Document Type	Language	SO
Kenya	1994	An Informal Evaluation of the Kenyatta and Egerton Universities Family Life Education and Peer Counseling Project	Evaluation Report	English	SO II: Quality
Kenya	1994	MYW Catchment Area Survey: Muranga District	Catchment Area Survey	English	SO I: Accessibility
Kenya	1994	MYW Catchment Area Survey: South Nyanza District	Catchment Area Survey	English	SO I: Accessibility
Kenya	1994	MYW Catchment Area Survey: Siaya District	Catchment Area Survey	English	SO I: Accessibility
Kenya	1994	MYW Catchment Area Survey: Bungoma District	Catchment Area Survey	English	SO I: Accessibility
Kenya	1994	MYW Catchment Area Survey: Kakamega District	Catchment Area Survey	English	SO I: Accessibility
Kenya	1994	MYW Catchment Area Survey: Kirinyaga District	Catchment Area Survey	English	SO I: Accessibility
Kenya	1994	MYW Catchment Area Survey: Machakos District	Catchment Area Survey	English	SO I: Accessibility
Kenya	1994	MYW Catchment Area Survey: Nandi District	Catchment Area Survey	English	SO I: Accessibility
Kenya	1995	The Young Adults' Reproductive Health – Contribution by the High Risk Clinic at Kenyatta National Hospital	Evaluation Report	English	SO II: Quality
Kenya	1995	Report on the Preliminary Analysis of KMA Assessment Survey	Evaluation Report	English	SO I: Accessibility
Kenya	1995	Maendeleo Ya Wanawake Organization CBD Program Costs and Economic Performance 1993	Evaluation Report	English	SO III: Capacity
Kenya	1995	MYW Catchment Area Survey: Kitui District	Catchment Area Survey	English	SO I: Accessibility
Kenya	1995	Mkomani Clinic Society, Clinic and Community Based (CBD) Family Planning Services Project Catchment Area Survey Report	Catchment Area Survey	English	SO I: Accessibility
Kenya	1995	Catchment Area Survey of Siaya District: Determining Catchment Area Size for Community Based Distribution Programs	Catchment Area Survey	English	SO I: Accessibility
Kenya	1995	Adolescent University-Based Project Evaluation at Kenyatta University Family Welfare and Counseling Center and Egerton University Health Centre	Evaluation Report	English	SO II: Quality
Kenya	1995	Workshop Report CBD Catchment Area Survey Dissemination Workshop: Brackenhurst, Limuru	Course/ Workshop Report	English	SO I: Accessibility
Kenya	1995	Strategic Options for Kenyatta and Egerton Universities Youth Projects	Concept Paper	English	SO III: Capacity
Kenya	1996	ECP Baseline Study in Collaboration with Population Council*	Baseline Survey	English	SO II: Quality
Kenya	1996	Case Study on HIV/AIDS/STD Integration in Collaboration with Population Council – Mkomani Clinic Society Project*	Case Study	English	SO II: Quality
Kenya	1996	Emergency Contraception in Kenya: A Baseline Assessment	Baseline Survey	English	SO II: Quality
Kenya	1996	Findings of a Baseline Assessment for Enhancing the Use of Emergency Contraception in Kenya	Baseline Survey	English	SO II: Quality

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Country	FY	Title	Document Type	Language	SO
Kenya	1996	Report of the Proceedings of the National Inter-University Family Life and Adolescent Workshop	Course/Workshop Report	English	SO I: Accessibility
Kenya	1996	Maendeleo Ya Wanawake MCH/FP Community-Based Distribution Programme: End of Project Evaluation	Summative Evaluation	English	SO I: Accessibility
Kenya	1996	An Evaluation of Patterns of Clinic Attendance and Modern Contraceptive Acceptance Among Post-Abortion Clients at the High Risk Clinic	Evaluation Report	English	SO I: Accessibility
Kenya	1997	NCC: Situation Analysis in Collaboration with the Population Council, 46 PI-Supported Clinics in Nairobi*	Situation Analysis	English	SO I: Accessibility
Kenya	1997	Kenyatta National Hospital Assessment Report*	Evaluation Report	English	SO II: Quality
Kenya	1997	Maendeleo Ya Wanawake Organization MCH/FP and Community-Based Distribution Area Impact Survey (GIS) 1996: NCA Final Evaluation	Evaluation Report	English	SO I: Accessibility
Kenya	1997	Evaluation of Reproductive Health Services at the High Risk Clinic, Kenyatta National Hospital, Nairobi, Kenya	Evaluation Report	English	SO II: Quality
Kenya	1998	Mkomani, Kenya: Dual Methods Use and Male Involvement Study*	Evaluation Report	English	SO I: Accessibility
Kenya	1998	Mkomani Clinic Society Family Planning and Reproductive Health Services Project Evaluation	Evaluation Report	English	SO I and III: Accessibility and Capacity
Kenya	1998	Process Evaluation and Post-Training Follow-Up of Urban Reproductive Health Initiative in Kenya	Process Evaluation	English	SO II: Quality
Kenya	1998	Rapid Assessment of Four Nairobi City Commission Service Delivery Units*	Rapid Assessment	English	SO II: Quality
Kenya	1998	Quality Improvement Medical Monitoring of Emergency Contraception	Technical Report	English	SO II: Quality
Kenya	1998	Diocese of Maseno West (CPK) Rural Family Planning and Community Based Health Care HIV/AIDS/STD Services Project Evaluation Report	Evaluation Report	English	SO III: Capacity
Kenya	1998	Project Evaluation Summary Report: ARO MYWO MCH/FP CBD Project Geographic Impact Study	Impact Study	English	SO I: Accessibility
Kenya	1998	ACK Eldoret FP Services Project, Kenya, Micro Survey*	Micro Survey	English	SO I: Accessibility
Kenya	1998	Summative Evaluation of Rural Family Planning and Community-Based Health Care Project *	Summative Evaluation	English	SO I: Accessibility
Kenya	1998	Impact Evaluation of Kenyatta National Hospital High Risk Clinic for Young Women	Impact Study	English	SO II: Quality
Kenya	1998	Mkomani Clinic Society, Clinic and Community-Based (CBD) Family Planning Services Project Catchment Area Survey Report	Evaluation Report	English	SO I: Accessibility
Kenya	1998	The Dynamics of Contraceptive Use among Kenyan Women: Results of a 1996 Geographic Area Impact Survey	Evaluation Report	English	SO II: Quality
Kenya	1998	Baseline study for Family Planning Services Project, Diocese of Eldoret (ACK)*	Baseline Survey	English	SO I: Accessibility
Kenya	1998	Summary Report of the Urban Initiative in Kenya: Process Evaluation and Post-Training Follow-Up	Summative Evaluation	English	SO II: Quality
Kenya	1999	Summative Evaluation of Mkomani Clinic Society Family Planning and Reproductive Health Services Project*	Summative Evaluation	English	SO I: Accessibility
Kenya	1999	End of Project Evaluation, Mkomani Clinic Society FP Services Project in Kenya	Special Study	English	SO I: Accessibility

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Country	FY	Title	Document Type	Language	SO
Kenya	2000	Assessment of Continuity of Contraceptive Use	Evaluation Report	English	SO II: Quality
Kenya	2000	Evaluation on Provider Training Impact and QOC	Evaluation Report	English	SO II: Quality
Kenya	2000	Baseline Study on Urban Initiative	Baseline Study	English	SO II: Quality
Kenya	2000	Evaluation of STD/HIV-AIDS Integration	Evaluation Report	English	SO II: Quality
Nigeria	2000	Evaluation of Institutional Development Efforts	Evaluation Report	English	SO III: Capacity
Nigeria	1993	Benue State Client Tracking; Follow-Up Survey on Defaulters	Evaluation Report	English	SO II: Quality
Nigeria	1995	Pathfinder's Proposed Nigeria Country Program Strategy	Concept Paper	English	SO I: Accessibility
Nigeria	1996	Planned Parenthood Association of Nigeria (PPFN): Needs for Service Enhancement in Four Northern States*	Needs Assessment	English	SO I: Accessibility
Sierra Leone	1994	Planned Parenthood Association of Sierra Leone Private Sector Family Planning Project: Summative Evaluation	Evaluation Report	English	SO I: Accessibility
South Africa	1997	PPSA Needs Assessment Report*	Needs Assessment	English	SO III: Capacity
Swaziland	1995	A Cost Study of Family Planning and Non-Family Planning Activities Provided by the Family Life Association of Swaziland	Cost-Effectiveness Study	English	SO III: Capacity
Tanzania	1993	Expansion of Family Planning in Tanzania: Strategy for a National Planning CBD Program	Concept Paper	English	SO I: Accessibility
Tanzania	1993	Tanzania FP Private Sector Needs Assessment	Needs Assessment	English	SO I: Accessibility
Tanzania	1994	Assessment of Pathfinder-Supported CBD Projects in Tanzania	Evaluation Report	English	SO I: Accessibility
Tanzania	1994	Adolescent KAP Study	KAP Study	English	SO I: Accessibility
Tanzania	1994	Baseline Survey Knowledge, Attitudes, and Practices of Reproductive Health, Family Planning, and Use of Institutional Health Services at University of Dar es Salaam and the National Service, Tanzania	Baseline Survey	English	SO I: Accessibility
Tanzania	1995	Tanzania Seventh Day Adventist Church Health Services and Family Planning Project: Catchment Area Survey Report*	Catchment Area Survey	English	SO I: Accessibility
Tanzania	1997	Report: Process Evaluation of the SDA Clinic and CBD Project	Process Evaluation	English	SO I: Accessibility
Tanzania	1997	Final Evaluation of the Umati Rural CBD Project in Tanzania	Evaluation Report	English	SO I: Accessibility
Tanzania	1997	Evaluation of the Pathfinder/UMATI Peer Counselor Project University of Dar es Salaam	Evaluation Report	English	SO II: Quality
Tanzania	2000	Evaluation of Provider Training and QOC: Client Satisfaction Survey*	Evaluation Report	English	SO II: Quality
Tanzania	2000	Baseline Study on Urban Initiative	Baseline Study	English	SO II: Quality
Tanzania	2000	Baseline Follow-Up on Urban Initiative	Evaluation Report	English	SO II: Quality

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Country	FY	Title	Document Type	Language	SO
Uganda	1993	East Ankole Family Planning Services Project - CBD Catchment Area Survey Report	Catchment Area Survey	English	SO I: Accessibility
Uganda	1995	Busoga Diocese of the Church of Uganda Family Life Education Project (FLEP) End of Project Evaluation Report	Evaluation Report	English	SO I: Accessibility
Uganda	1996	Busoga Diocese of the Church of Uganda Family Life Education Project (FLEP) Evaluation Report	Evaluation Report	English	SO I: Accessibility
Uganda	1997	Uganda Delivery of Improved Services for Health Evaluation Survey	Evaluation Report	English	SO II: Quality
Uganda	1997	Evaluation of the Busoga and East Ankole Diocese Community Family Planning Projects	Evaluation Report	English	SO I: Accessibility
Uganda	1999	Reproductive Health Services and Sustainability in Rural Uganda: The Family Education Program*	Special Study	English	SO III: Capacity
Uganda	2000	Evaluation on Provider Training and QOC	Evaluation Report	English	SO II: Quality
Uganda	2000	Assessment of Continuity of Contraceptive Use	Evaluation Report	English	SO II: Quality
Zambia	1996	Regional Family Planning Support Project: End of Project Assessment Report	Evaluation Report	English	SO I: Accessibility
Asia/Near East					
Bangladesh	1993	Family Planning Quality of Care in Asia	Special Study	English	SO II: Quality
Bangladesh	1994	Management Needs Assessment Tool	Technical Paper	English	SO III: Capacity
Bangladesh	1995	Quality of Care Indicators: Results of the Pilot Test	Technical Paper	English	SO II: Quality
Bangladesh	1996	Cost-Effectiveness of Full-Time vs Part-Time Field Workers in NGO CBD System in Bangladesh	Cost-Effectiveness Study	English	SO III: Capacity
Bangladesh	1996	Sustainability of FP-MCH Program of NGOs in Bangladesh	Occasional Paper	English	SO III: Capacity
Bangladesh	1996	A Study on Family Planning NGO Sustainability Efforts in Bangladesh	Occasional Paper	English	SO III: Capacity
Indonesia	1995	Evaluation of the Referral Pharmacy System and Village Contraceptive Post Programs in East Java-Surabaya	Evaluation Report	English	SO II: Quality
Indonesia	1995	Studi Peran Tokoh Inforamal Dalam Gerakan Keluarga Berencana Nasional Di Jawa Timur*	Survey Report	Indonesian	SO II: Quality
Indonesia	1995	Survey Khalayak Untuk Penge Mbanan kie-Mkej di Propinsi Jawa Timur*	Survey Report	Indonesian	SO II: Quality
Indonesia	1995	An Evaluation Study for PKBT's Comprehensive Clinic in Lanjung*	Evaluation Report	Indonesian	SO II: Quality
Indonesia	1995	Laporan Hasil Penelitian Studi Operasional Kemandirian kb Mkjp Melalui Pengembangan pkb-rt/rw di Kabupaten Pekalongan dan Rembang*	Survey Report	Indonesian	SO II: Quality
Indonesia	1996	Bab VIII Kesimpulan, Implikasi Program dan Saran*	Special Report	Indonesian	SO II: Quality
Indonesia	1996	Rangkuman Pokok-Pokok hasil Penelitian Sebagai "Ringkasan Eksekutif"*	Special Report	Indonesian	SO II: Quality

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Country	FY	Title	Document Type	Language	SO
Indonesia	1996	Faktor-Faktor Mempengaruhi Variasi Pencapaian Penggunaan Kontrasepsi Efekrif di Propinsi Sumatera Selatan*	Special Report	Indonesian	SO II: Quality
Indonesia	1996	Studi Evaluasi Klinik Wisma kb Terpadu- Wkbt Pkbi Bandar Lampung Ikatan Ahli Kesehatan Masyarakat Indonesia Labang Lampung*	Special Report	Indonesian	SO II: Quality
Indonesia	1996	Revisi - Laporan Penelitian - Pengembangan Model Pelayan kb - Kesehatan di Kawasan Industri Dengan Memanfaatkan dokter Pasca-Pitt*	Special Report	Indonesian	SO II: Quality
Indonesia	1997	Penelitian Data Sasar Untuk Meningkatkan Pemakaian dan Pelayan kb di 7 Propinsi*	Evaluation Report	Indonesian	SO II: Quality
Indonesia	1997	Baseline Survey in Seven Provinces in Order to Expand the Using and Services of Family Planning Program	Baseline Survey	English	SO II: Quality
Indonesia	1998	Indonesia Baseline Young Adult Reproductive Welfare Survey, 1998/99: Weighted Tabulations, Marital Status	Baseline Survey	English	SO I and II: Accessibility and Quality
Indonesia	1998	Indonesia Baseline Young Adult Reproductive Welfare Survey, 1998/99: Weighted Tabulations, Gender	Baseline Survey	English	SO I and II: Accessibility and Quality
Indonesia	1998	Literature Review: Adolescent Reproductive Health in Indonesia	Literature Review	English	SO I: Accessibility
Indonesia	1998	1998/99 Indonesia Young Adult Reproductive Welfare Survey (RRS): English Executive Summary	Evaluation Report	English	SO I: Accessibility
Indonesia	1999	Evaluation of Impact of IEC Materials*	Evaluation Report	English	SO I: Accessibility
Indonesia	1999	Follow-Up System of the Quality of Services*	Evaluation Report	English	SO II: Quality
Indonesia	1999	Study on the Quality of Family Planning Services*	Evaluation Report	English	SO II: Quality
Indonesia	1999	Information System for the Crisis Management, Coordination, and Response Unit	Concept Paper	English	SO III: Capacity
Indonesia	1999	Telephone Survey on Reproductive Health Policies and Reproductive Rights*	Evaluation Report	English	SO III: Capacity
Indonesia	1999	Service Delivery Expansion Support: Expanding Family Planning Services in Indonesia, Report of Achievements 1994-1997	Evaluation Report	English	SO I: Accessibility
Indonesia	2000	Service Delivery Expansion Support Project Evaluation: Summary Report	Evaluation Report	English	SO I: Accessibility
Indonesia	2000	Key Findings: Service Delivery Expansion Support Project Evaluation	Evaluation Report	English	SO I: Accessibility
Indonesia	2000	Output/Impact Assessment Study: Service Delivery Expansions Support Project Evaluation	Evaluation Report	English	SO I: Accessibility
Indonesia	2000	Quality Assessment Study: Service Delivery Expansion Support Project Evaluation	Evaluation Report	English	SO II: Quality
Indonesia	2000	Management Effectiveness Study: Service Delivery Expansion Support Project Evaluation	Evaluation Report	English	SO III: Capacity
Indonesia	2000	Cost and Sustainability Analysis: Service Delivery Expansion Support Project Evaluation	Evaluation Report	English	SO III: Capacity
Indonesia	2000	Operations Research Study: Service Delivery Expansion Support Project Evaluation	Evaluation Report	English	SO I: Accessibility
Jordan	1994	Jordan Marketing of Birth Spacing Project: A Follow-up Evaluation of the Clinical Training	Evaluation Report	English	SO II: Quality

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Country	FY	Title	Document Type	Language	SO
Jordan	1995	Jordanian Women's Understanding of the Use of Modern Contraceptive Methods	Special Study	English	SO I: Accessibility
Jordan	1995	Follow-Up Evaluation of the Jordan Marketing of Birth Spacing Counseling TOT	Evaluation Report	English	SO I: Accessibility
Jordan	1996	Jordan, Marketing of Birth Spacing Project: Training Component, A Final Evaluation Report	Evaluation Report	English	SO I: Accessibility
Jordan	1997	Community Attitudes Toward Maternal Child Health Care and Birth Spacing in Jordan	Special Study	English	SO I: Accessibility
Jordan	1997	Communication Resources in Jordan for Maternal and Child Health: An Overview of Private Sector Capabilities in Jordan	Evaluation Report	English	SO I: Accessibility
Jordan	1997	Print and Audio/Visual Needs Assessment for Jordan's Comprehensive Postpartum (CPP) Project	Document	English	SO I: Accessibility
Jordan	1998	Comprehensive Postpartum Project Rumors and Misinformation Study: Qualitative Research	Special Study	English	SO I: Accessibility
Jordan	1999	Quality Assurance Baseline Study of CPP Centers	Evaluation Report	English	SO II: Quality
Jordan	1998	Comprehensive Postpartum Project Client Satisfaction Study Report	Evaluation Report	English	SO II: Quality
Pakistan	1993	Overall Programme Evaluation of Projects and Activities funded by Pathfinder International, Pakistan 1986-1992	Evaluation Report	English	SO I: Accessibility
Pakistan	1993	Study of Contraceptive Non-Use in Pakistan	Special Study	English	SO I: Accessibility
Pakistan	1998	Internal Assessment of Pathfinder Executed Six Sub-Projects in Pakistan	Evaluation Report	English	SO I: Accessibility
Turkey	1993	Vasectomy: An Acceptable Method in Turkey	Special Study	English	SO I: Accessibility
Turkey	1994	Study Design for a Community Based Service Study in Izmar and Gaziantep, Turkey	Technical Paper	English	SO I: Accessibility
Turkey	1994	Foundation Community-Based Services Project	Evaluation Report	English	SO I: Accessibility
Turkey	1995	Agreement between the European Community and Family Planning Association of Turkey and Pathfinder International Jointly	Document	English	SO I: Accessibility
Turkey	1995	Evaluation of CBS Program in Turkey	Evaluation Report	English	SO I: Accessibility
Turkey	1995	Community-Based Family Planning Services in Turkey	Evaluation Report	English	SO I: Accessibility
Turkey	1997	A Cost-Effectiveness Analysis of the Community-Based Planning Services Project in Izmar, Turkey	Cost-Effectiveness Study	English	SO III: Capacity
Latin America/Caribbean					
Latin America & Caribbean	1995	Regional Motivation Seminars on Treatment of Incomplete Abortions: Evaluation of Three Scientific Meetings (IPAS, Pathfinder International, and Movimiento Manuela Ramos)	Special Study	English	SO II: Quality
Latin America & Caribbean	1995	Planificacion Familiar y Salud	Document	Spanish	SO II: Quality
Latin America & Caribbean	1995	A guide for Post-Partum and Post-Abortion IUD Services	Document	English	SO II: Quality

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Country	FY	Title	Document Type	Language	SO
Latin America & Caribbean	1999	Abortion Policy and Practice in Latin America and the Caribbean: A Review with Annotated Bibliography	Special Study	English	SO II: Quality
Bolivia	1996	Commodity Monitoring Tool (CMT) An Information System to Manage Contraceptive Supplies for USAID/Bolivia	Technical Paper	English	SO III: Capacity
Bolivia	1994	Cost-Effectiveness Study of Projects in Bolivia	Cost-Effectiveness Study	Spanish	SO III: Capacity
Bolivia	1994	Perfil de las Usuaris y de las no Usuaris de Servicios de Salud de Caja Nacional de Salud	Special Study	Spanish	SO I: Accessibility
Bolivia	1995	Adolescent Health Services Project Evaluation at Fundacion San Gabriel in La Paz, Bolivia	Evaluation Report	English	SO I: Accessibility
Bolivia	1995	Evaluacion de los Servicios de Salud Para Adolescentes	Evaluation Report	Spanish	SO I: Accessibility
Bolivia	1995	Evaluacion Global del Apoyo de Pathfinder a CIES	Evaluation Report	Spanish	SO I: Accessibility
Bolivia	1996	Commodity Monitoring Tool (CMT): An Informal System to Manage Contraceptive Supplies for USAID/Bolivia	Concept Paper	English	SO II: Quality
Bolivia	2000	Evaluation of the Cost-Effectiveness of Post-Abortion Interventions in Four Hospitals	Evaluation Report	Spanish	SO I: Accessibility
Bolivia	2000	Evaluation on Provider Training and QOC	Evaluation Report	Spanish	SO II: Quality
Bolivia	2000	Evaluation of Social Marketing Follow-Up Training	Evaluation Report	Spanish	SO II: Quality
Brazil	1994	Sistema de Monitoreo e Avaliacao Continuous (SISMAC) an Executive Information System Designed to Monitor Family Planning Activities	Concept Paper	English	SO III: Capacity
Brazil	1996	The Practice of Induced Abortion among Low-Income Populations in Rio De Janeiro: Perspectives of Clients and Health-Care Providers	Technical Report	English	SO II: Quality
Brazil	2000	Evaluation of STD/HIV-AIDS Integration	Evaluation Report	Spanish	SO II: Quality
Ecuador	1993	Final Report: Workshop on Evaluation of Family Planning Programs, October 5-9, 1992, in Quito, Ecuador. CEMOPLAF	Technical Paper	English	SO I: Accessibility
Ecuador	1993	Voluntary Surgical Sterilization in Ecuador: The Experience of the Medical Center for Orientation and Family Planning (CEMOPLAF)	Evaluation Report	English	SO I: Accessibility
Ecuador	1993	Documentacion del Impacto, Aceptacion, Costo-Effectividad y Sustentabilidad del Servicio de Anticoncepcion Quirurgica Voluntaria en el Ecuador	Evaluation Report	Spanish	SO III: Capacity
Ecuador	1993	Informe Final: Taller de Evaluacion de Programas de Planificacion Familiar	Evaluation Report	Spanish	SO I: Accessibility
Ecuador	1998	Proyecto de Introduccion de Anticoncepcion Oral de Emergencia en el Ecuador: Estudio de Evaluacion	Evaluation Report	Spanish	SO II: Quality
Ecuador	1998	Proyecto de Introduccion de Anticoncepcion Oral de Emergencia en el Ecuador	Evaluation Report	Spanish	SO II: Quality
Ecuador	1999	Access to Reproductive and Sexual Health Services: Crucial Route for Adolescents	Evaluation Report	Spanish	SO I: Accessibility
Ecuador	2000	An Assessment of ECP Program in Ecuador	Evaluation Report	Spanish	SO II: Quality
Mexico	1994	Estimaciones Programaticas para Areas Geograficas Pequeñas: Informe del Proyecto	Technical Paper	Spanish	SO I: Accessibility

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Country	FY	Title	Document Type	Language	SO
Mexico	1994	Informe de Avances del Estudio Cualitativo sobre Comportamiento Reproductivo y Dinamica Comunicacional	Occasional Paper	Spanish	SO I: Accessibility
Mexico	1995	Encuesta de Salud Reproductiva en el Estado de Chiapas	Survey	Spanish	SO II: Quality
Mexico	1996	Programa de Extension de las Acciones de Salud Reproductiva a Areas Urbano-Margindas	Baseline Survey	Spanish	SO I: Accessibility
Mexico	1996	Mexico Family Planning Information: Service Delivery Expansion Support (SDES) Baseline	Evaluation Report	English	SO I: Accessibility
Mexico	1996	Mexico Family Planning Information: Service Delivery Expansion Support (SDES) Mid-term Data	Evaluation	English	SO I: Accessibility
Mexico	1996	Base de Datos-Encuesta de Comunicacion Familiar	Baseline Survey	Spanish	SO I: Accessibility
Mexico	1997	Diagnostico para la Elaboracion de un Programa de Salud Reproductiva para Adolescentes Rurales	Baseline Survey	Spanish	SO I: Accessibility
Mexico	1997	Diagnostico Operativo del Sistema Logistico de Productos Anticonceptivos del IMSS	Technical Paper	Spanish	SO III: Capacity
Mexico	1997	Family Planning Services at the Mexican Ministry of Health: Current Costs and Future Considerations	Special Study	English	SO I: Accessibility
Mexico	1997	Geographic Impact Survey Report	Impact Study	English	SO I: Accessibility
Mexico	1998	Reproductive Preferences and the Value of Children	Special Study	English	SO I: Accessibility
Mexico	1999	Training Program in Comprehensive Reproductive Health for Providers of Health Centers and Health Posts	Occasional Paper	Spanish	SO II: Quality
Mexico	1999	Evaluation of Informaiton, Education, and Communication Materials (IEC) Qulitative Study, Final Report	Evaluation Report	Spanish	SO I: Accessibility
Mexico	1999	Comparative Study of IUD Service Delivery by Rural Traditional Birth Assistants (TBAs) and Providers of Health Facilities	Evaluation Report	Spanish	SO II: Quality
Mexico	1999	Analysis of Reproductive Health Training Activities with Providers in Hospitals and Rural Medical Units of IMSS -Solidarity*	Evaluation Report	Spanish	SO I: Accessibility
Mexico	1999	IEC Material Inventory	Technical Report	Spanish	SO I: Accessibility
Mexico	1999	Diagnostic for the Development of a Reproductive Health Program for Adolescents in Rural Areas	Technical Report	Spanish	SO I and II: Accessibility and Quality
Mexico	1999	Current Regulations for the Practice of Cesarean Section in IMSS*	Technical Report	Spanish	SO I: Accessibility
Mexico	1999	Expansion Program for Reproductive Health Actions in Peri-Urban Areas	Technical Report	Spanish	SO I: Accessibility
Mexico	1999	Evaluation of Surgical Campaigns in Hospitals and Rural Health Facilities of IMSS	Evaluation Report	Spanish	SO I: Accessibility
Mexico	1999	Consultant's Report for the Completion of a Field Study: Executive Summary*	Summative Evaluation	Spanish	SO I: Accessibility
Mexico	1999	Strategy: Youth Today, A Perpetual Commitment	Concept Paper	Spanish	SO I: Accessibility
Mexico	1999	Documentaiton of Two IMSS Service Delivery Strategies in Rural Areas*	Technical Report	Spanish	SO I: Accessibility
Mexico	1999	Survey on Reproductive Health of the Insured Population (Covered by the Social Security Institute)	Evaluation Report	Spanish	SO I: Accessibility

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Mexico	1999	Comparative Study on IUD Service Delivery for Rural Midwives and Institutional Personnel	Evaluation Report	English	SO II: Quality
Mexico	1999	Rural Midwives Participation in Family Planning and Reproductive Health Activities	Document	English	SO I: Accessibility
Mexico	1999	Training Documentation to Service Providers from Rural Areas	Document	English	SO II: Quality
Mexico	1999	Research on Indications for Caesarian Operation in IMSS Hospitals Units	Special Paper	English	SO II: Quality
Mexico	1999	Acceptance of Vasectomy without Bistoury in the Rural Population	Document	English	SO I: Accessibility
Mexico	1999	Study of IUD Continuity	Technical Report	English	SO II: Quality
Mexico	1999	Rural Adolescent Pregnancy	Document	English	SO II: Quality
Mexico	1999	Evaluation of Surgical Sessions	Evaluation Report	English	SO II: Quality
Mexico	1999	National Reproductive Health Survey (ENSARE)	Baseline Report	English	SO I: Accessibility
Mexico	1999	Evaluation of Logistic System of Contraceptive Products at IMSS	Technical Paper	English	SO I: Accessibility
Mexico	1999	Ser Joven Hoy, Compromiso de Siempre	Document	Spanish	SO I: Accessibility
Mexico	1999	Follow-Up Study on Cases of Violation of Reproductive Rights (CONAMED, CNDH)	Evaluation Report	English	SO I: Accessibility
Mexico	1999	IMSS-PRIME	Document	English	SO I: Accessibility
Mexico	1999	Adolescent Attention Program in Rural Areas	Document	English	SO I: Accessibility
Mexico	1999	Agreements Strategy Manual	Document	English	SO I: Accessibility
Mexico	1999	Evaluation Survey on Communication Campaign in Family Planning	Evaluation Report	English	SO I: Accessibility
Mexico	1999	Urban-Marginal Areas Program	Document	English	SO I: Accessibility
Mexico	1999	Documentaition of Two IMSS Service Delivery Strategies in Rural Areas	Technical Report	Spanish	SO I: Accessibility
Mexico		Manual de Concertaciones	Document	Spanish	SO I: Accessibility
Peru	1993	DIU Post-Parto en Hospitales del Ministerio de Salud	Evaluation Report	Spanish	SO I: Accessibility
Peru	1993	Resumen de la Evaluacion del Proyecto: "Capacitación en Sexualidad y Planificación Familiar a Profesores de Educación de Adultos"	Evaluation Report	Spanish	SO I: Accessibility
Peru	1993	Postpartum IUD Insertion: Experiences in Nine Hospitals in Peru	Case Study	English	SO I: Accessibility
Peru	1994	Family Planning Services through 22 Municipalities and Referral System to VSC Program (Summative Evaluation of INPPARES)	Evaluation Report	English	SO I: Accessibility
Peru	1995	Induced Abortion: A Study of Cases in Lima	Special Study	English	SO II: Quality
Peru	1995	Evaluacion de Programas de Salud Reproductiva Para Adolescentes en el Peru	Evaluation Report	Spanish	SO I: Accessibility
Peru	1995	Pathfinder Strategy for Peru	Concept Paper	English	SO I: Accessibility

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Peru	1995	Encuesta Para Asegurados y Beneficiarios de los Servicios del IPSS-Cajamarca	Needs Assessment	Spanish	SO I: Accessibility
Peru	1995	A Guide for Postpartum and Postabortion IUD Services	Technical Paper	English	SO I: Accessibility
Peru	1996	Ministry of Health Postpartum and Postabortion Family Planning Baseline Study	Baseline Survey	Spanish	SO I: Accessibility
Peru	1996	Necesidades de Salud Reproductiva de la Poblacion Rural del Callejon de Huaylas: Principales Resultados	Special Study	Spanish	SO I: Accessibility
Peru	1996	Tratamiento del Aborto Incompleto: Aspiracion Manual Endouterina versus Legrado Uterino en el Instituto Materno Perinatal de Lima, Peru	Special Study	Spanish	SO I: Accessibility
Peru	1997	Demographic Impact Evaluation of Two Family Planning Projects in Ferrenafe	Evaluation Report	English	SO I: Accessibility
Peru	1997	The Impact of Two Family Planning Projects Operated by Two NGOs in Ferrenafe, Peru	Evaluation Report	Spanish	SO I: Accessibility
Peru	1997	Evaluation of Clinical Training in Postpartum and Postabortion Contraception in Peru	Evaluation Report	Spanish	SO I: Accessibility
Peru	1997	Clinical Training Evaluation: Postpartum and Postabortion Contraception	Evaluation Report	Spanish	SO I: Accessibility
Peru	1998	The Current State of Post-Abortion Care: MVA, Counseling, and Post-Abortion Care Counseling*	Technical Report	Spanish	SO II: Quality
Peru	1998	Reproductive Health Beliefs, Practices, and Needs of Women from the Rural Andes Callejon de Huaylas, Peru*	Special Study	English	SO I: Accessibility
Peru	1998	Mejorando la Atencion Integral del Aborto Incompleto en Hospitales del Sector Publico en el Peru: Evaluacion de la Capacitacion en Atencion Integral del Aborto Incompleto, incluyendo Orientacion en Anticoncepcion Postaborto	Evaluation Report	Spanish	SO I: Accessibility
Peru	1998	Reproductive Health Beliefs, Practices, and Needs of Women from the Rural Andes - Callejon de Huaylas, Peru	Evaluation Report	English	SO I: Accessibility
Peru	1998	Improving Postabortion Care in Peru*	Evaluation Report	Spanish	SO II: Quality
Peru	1999	Improving Communication Skills for Adolescent Counseling in Reproductive and Sexual Health: Evaluation of Service Provider Training*	Evaluation Report	Spanish	SO II: Quality
Peru	1999	Evaluation on the Impact of Family Life Education Program for High School Students*	Evaluation Report	Spanish	SO I: Accessibility
Peru	1999	Study on Adolescent Perceptions of Sexuality and RH*	Evaluation Report	Spanish	SO II: Quality
Peru	1999	Evaluation of Impact of Communication Skills Training*	Evaluation Report	Spanish	SO II: Quality
Peru	1999	KAP Survey of Adolescent Sexuality*	KAP Study	Spanish	SO I: Accessibility
Peru	1999	National Program of Sexuality Education by the Ministry of Education: Evaluation Results 1996-1998. Baseline results 1999-2002*	Baseline Survey	Spanish	SO I: Accessibility
Peru	2000	Assessment in Five Hospitals and Five Health Centers on the Status of Incomplete Abortion Services Being Provided as Part of the Expansion of the PAC Project in Peru*	Evaluation Report	Spanish	SO I: Accessibility
Peru	2000	Evaluation on Provider Training and QOC	Evaluation Report	Spanish	SO II: Quality

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Global					
Global	1993	Clothing the Emperor: Seeing and Meeting the Reproductive Health Needs of Youth (Lessons Learned for Pathfinder's Adolescent Fertility Programs)	Concept Paper	English	SO I: Accessibility
Global	1993	Addressing the Consequences of Unsafe Induced Abortion: A Program Strategy for improving the Health of Women	Concept Paper	English	SO II: Quality
Global	1994	A Team Approach for Supervision	Concept Paper	English	SO III: Capacity
Global	1994	History of Efforts to Address the Problem of Unsafe Abortion 1973-1993	Special Study	English	SO II: Quality
Global	1995	Emergency Contraceptive Pills: New Service Delivery Projects	Concept Paper	English	SO III: Capacity
Global	1995	Evaluation Framework and Management Guidelines for Family Planning Organizations	Concept Paper	English	SO III: Capacity
Global	1995	Pathfinder International Asia and Near East Country Strategies	Concept Paper	English	SO I: Accessibility
Global	1995	Evaluation of the Pathfinder International Family Planning Services Project	Evaluation Report	English	SO I: Accessibility
Global	1995	Female Sterilization: A Guide to Provision of Services	Technical Paper	English	SO II: Quality
Global	1996	DMPA Injectable Contraceptive	Technical Paper	English, Russian & Spanish	SO II: Quality
Global	1996	Review of Pathfinder Young Adult Programs	Occasional Paper	English	SO I: Accessibility
Global	1996	United Nations Population Award: Speech by Daniel E. Pellegroni	Special Paper	English	SO I: Accessibility
Global	1997	Lactational Amenorrhea and Breastfeeding Support	Technical Paper	English, Russian & French	SO II: Quality
Global	1997	Intrauterine Devices	Technical Paper	English, Russian & Spanish	SO II: Quality
Global	1997	Health Facility and Key Elements: Evaluation Findings, Lessons Learned, and Future Research Needs for Young Adults	Special Study	English	SO I: Accessibility
Global	1997	Reproductive Health Outreach Programs for Young Adults	Special Study	English	SO I: Accessibility
Global	1997	Introduction to Family Planning and the Health of Women and Children and an Overview of Family	Special Report	English, Russian, French & Spanish	SO I: Accessibility
Global	1997	Emergency Contraceptive Pills (ECPs)	Technical Paper	English, Russian & Spanish	SO II: Quality
Global	1997	Training of Trainers	Document	English, Russian & French	SO II: Quality
Global	1997	Infection Prevention/Housekeeping	Document	English, French & Spanish	SO II: Quality

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Global	1998	Condoms and Spermicides	Technical Paper	English, Russian, French & Spanish	SO II: Quality
Global	1998	Insights in Adolescent Project Experience 1992-1997	Special Report	English	SO I: Accessibility
Global	1998	Postpartum/Postabortion Contraception	Technical Paper	English, Russian, French & Spanish	SO II: Quality
Global	1998	Counseling	Technical Paper	English, Russian, French & Spanish	SO II: Quality
Global	1999	An Evaluation Framework for Integrated Population and Environment Projects	Special Study	English	SO I: Accessibility
Global	1999	Combined Oral Contraceptives (COCs) and Progestin-Only Pills (POPs)	Technical Paper	English & Russian	SO II: Quality
Global	2000	MVA for Treatment of Incomplete Abortion	Technical Paper	English	SO II: Quality
Global	2000	Prevention and Management of Reproductive Tract Infections (RTIs) in Reproductive Health Settings	Document	English	SO II: Quality
Global	2000	Pathpapers: Pathfinder's Community-Based Projects Address Barriers to Reproductive Health Services	Special Study	English	SO I: Accessibility