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Assessment: FRONTIERS small grants program

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Population Council/Senegal

Trained midwife receiving MVA certificate from PAC clinical trainers
(Small grant to EngenderHealth and CEFOREP, Senegal)

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EXECUTIVE SUMMARY

This report reviews the Small Grants Program (SGP) implemented by FRONTIERS. It assesses the SGP's areas of achievements, challenges, and explores the feasibility of using this approach to build capacity in Operations Research (OR). It provides ideas for implementing a successful SGP that can deliver high quality, relevant, and timely information for program design.

Summary of Findings

This was the first time USAID included an SGP for new grantees as part of the mandate of an OR contract or cooperative agreement. FRONTIERS staff and USAID envisaged an SGP model that would rely on low amounts of technical assistance and thus be economical. The grants program was not meant to be a capacity building strategy, but rather, it was intended to enrich the global research agenda.

FRONTIERS provided little to no technical assistance (TA) which did not require a great deal of funding; but it did create unanticipated consequences in terms of the quality of research and the final product. In general, the FRONTIERS SGP experience is in line with other organizations in terms of the grantees' need for structured TA and training in proposal writing, analysis and dissemination. It was found that if grantees do not receive training, TA, and program monitoring and evaluation it is difficult to build an organization's capacity and/or to conduct OR. If an organization's goal is to build OR capacity with small grants then a structured mechanism must be developed with adequate resources, staff, and training to facilitate capacity building.

In addition to the achievements and challenges highlighted below, the assessment reviewed small grants programs managed and implemented by Constella Futures, Interagency Gender Working Group, Population Council, and the World Health Organization. In general, it was found that these small grant programs reaped numerous benefits by giving international and national organizations funds to implement programs, interventions, and research that could build an organization's capacity. In addition, these programs created more work than the program managers anticipated. All of the programs were management-intensive and required full-time staff to ensure that the grants were properly managed.

Areas of Achievement: FRONTIERS Experience

Despite the allocation of little to no staff technical assistance, the SGP was seen as an important mechanism for reaching organizations and countries where FRONTIERS had not worked before and to give FRONTIERS the flexibility to support innovative OR.

- FRONTIERS SGP focused on three of USAID's global strategic objectives and research priorities, and in doing so, was able to advance those objectives and priorities.

- The Program provided FRONTIERS an opportunity to develop new partnerships and collaborations in new countries and with new organizations.

- The SGP received a large volume of applications from diverse institutions across the globe.

- The program enabled some grantees to conduct OR for the first time. This research was related to in-country priorities and provided opportunities for testing and adopting new and unique approaches.

- The program helped some grantees continue their OR projects and helped others find alternative funding sources.

- The program used few resources by allocating little to no staff technical assistance.

- The program designed and implemented a well-organized selection process for grantees.

- The concept of the SGP was well-liked by FRONTIERS, Tulane staff, and grantees.

Program Challenges

The SGP was designed to be "hands off" and low on technical assistance. If the program had been designed differently it may have produced different results.

- Planned technical assistance and training of grantees by FRONTIERS staff was insufficient.

- Quality assurance was difficult to ensure in the program.

- Few publications were produced by the grantees.

- The program was able to fund only a small number of proposals of acceptable quality.

- Program monitoring to ensure the timely delivery of reports and findings was insufficient.

- The program produced little to no capacity building.

- Absenteeism and attrition rates with grantee staff were high.

Conclusions

Though capacity building was not an objective in the FRONTIERS SGP, it did produce some increased capacity after two years. As was found with other small grants programs, the FRONTIERS experience suggests that considerable resources are required to produce good quality research and final products. Program planners must have realistic expectations about results that can be achieved in terms of innovative research, perspectives, approaches, quality, and impact. Some ideas to further strengthen this approach are:

- Allocate resources to hire technical and managerial staff to manage, provide constant TA, and monitor the small grants program.

- Grantees should be trained in OR prior to application.

- Ensure grantees receive sufficient technical assistance from staff with expertise in OR.

- Create a systematic monitoring, evaluation, and dissemination plan for grantee projects.

- Team up with an academic institution for proposal review and grantee selection.

- Consider the following two small grants models to ensure creative and diverse OR:

    a. Target the small grants program to universities, research institutions, and national NGOs in developing countries.
    b. Offer small grants to international NGOs that have offices based in the United States.

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INTRODUCTION

The report is divided into four sections. The first section outlines the origins of the SGP, its goals and objectives, and program administration. The second section reviews the SGP's achievements and challenges. The third section describes the experiences of small grants programs implemented by other institutions and organizations such as Constella Futures, Interagency Gender Working Group (IGWG), World Health Organization (WHO), and the Population Council to provide a fuller description of other models followed in-country and the experience generated. The final section presents ideas to address identified areas of challenges of SGPs.

Key questions addressed in this evaluation are listed below:

- What are the resource requirements for successful implementation?
- What are some alternative models of small grants programs and what are the pros and cons of these programs?
- What is the feasibility of the small grants approach for capacity building in OR?

METHODS

The assessment was conducted by an outside consultant who collected information from a diverse set of sources to reflect different perspectives, triangulate the information, and cover a wide range of issues. The methodology entailed a desk review of all written materials associated with the implementation of the program; interviews with former staff members who managed the program; interviews with grantees located in the United States; and a review of other small grants programs implemented by Constella Futures, WHO, IGWG, and the Population Council. The data collection was qualitative with key themes and findings incorporated at various parts of the report by certain staff members and grantees associated with the SGP.

FRONTIERS SMALL GRANTS PROGRAM

The Frontiers in Reproductive Health Program (FRONTIERS) began as a partnership between the Population Council, Family Health International (FHI) and Tulane University School of Public Health and Tropical Medicine. FRONTIERS started in 1998, with the overarching mission of improving family planning and related reproductive health service delivery through OR. In addition to OR and technical assistance activities, FRONTIERS implemented a Small Grants Program, which began in 1998.

Program Objectives

The SGP was designed to complement the Operations Research activities that FRONTIERS undertook. The objective of the SGP was to target organizations in developing countries with significant experience and institutional support and to encourage them to conduct OR independently. For example, grantees might include research and training institutions, research NGOs, and service delivery NGOs in reproductive health. The goal was to expand global research by working with organizations and in countries that were not FRONTIERS partners or prior grantees. Topics of research would contribute and expand reproductive health research in areas such as emergency contraception, postpartum care, youth, quality of care, and secondary or meta analysis of interventions.

When FRONTIERS designed the SGP it was not meant to be a capacity building activity. Rather, it was intended to expand global research without a structured TA model. The program's main objectives and strategies were as follows:

Objective 1: Enrich the global research agenda with minimal technical assistance from the Council and its partners.

- Conduct original research;
- Give priority to proposals addressing global problems which were not addressed within the OR program;
- Promote a wider variety of organizations' perspectives and new research approaches; and
- Fund high quality research resulting in publications.

Objective 2: Introduce OR into social programs that contribute to reproductive health.

- Provide grants for OR in areas like girls education, micro-enterprises, legal rights, and prevention of violence; and
- Extend the use of OR beyond women's health problems.

Objective 3: Increase developing country and CA capacity to produce OR without TA.

- Provide successful research proposals with capacity building and dissemination activities; and
- Include active developing country and/or service delivery CA participation (and authorship) in the research, transfer of new skills, and results dissemination to developing country audiences.

SMALL GRANT PROGRAM ADMINISTRATION

The SGP was managed by Tulane University and by FRONTIERS staff in Washington, DC. Tulane University was responsible for managing the implementation of the SGP from 1998 until the end of the program in 2004. FRONTIERS Washington, DC staff were responsible for administering the grant funds, helping select proposals, offering advice on ways to improve the research proposal, instructing grantees on what was missing in their applications, providing minor technical assistance, and editing final reports.

At the start of the program, Tulane broadly disseminated a flyer and solicited proposals for the first round of selections. FRONTIERS and Tulane were hoping the SGP would attract proposals from universities and other established research organizations. All the organizations that responded to the call for proposals were given a fair and impartial review. The first phase consisted of a review team made up of Tulane faculty, external experts (chosen for their substantive expertise) and two senior staff members from the Population Council and the Director of FRONTIERS. This review team met at Tulane University to review the proposals and concept papers. Within the two-day meeting, a total of 43 proposals were reviewed and 82 concept papers were considered. Four proposals were selected, of which three needed further clarifications from the researchers.

In the second phase, Tulane decided that it needed a larger number of proposals and concept papers. It designed a new brochure announcing the second round of awards and solicited new proposals for submission. The review committee met to review these submissions.

Project proposals were funded according to the following criteria:

- A strong operations research design to test a family planning intervention;
- Clearly stated objectives;
- Sound scientific methodology, with a description of the sample size, control group, and experimental or quasi-experimental design;
- A detailed budget;
- Evidence of organizational capacity to conduct the study;
- A detailed timeline for activities; and
- A plan for disseminating the findings.

Over a two year period, 159 proposals were submitted from approximately 60 countries. In the end, the FRONTIERS review panel awarded a total of 12 small grants.

The initial RFA stated that FRONTIERS would award 18-20 grants, but with smaller amounts of funding. However, in the first year the quality of the proposals was not as high as expected. Consequently, FRONTIERS decided to award fewer grants for larger amounts.

The average budget for each project was US$71,250 over a two year period. Most of the US-based grantees used the small grant funds to supplement their existing research projects. A majority of the international grantees used the full grant amount for the duration of the project. These projects were quite diverse and took place in Bangladesh, Bolivia, Cameroon, India, Indonesia, Kazakhstan, Nepal, Nigeria, Peru, Romania, and Senegal. Six of the projects were conducted in countries where FRONTIERS did not have any concurrent activities and eight of the organizations had no prior working experience with FRONTIERS. A few of the accepted proposals were from well-known and reputed international NGOs like IPAS, EngenderHealth, JSI, and JHU/CCP which had offices in the United States and in the developing world.

All grants received the same administrative treatment as other FRONTIERS projects in terms of monitoring the Mexico City Policy and other statutes including the Helms and Tiahrt amendments. Every grantee received a sub-grant document with relevant language on voluntary population planning requirements including the above statutes and were required to sign a Mexico City Policy certification. All grantees were monitored for compliance and treated similarly to other FRONTIERS projects.

PROGRAM ACHIEVEMENTS

Since the SGP ended in 2004, this is an opportune time to assess the program in its entirety. As was noted in the executive summary, the FRONTIERS SGP was not designed to build capacity, because it provided little to no TA. Nevertheless, the program was able to produce some measurable achievements, such as focusing on USAID's global strategic objectives and research priorities; exposing FRONTIERS to new countries and organizations; and helping certain grantees perform OR for the first time.

1. The SGP focused on three of USAID's global strategic objectives and research priorities, namely:

- Enrich the global research agenda with minimal technical assistance from FRONTIERS and its partners;
- Introduce OR into social programs that contribute to reproductive health; and
- Increase developing country and CA capacity to produce OR.

The grantee projects were quite broad in scope and addressed a range of reproductive health needs and services, including family planning; postabortion care; HIV; quality of care and sustainability of services; organization of services and programs through community-based outreach and community involvement; and models for serving underserved populations such as youth ***(see Appendix A)***.

2. The SGP exposed FRONTIERS staff to new countries and new organizations.

The program proved to be a good approach for FRONTIERS to solicit applications from organizations and institutions in different parts of the world that were interested in conducting OR. The program attracted grantees who were new to OR and who were

interested in the approach. Moreover, some applications came from countries where FRONTIERS had not worked before. For example, FRONTIERS provided small grants to organizations in Cameroon, Kazakhstan, Nigeria, and Romania for the first time.

According to a senior FRONTIERS staff interviewed:

> *"The program helped FRONTIERS expand its scope of work on new and diverse topics." She further added, "It did allow us to work in a number of countries that FRONTIERS would not have otherwise worked in—really not have worked in. For example, we gave grants to organizations in Kazakhstan, Romania, and Cameroon."*

3. The program received a large volume of applications.

A total of 159 research proposals and concept papers were received over the two year grant cycle. Tulane's attempts to offer the program to a large and diverse audience were successful. In-country FRONTIERS project offices also helped in soliciting and advertising for proposals. The large number of proposals that FRONTIERS received indicates that there is a genuine need and demand for these types of programs.

4. The program enabled some grantees to conduct OR for the first time. This research was related to in-country priorities and provided opportunities for testing and adopting new and unique approaches.

The grants awarded created a sense of ownership for some grantees and in some cases increased national collaboration among researchers and government officials, NGOs, service delivery organizations, and hospitals. Some projects were conceived locally by committed and enthusiastic organizations that worked directly with the beneficiary groups mentioned above. Research was directly related to in-country priorities and addressed relevant issues. This allowed researchers to take advantage of established relationships, which increased in-country ownership and community involvement. Some grantees were able to work with local and district level authorities to implement their research and to initiate and adopt new approaches and interventions. For example, one grantee was able to increase community participation and develop novel communication strategies aimed at reaching youth. In addition to the final reports, a number of grantees developed information, education, and communication (IEC) materials like pamphlets, radio programs, cartoons, comic books, and service delivery guidelines.

The grantees were able to utilize their OR results in many different ways. Some grantees collaborated with in-country authorities by expanding an intervention service or creating a new program that expanded upon their research. A few examples of the innovative projects that grantees implemented are communication based interventions to target the needs of adolescents in Peru and Nepal; an IEC intervention to reduce HIV/AIDS in Cameroon; and a breastfeeding intervention to expand the benefits of breastfeeding in Kazakhstan.

The impact of the grantees' work included contributions to the literature, documentation of innovative pilots and in one instance, citation as an USAID Best Practice. In general though impacts at the national health system level tended to be limited which is to be expected with the small grants mechanism.

Although building capacity was not an objective in the FRONTIERS SGP, there were some visible effects of capacity building after two years. For example, the two US grantees interviewed felt that the small grant built capacity for the national NGOs they were working with, although they believed that these NGOs could not have carried out the research without their assistance. According to FRONTIERS program staff,

> *"Not much capacity building was linked to this. In fact, many of our capacity building activities began well after these activities started. We didn't do a whole lot of capacity building at that time."*

5. The program helped some grantees continue their OR projects and others to find alternative funding sources.

The SGP helped grantees extend their research to a new sample size or add a new component to their study. For instance, Ipas evaluated the long-term changes brought by a 1997 OR study, and the Center for Information and Development of Women (CIDEM), Bolivia added a community involvement component to a WHO-sponsored quality improvement initiative.

All of the US-based grantees matched funding from their own sources to cover staff time, travel, and equipment or implementation of the intervention. As with most of the US-based grantees, overhead and salary costs were high so the FRONTIERS grant was considered small. Two grantees based in the United States noted that the national organizations they worked with could implement programs less expensively, but they were less likely to have the capacity to do so independently.

One grantee said,

> *"Unfortunately, we have much higher rates of overhead and costs associated with TA. As a result, the funds for the small grant was very small for what we are used to. I do believe that the funds would have been sufficient for the local NGO to implement the research. However that would be without my technical assistance."*

Another grantee based in the United States said she would like to apply for another small grant in the future but with a higher amount,

> *"(I would like to apply for a small grant in the future) preferably with a somewhat higher upper limit to allow for more US-based TA. While formal training courses can provide a good orientation, in my opinion collaborative research is the way to solidify new knowledge and capabilities."*

Almost all of the grantees were able to use alternative funding sources to support their studies. Some NGOs contributed their own resources or acquired external funding to expand activities outside of the proposal. Some of the grantees from smaller national organizations were more cost-efficient than the larger international organizations.

6. The SGP required fewer resources because it allocated little to no staff technical assistance.

The grants program was less resource intensive compared to other typical FRONTIERS research projects. The main reason for the lower costs was the exclusion of technical assistance.

According to FRONTIERS staff:

> *"USAID was looking at a different mechanism to potentially replace the higher cost technical assistance model. I think the services division at USAID felt that this was something all organizations could do and without technical assistance. One of the requirements of USAID was to not provide technical assistance. In a sense, they were looking for an alternative or complementary strategy."*

The whole program involved about 5 to 50 percent staff time from five FRONTIERS staff members. Tulane University was responsible for the management of this program, and as such, assigned a staff member to supervise the project. Once the grants were allotted, this staff person was responsible for providing limited assistance to the grantees. This staff member only conducted one-time site visits to the countries with an acute need for assistance, namely, Kazakhstan, Romania, and Cameroon. This limited technical assistance model was light on resources but resulted in unanticipated consequences on the quality of the research and its final product.

7. The program had a well-organized selection process for grantees.

As discussed above, the selection process for grantees was organized by Tulane University staff. The staff conducted three rounds of reviews over a two year period. According to FRONTIERS staff, the selection process was well-organized and efficient, and was conducted in a fair and impartial manner. The committee was comprised of academic experts in OR who had no trouble selecting grantees. The committee even advised grantees on ways to improve their proposals, and asked them to amend their initial proposals before they were submitted for final review. Two of the US-based grantees interviewed reiterated that the grant requirements were clearly defined and the process well organized.

8. The concept of the SGP was well-liked by FRONTIERS, Tulane Staff, and grantees.

At the end of the SGP, a majority of the FRONTIERS and Tulane staff who were involved with the program were satisfied and had a sense of accomplishment. They felt the program had merit and that it was important because it gave FRONTIERS the

flexibility to fund OR that they might not ordinarily fund in new settings with new partners and in new substantive areas.

According to a senior FRONTIERS staff interviewed:

> *"I liked this program—I liked the flexibility—I would hate to say don't allow anything that is not developed in this formal way—go to a country and look at the local, political, cultural context/policy that is how we often do this. We get USAID to tell us what they think and what their ministry thinks. It is a pretty finely honed process now. But through this program you can learn about some interesting person or organization that you didn't know about because you can't be everywhere—if an organization has an idea and they are able to demonstrate that they have the skills and can pull it off—then maybe you don't need such a formal process of reviewing, but it is true that we have been in certain places for so long that we tend to go to places that we know."*

PROGRAM CHALLENGES

1. The program allocated little to no technical assistance and training of grantees by FRONTIERS staff which proved to be insufficient.

Time allocation for staff members presented a challenge for FRONTIERS and Tulane staff managing the SGP. The program was intended to be a hands-off program, meaning that staff would not be continuously involved with the technical aspects of the grantees' proposals.

According to a senior FRONTIERS staff interviewed:

> *"Unlike our other grants where we have a technical monitor—we thought that the small grants would not need regular technical assistance. In effect, the Tulane staff member ended up becoming a 'quasi' technical assistance person. They were not on the ground with the field staff helping them with their project -- they did not give the attention and monitor the project in a close capacity. From afar they provided technical assistance as much as possible, but it was not the same level of effort that is done with our regular projects. That was keeping in spirit of keeping the organizations involved."*

When the grantees started to conduct their research, the staff in the United States and in certain regions identified a number of issues that required immediate attention. Although expectations were clearly defined in the sub-awards, many grantees asked for assistance from select FRONTIERS country offices. FRONTIERS staff in these regions follow a well-defined scope of work, and thus, these pleas for technical assistance took them by surprise. In the end, some FRONTIERS in-country staff offered a couple days of technical assistance, but this did not produce tangible results.

FRONTIERS staff interviewed said:

"The TA was never substantial—little was all we could provide or what was decided in the terms. The original intent—there would be none and then it changed. Then it was a little help—enough to get the report written or help the organization get started, get the data analyzed appropriately, and giving feedback on questionnaires. Most of the grantees were service delivery groups—well-meaning and those who were chosen had written good proposals, but they weren't research groups so the expectations were not realistic from the start—since you had to have different standards for these groups. There were two clusters—people doing their doctoral dissertation or from international NGOs like IPAS, JSI, CCP/Hopkins and they didn't need any technical assistance. They had the best proposals, budgets, and research methods. One of the groups had assistance from another group—very resourceful."

Heavy staff time commitments, however, appeared to be a major issue during report writing. FRONTIERS staff were forced to re-write the final reports and to create understandable data tables. Even senior FRONTIERS staff found themselves spending their time editing and re-writing grantee reports. According to a FRONTIERS staff interviewed:

"One of the reports did not even come in a narrative form—it was a table. I would sit with the other staff member and we would look at the tables and say what do these mean—how to deal with them?"

In the end, staff participation increased significantly, but they were doing things that ordinarily they would not be expected to do.

OR training was not provided due to the fact that each grantee was treated separately, because of language barriers and because each grantee had different research goals. FRONTIERS staff explained:

"They were often not in counties that we deal with. How do you invite the Kazakh people to work with the Cameroon people? Some were only roughly bi-lingual. It is hard to pair them. You could do it, but it would not be part of a scheme or model."

Also, the SGP started during the first two years of the ten year grant cycle. The capacity building in OR component began after the grants program ended. Due to the sequencing of these program components, it was not possible to modify the SGP model once it had been implemented. Consequently, it was not possible for the grantees to benefit from OR workshops. An effective linkage between the SGP and the capacity building component may have alleviated some of the problems.

FRONTIERS staff explained:

"Right now we do the training in OR, but it is usually on particular topics. Following the OR training workshop there is a component where the trainees can get funds to conduct a research activity so as to immediately apply what they have

learned. It is not thought of as a small grant. It is a different process—the SGP was to do research and not to build capacity."

2. Quality assurance was difficult to ensure in the program.

If the goal for the SGP was to produce high quality OR, then the model FRONTIERS explored was not effective. At the end of the grants program, the research conducted by most of the 12 grantees was deemed to be of lesser quality than the majority of FRONTIERS OR. The main reason attributed to the quality of the research was the grantees' background and inexperience in conducting OR. Aside from the US-based grantees, most of the grantees had little experience conducting high quality or academic research.

Many of the grantees' final reports were lacking in substantive data analysis, due to glaring omissions in data collection or due to the fact that grantees did not follow through on what was outlined in their proposals. This did not become apparent until it was too late. Some of the grantees' results were difficult to interpret and most were not statistically significant. In the end, the results did not contribute to significant changes in policies or programs.

Project documentation tended to be weak with little description on crucial aspects such as how well the intervention was implemented, changes in protocols, and whether the intervention had the hypothesized effects. In only two of the projects, was it possible to determine if the intervention worked. All reports posed a challenge because they were primarily written by non-native English speakers. However, as expected the quality of reports from US-based organizations were good and the time burden for SGP staff was considerably lower. Most of the US-based grantees provided TA to their national partners and were responsible for program monitoring and evaluation.

3. Few publications were produced by the grantees in the program.

Aside from the findings that were produced by the three US grantees, it is unlikely that the research findings from these grants will be published in public health or scholarly journals. One grantee was a doctoral student and it is possible that she included some of her findings in her doctoral dissertation. The researcher from Johns Hopkins University published her findings in the Cochrane Library and her intervention was chosen as one of USAID's Best Practices. Her findings were also cited in a medical journal on patient care. The grantee from JSI published a research brief and presented her findings at a few conferences. In addition, a few publications were published in Russian journals by the grantee from Kazakhstan. Outside of these few publications the majority of in-country international NGOs did not submit their findings for publication in scholarly journals.

4. The SGP was able to fund only a small number of proposals of acceptable quality.

When FRONTIERS wrote its grants proposal, it estimated that it would award a total of 18-20 grants ranging from $25,000 to $150,000. However, during the selection process, the review committee found that a majority of the proposals and concept papers were

from non-research organizations specializing in service delivery, education, communication, and advocacy. These proposals were lacking in many substantive aspects including adequate research design, methods, and analysis, such that it was difficult for reviewers to read and judge the merit of the proposal.

Moreover, most of the proposals were not related to family planning or OR. Quite a large number of the grantee applicants wanted to conduct KAP surveys or other projects which did not have a clear link to service delivery. There were also problems with the technical aspects of the proposals such as sampling approaches that were not generalizable; contamination of comparison groups; poor questionnaire design; unclear data analysis strategies; and small sample sizes.

5. Program monitoring to ensure the timely delivery of reports and findings was insufficient.

Each grantee had agreed to submit semi-annual reports and quarterly financial reports to the Council, but they had trouble meeting these obligations. Council staff had to write numerous emails and make many phone calls to get in touch with certain organizations to obtain status reports, both substantive and financial. A few grantees asked for extensions and abided with the terms of the agreement. Even so, FRONTIERS staff said that submitting semi-annual reports was not enough in the two year project cycle; on hindsight, ongoing communication via on-site visits, emails and phone calls would have helped strengthen the quality of the research. In the future, monitoring should start sooner and be continuous to help alleviate potential problems in implementing the research.

6. Little to no capacity building.

Though capacity building was not an objective in the FRONTIERS SGP, there were many missed opportunities where FRONTIERS could have built the capacity of the grantees if adequate resources had been budgeted and time allotted in work plans. For example, if the grantee from Cameroon had been trained in OR and given some guidance and technical assistance throughout the research project, the intervention could have reached more stakeholders and they may have been successful in obtaining funds from other sources.

7. Absenteeism and high attrition rates with grantee staff.

Staff turnover and absenteeism was a problem with the grantees. In some cases, principal investigators, key staff, and in-country partner organizations changed during the proposal and final report stages. Often times, FRONTIERS and Tulane staff were unaware of these changes until after they had been made. Some of these changes were difficult to deal with, because they slowed the progress of communication and monitoring.

8. Academic ties were missing.

FRONTIERS hoped to attract universities or other established academic institutions to the SGP by giving them an opportunity to manage individual projects. Ultimately this objective was not met to the degree expected, because many academic institutions felt the grants funds were too small to apply.

Summary

Although the FRONTIERS "no TA" model was light on resources in terms of funding, there were unanticipated consequences on the quality of the research and final product. For example, the fact that grantees were not trained in data analysis or dissemination resulted in low quality reports that required major editing, and in the end, only a few of these findings were published in scholarly journals. The program did document innovative pilots and contribute to knowledge. It was not able to achieve impacts such as large scale systemic or policy changes at the national level, which may not be realistically feasible through this mechanism. It should also be noted that the SGP was not designed to produce specific capacity building outputs.

OVERVIEW OF OTHER SMALL GRANTS PROGRAMS

The section below describes the experiences of small grants programs implemented by Constella Futures, IGWG, WHO, and the Population Council to provide a richer description of the small grants mechanism. Even though the objectives and grantees of these small grants programs are not exactly comparable to that of FRONTIERS, they can nevertheless, provide information on generalizable experiences that can inform future investment decisions.

Constella Futures

The Constella Futures POLICY Project has implemented many small grants programs which aim to bring new organizations into the arena of reproductive health and family planning, HIV/AIDS, and maternal health program work and interventions. One program provided small grants to NGOs in South Africa that were working on HIV/AIDS prevention and interventions. The program gave NGOs an opportunity to implement what they learned at the POLICY project's three NGO capacity building workshops. According to the POLICY project's guide for integrating HIV/AIDS into NGO programs, it was important to provide NGOs with the opportunity to develop and submit an HIV/AIDS related funding proposal and to manage the small project on their own. The POLICY project believed that small grants would put the NGOs in a stronger position to access funds in the future. In the past, many of the NGOs that participated in the POLICY training never had access to funds for their HIV/AIDS projects.

This grants program had a strong mentoring component to build capacity. The program asked participating NGOs to send one or two participants to three training sessions facilitated by the POLICY project. During the training, the NGOs were informed about the small grant process and were asked to submit a proposal. In their proposals, the NGOs were asked to explain how the project would be monitored, measured, and evaluated. In order to be considered NGOs had to attend all three capacity building workshops; they had to be in operation for a minimum of two years; and they had to be committed to incorporating HIV/AIDS into their day-to-day work.

In the first phase, the POLICY project received 66 proposals and accepted 10 for small grants. In the second phase seven were chosen. These grants could only be used for program related work and not for staff's salaries or overhead.

Some difficulties the POLICY project faced were similar to those experienced by the FRONTIERS SGP; they were largely time and staff constraints. Senior staff underestimated the amount of time required to review all of the proposals. The staff found themselves asking the NGOs to revise parts of the application or to send in missing documents to complete the proposal application. In terms of finances, most of the NGOs received only 85 percent of their funding at the start of the project, and most had difficulty making up the remaining 15 percent. Other issues the program faced were the poor quality of the reports and documents. Many were incomplete or logically inconsistent.

A second POLICY small grants program awarded 115 grants to NGO coalitions and community-based organizations working to address reproductive health, family planning, HIV/AIDS and maternal health issues at the national level. The grants ranged in size from $1,000 to $5,000. On some occasions, grants for higher amounts were granted with a cap of $15,000. The grants were awarded through POLICY's country programs or through other projects that it helps to implement.

In order to develop and ensure capacity building, the POLICY project developed specific activities for the grantees, such as workshops on strategic planning, advocacy, monitoring and evaluation, and networking. The NGOs that completed these sessions were able to "graduate" from the training and then apply for a small grant. POLICY project staff provided technical assistance when NGOs prepared their proposals, and when needed they mentored the grant recipients through the award process. When possible, POLICY staff tried to link previous and current grantees to establish relationships. The program enabled NGOs to use the skills they learned in the training programs to apply for outside resources.

POLICY implemented a third small grants program through the CORE Initiative's empowerment grants. Grants of up to $5,000 were awarded to community and faith-based organizations for a range of activities and purposes such as capacity building, strategic planning, networking, advocacy and others—mainly on HIV/AIDS activities at the grassroots level. POLICY country offices helped promote the program to attract applicants and they also used the POLICY website to attract applicants. Grants were used to supplement existing programs or to initiate new short-term projects.

The application form was short and easy to fill out. CORE received 822 applications from more than 70 countries. A selection committee evaluated applications in consultation with regional partners. In the first 18 months of the program, 45 grants were awarded in 29 countries totaling $200,000. When the grants were completed, grantees submitted a final report on the impact of the program.

In general, POLICY's three small grants programs were on a smaller scale compared to the FRONTIERS SGP. The POLICY grants could not be used for overhead, staff salaries, or other running costs. According to the POLICY Deputy Director, this ensured that the NGOs would not become dependent on these funds or use them as a crutch. The cost for managing the grants programs was built into the overall project. In some countries there was a country office with a regional manager who helped supervise the programs. Unlike the FRONTIERS SGP, POLICY's grants were not research related.

One of these small grant programs had a strong mentoring and training component to ensure that grantees had adequate qualifications and received proper guidance. In all of the POLICY grants, Constella Futures asked the grantees to specify the methods for how they would be monitored and evaluated, and the methods that would be used to disseminate their findings.

The CORE final report states,

> *"For donor organizations implementing a program of this magnitude may involve making decisions about the costs and benefits of such a program."*

CORE staff found,

> *"There is a significant administrative burden involved in supporting a grants program that fields applications from hundreds of organizations around the world."*

However, the program found that the capacity of in-country organizations can be strengthened with small grant amounts. Senior POLICY staff explained,

> *"Small grants are labor intensive as well as the structures needed to run it. It costs the same to give $1,000 as it does $10,000. The amount of staff time and labor for a $1,000 grant is hard to justify. However, we argue that the benefit you get from this kind of capacity building for local organizations with these small amounts helps in so many ways and the personal tangibles are even greater."*

He further stated,

> *"When you design a program, one needs to know the nature of the grant. It needs to be strictly defined versus one with multiple objectives which make it harder to manage. One needs to look at--how many grantees, what is the outreach strategy, language of origin, the applicant's sophistication to respond to the grant with documentation, and where and how you establish evaluation criteria. Sometimes our country offices did the work and other times we pulled in translation services."*

In terms of measurable results, the POLICY project staff found that anticipated results are sometimes more difficult to collect, but providing a grant to organizations for the first time can build its capacity. The senior POLICY staff explained,

> *"Our small grant amounts did result in capacity building. We gave funds for programmatic support and not operating support. It was not a crutch rather it was more of a supplement for work being done. In some cases, it was the first time these organizations got funds to do this kind of work."*

He added,

> *"Our standards are high as well as our own expectations. The results were not perfect and not exactly how we anticipated, but I don't think the negatives outweigh the tangible effects of the capacity building. New lessons learned are through the process. However, the more you can provide in technical assistance the greater impact the grant can make."*

Interagency Gender Working Group (IGWG)

The Interagency Gender Working Group (IGWG) created a small grants initiative in 2001. The primary goal was to identify and support program intervention activities, policy, communication, advocacy efforts, and research that promote gender equity and improve reproductive health and HIV/AIDS outcomes.

A request for proposals was sent worldwide. Over 130 proposals were received from cooperating (USAID-funded agencies) and non-USAID organizations. IGWG considered proposals that addressed one or more of its four priority areas: youth and gender, gender-based violence, HIV/AIDS, and male involvement. These proposals were reviewed and evaluated by IGWG's Technical Advisory Group (TAG), which was comprised of representatives from cooperating agencies (CAs), non-USAID organizations, and representatives from USAID office of Population and Reproductive Health, Office of HIV/AIDS, the USAID Women in Development Office and Regional bureaus.

The TAG accepted six proposals, which were quite diverse and ranged from OR to supporting and evaluating community-based interventions. Organizations funded included Pathfinder International/Mozambique, Amkeni Project in Kenya in collaboration with EngenderHealth, Intrah/CPS, and PATH, the Johns Hopkins School of Public Health (in collaboration with Center for Communication Program, Muhimbili University College of Health Services, and the Kimara peer group), and the Empowerment of Women Research Program at AED. Although the TAG accepted six proposals, IGWG only funded four due to changing circumstances in-country. The grants ranged from $70,000 to $97,000 for a one or two-year period. Funds could only be used for costs related to the project and not for staff salaries.

In terms of staffing, the entire program was supervised by one program officer directly out of USAID/W. Later on this work was shared between two IGWG staff members. IGWG staff did not provide TA directly to the grantees, because most were from well-established organizations with staff and expertise. IGWG did not conduct external evaluations, although depending on the activity, grantees were required to submit updates, final data analyses, final assessment reports and the results of the OR interventions. Some of the update reports were found to be anecdotal and not as thorough as IGWG expected.

In general, the IGWG small grants initiative was an important component for IGWG's work. The program helped to identify organizations that were working on gender issues and could contribute to IGWG's goals. Three of the grantee projects produced some interesting results and contributed to the literature. The global response sent an important message to USAID regarding interest and commitment to gender work. The program also sent a message to the CA and NGO communities about USAID's support of such efforts through the IGWG.

IGWG staff interviewed said:

> *"Overall (the small grant initiative), was a positive and productive experience. Through the large volume of applications, it showed USAID, Washington that there is a vast interest for organizations wanting to work on gender issues. Globally we were able to work with organizations from different parts of the world who were interested in gender and we had top people who made up the TAG committee to provide input. The downside—it is difficult to manage and meet requirements such as the need to obligate funds through an ongoing USAID-funded mechanism and to receive concurrence for activities outside the Mission portfolio. In the future, it would be easier if an outside organization had the responsibility to administer the program since it is much harder to do so directly from USAID."*

Although the program was considered to be an important method for focusing on IGWG's four priority areas, it also required more staff time than expected. According to staff interviewed,

> *"This program was very, very management intensive—no one expected it would take this much time! The TAG was very committed and allocated lots of time to review the proposals." In the future, she recommends, "A formal structure be put in place to allow for the program to run smoothly and dedicate more time to the process."*

Building capacity was not one of the goals for this grant program but IGWG staff recognized that it is feasible to achieve capacity building through a small grants program. Although some aspects of the grants program was seen as successful by IGWG staff and the TAG, the IGWG decided to cancel the program because the staff burden was too high. It was not considered to be the most efficient use of time and resources. The IGWG decided to do the following: continue as a forum for sharing information on the priority areas; fund activities directly through CAs; and work directly with the USAID missions to ensure that programs focused on its priority areas and integrated gender.

According to IGWG staff, future small grant programs can yield bigger and better results if there is a focus on training, dissemination, and if TA is provided in the field. As IGWG staff explained,

> *"You have to look at the end result, if you are doing OR then you have to have a more structured set-up and system versus with advocacy and community-based activities."*

She added,

> *"Although the community-based model is cheaper and different the implications will vary because of the type of grantees. You can either have service delivery organizations or community-based organizations. USAID continues to see small*

grants as a nice option. Small grants are flexible and provide access in a way that is good for a project and can help achieve objectives."

She concluded:

"The pay off is amazing in terms of advocacy and what it can do. Small grants are important—OR small grants have the potential for capacity building and identifying promising interventions. However, OR costs more than advocacy."

Population Council-FRONTIERS: Small Grants in the West Bank and Gaza

The Special Studies Program was part of the Pilot Health Project in the West Bank and Gaza to provide small grants to Palestinian researchers, research organizations, and advanced graduate students to conduct innovative research on various topics on reproductive health. The grant program was different from the FRONTIERS SGP because grants were only awarded to individuals in the West Bank and Gaza region, and grants were for shorter periods of time and for much smaller amounts of money. The program started in 2000 and a total of six special studies were supported. These projects were conducted by mid-level professionals from NGOs, universities, and the private sector, along with a few doctoral or masters' candidates.

An announcement for the grants program was widely distributed to major research institutions and universities in the West Bank and Gaza. The announcement was posted in national newspapers and many researchers at academic institutions were encouraged to submit proposals. The grant time was quite short so applicants were encouraged to use rapidly implemented qualitative research methods or conduct secondary analysis of existing data sets. The average grant was for $5,000, but if a proposal needed extra funds, consideration would be given. Proposals were reviewed by the Council's West Bank and Gaza office staff and an advisory committee consisting of Palestinian researchers and reproductive health experts. A total of 16 proposals were received and six were accepted, ranging from six to eight months in duration. Of the six proposals accepted, many revisions were needed to ensure that the proposals complied with the ethical requirements of the Council. These revisions were offered by Council staff and the committee.

Aside from this initial assistance, the grantees did not receive any other formal technical assistance. A national staff person in the West Bank office checked in with the grantees every few months, but there was no formal method of monitoring in place.

The program was not designed to build capacity and there was no mentoring component. A former staff member explained that they did not have enough time for this, and in any event, their mobility within the region was severely restricted. In the future, she said that it would be beneficial to have a structured system in place to provide constant technical assistance and monitoring.

According to a former senior staff from the Gaza office, the grants program was a time burden which they did not anticipate. However, a bigger challenge was the country context of working in a difficult environment. She said,

> *"Some parts of the Gaza Strip were closed to the Council and we were unable to have contact with our grantees." In the end, the small grants program "worked well despite the social situation and it was amazing that things got done, specifically the research."*

She further stated,

> *"You have to consider that English is a second language for most of the researchers and you have to be realistic about the results—they are not always going to be of Population Council quality."*

World Health Organization (WHO) Small Grants Program

The purpose of the WHO small grants program is two-fold: to further knowledge in specific areas of research, as identified by the Specialist Panel, and to strengthen research. Five to ten proposals are approved and funded each year. This number can fluctuate, with a minimum of five per year.

Proposals are submitted by principal investigators from developing countries and grants are given to developing country institutes. The proposals are reviewed once or twice year by a Specialist Panel Meeting which is made up of experts from around the world. There is no strict limit for the budget, but it usually ranges from US$ 2,000 to about US$ 65,000, with an average of US$ 35,000. The critical elements of the research proposal are the study design, coverage, number of respondents, duration of study, analysis and a budget justification.

WHO has three kinds of training components in place for grantees: how to write a proposal for potential audiences; how to analyze data; and how to disseminate research findings. Technical assistance is sometimes provided, mainly by holding workshops at a regional level or by conducting site visits when necessary. Some grantees have a good research background and require minimal assistance, while others require far more technical assistance.

WHO has established a structured system whereby they provide constant contact with the grantees over several years. This creates a close partnership and, in fact, WHO keeps in touch with most of its grantees even after the grant has ended. In terms of research dissemination, the principal investigators for all grantees were expected to produce at least three publishable papers in peer-reviewed journals toward the end of the grant cycle. This expectation is clearly spelled out at the beginning of the grant cycle, which encourages the grantees to start producing papers for publication.

A WHO grant staff believes the small grants program builds capacity. She said the following:

> *"We have had several principal investigators whose knowledge and ability have increased considerably, and who have become senior partners within their organization and now attend meetings, seminars at the national and international level, and make policy decisions."*

In general, the WHO grants program has been successful, although it requires constant supervision to ensure research is carried out soundly and that capacity building is taking place. WHO also created a good model for its small grants program to ensure capacity building. For example, its grantees attend workshops on proposal writing, analysis, and dissemination. A down-side of this model is the high costs of hiring more staff and paying for international travel to bring people together. However, WHO staff found the costs were worthwhile because they produced a better quality product.

Summary

Based on the review of grant programs implemented by Constella Futures, IGWG, Population Council and WHO, and on the interviews with persons who managed these programs, it is clear that small grant programs reap numerous benefits. These programs also had unanticipated challenges in terms of staff time. All managers interviewed said the small grants programs are management intensive and require dedicated full-time staff to ensure the grantees were trained, monitored, and given adequate resources to carry out their research or interventions. If the proper staff is not provided, this often leads to poor quality research and/or final reports.

The programs described above have different goals and objectives and grants are awarded at different levels and with different expectations. The collective experience suggests that small grants programs function best for service delivery, training, and advocacy efforts rather than formal applied research such as OR.

Overall, the FRONTIERS SGP experience is in line with the other organizations surveyed in terms of a grantees' need for structured TA and for training in proposal writing, analysis, and dissemination. If grantees do not receive training, technical assistance, program monitoring, and evaluation it is difficult to build an organization's capacity, and more specifically to conduct OR. It is important to note that program designers need to be explicit about whether the grants program is going to conduct OR and/or build capacity. If an organization's goal is to build OR capacity with small grants then a structured mechanism must be developed with the adequate resources, staff, and training to facilitate capacity building.

CONCLUSIONS

The collective experience in implementing small grants programs generated by FRONTIERS, Constella Futures, IGWG and other global partners suggest the strengths of this approach as well as challenges. The overall experience is that small grants programs require considerable resources to produce good quality research and final products. Program planners must have realistic expectations about results that can be achieved in terms of innovative research, perspectives, approaches, and quality.

1. Allocate resources to create a small grants program team.

An effective small grants program requires adequate staff to manage and administer the program, provide technical assistance, and monitor progress.

2. Train grantees prior to application.

Potential grantees should be visited at their sites to verify their capacity to do OR. Further, they should be provided with training in proposal writing, data analysis, and dissemination before they implement their research including OR. This will ensure that the research design, methods, and analysis are clearly stated before funds are dispersed. Prospective applicants can be selected from promising attendees of workshops.

3. Ensure grantees receive sufficient technical assistance.

Sufficient technical assistance should be provided to improve the quality of the grantees' research and final report. This technical assistance can be in the form of trainings, site-visits, monitoring and evaluation, and assistance in disseminating the research findings.

4. Create a monitoring, evaluation, and dissemination plan for grantee projects.

Monitoring should begin at initiation of project and be continuous in order to alleviate potential problems for grantees. Grantees should also receive training on how to disseminate their results in a systematic manner and receive mentoring on how to publish their findings in scholarly journals.

5. Team up with an academic institution for proposal review and grantee selection.

An effective and efficient model for grantee application review and selection is the pairing up of an academic institution and a CA for a fair and impartial review of grantees.

6. Tailor small grants to different grantees to ensure creative and diverse OR.

One approach is to choose grantees from developing countries and tailor the program to meet their specific needs for TA and training; this may be resource intensive in terms of dedicated full-time staff. An alternate approach is to choose US-based grantees who may require little TA but who may have higher overheads.

APPENDIX A: Grantee Projects

Bangladesh
From the Home to the Clinic: A New Reproductive Health Service Delivery Model for Bangladesh. Researchers from John Snow, Inc. (JSI) studied the results of a shift from home-based reproductive health care (provided by community health workers) to care in public and nongovernmental clinics.

The findings indicated that women were strongly committed to family planning. Concerns that demand for family planning would decline once clients had to leave home or pay to obtain methods were proven unfounded in the study sites. Men were instrumental in sustaining family planning use. They helped wives obtain contraceptives when door-to-door services were not available.

Bolivia
Assessing the Impact of a Community-Based Intervention on Service Utilization in Family Planning and Reproductive Health in Bolivia. Researchers from the Center for Information and Development of Women (CIDEM) in cooperation with the Ministry of Health introduced a community outreach and education intervention in reproductive health clinics in marginalized rural areas around La Paz, combined with district-wide training and support for improved quality of care and mentoring. The goal of the project was to increase the use of health care facilities by underserved groups, particularly by adolescents, men, and non-pregnant women.

Health service providers received training in gender and diversity, sexual and reproductive rights, institutional management, and the new MOH monitoring system. Both the quality of care and data monitoring improved. Women, adolescents, and men learned about sexual and reproductive rights, family planning, domestic violence and gender through behavior change and communication (BCC) materials and educational workshops organized with community groups.

Results showed that the interventions improved access to and utilization of sexual and reproductive health services among men, women, and adolescents. They also increased beneficiaries' reproductive health knowledge, and improved client attitudes and satisfaction with services. Researchers found that efforts to increase knowledge of and demand for reproductive health services must be accompanied by service strengthening measures.

Cameroon
Peer Education as a Strategy to Increase Contraceptive Prevalence and Reduce the Rate of STDs/AIDS among Adolescents in Cameroon. In this quasi-experimental study with a comparison group, the Institute for Behavioral Studies and Research (IRESCO) tested an IEC intervention with the ultimate goal of reducing HIV and STI infection and unwanted pregnancies, by improving RH knowledge and reducing sexual risk behaviors among youth. The intervention consisted of developing and distributing publications, including comic books and a monthly magazine by and for teenagers; and a peer education network

that worked with individuals and small groups and also organized cultural and sporting activities as venues for community dialogues on reproductive health issues.

In total, approximately 200,000 adolescents received reproductive health information directly through IRESCO's Among Youth campaign. Youth in the intervention area reported postponing their sexual debut. Fidelity also increased, with fewer youth reporting multiple sexual partners. Communication improved between couples, and more youth were able to discuss condom use with their partners. At both sites, abstinence was cited second to condoms as the most effective method of prevention against HIV/AIDS. Abstinence increased in the intervention site and decreased in the control site.

India

Increasing Community Involvement in Planning and Monitoring of Reproductive and Child Health Services: Operations Research in Family Planning and Reproductive Health. In 1996 the Government of India introduced a decentralized planning approach to allocate services levels based on community's health needs. However, assessments showed that community participation did not increase, mainly because of lack of guidance on how to involve the community in this approach and to sustain their interest. Thus, FRHS decided to undertake a research project to explore ways of involving the community in Karnataka. The objective was to form health committees that would act as a bridge between community and health staff, identify local health problems, and increase the community's access to health services.

Health workers and village leaders were more efficient at forming committees. Committees formed through village meetings were most active, had the highest representation of women and other vulnerable groups, and were able to leverage community funds. A monthly newsletter recognized achievements and inspired committees to take on new projects.

An evaluation conducted at the end of the project showed that over 85 percent of committees had been active in organizing health programs. Most programs were of good quality and were well attended. About half of the people in the community reported knowing of or participating in the programs. Survey data from before and after the experiment recorded significant increases in awareness of, and access to, certain reproductive and child health services such as treatment of RTI/STI, safe delivery, and weighing babies at birth.

Indonesia

Impact of Client Communication Training on Client Participation and Contraceptive Continuation. Working with the Ministry of Health and Population, the Johns Hopkins University Center for Communication Programs (JHU/CCP) tested the acceptability and effectiveness of introducing the "Smart Patient" concept in which family planning patients are encouraged to ask questions and increase their interaction with providers, which in turn was expected to improve quality of care.

This study confirmed that educational interventions directed to family planning clients can help them become effective partners in their own care. The "Smart Patient" intervention

designed to last less than 20 minutes, was acceptable to clients and providers, and may be feasible to conduct in groups. It increased clients' confidence about speaking to providers, asking questions, and requesting clarification. Active communication by clients increased overall in the experimental group relative to the control group. Providers were significantly more likely to give information and counseling tailored to individual needs to clients in the Smart Patient group. Women age 35 or older benefited more from coaching than younger women.

Kazakhstan

Promotion of Lactational Amenorrhea Method and Breastfeeding Intervention Trial. Breastfeeding is nearly universal in Kazakhstan, but many mothers breastfeed only for a short time or inconsistently. In order to expand the benefits of breastfeeding as a family planning option for women in the Republic of Kazakhstan, the Academy of Preventive Medicine tested the effectiveness of Lactation Amenorrhea Method (LAM) promotion among women in urban and rural hospitals. Researchers trained hospital staff in four maternity wards to provide patient counseling on the benefits of LAM as a family planning method. After the intervention, they observed the breastfeeding habits of 3,969 women and 4,003 children, following each for a 12-month period.

Intervention programs implemented in experimental Baby-Friendly Hospitals (BFHs) and ordinary hospitals (OHs) improved women's knowledge, skills, and desire to breastfeed. Breastfeeding indicators were significantly increased in comparison with their pre-1994 levels, and were higher in intervention hospitals than in the appropriate control hospitals. Knowledge of LAM as a contraceptive method was high among study participants interviewed after delivery, and 70 percent of all women reported that they planned to use LAM as protection from pregnancy. However, correct knowledge about the method remained low: only 35 percent of women knew all three criteria of effective LAM use (i.e. postpartum amenorrhea through exclusive breastfeeding for 6 months) and only 10 percent believed that working women can use. Only half of all women received family planning counseling but 94 percent said they plan to protect themselves against a new pregnancy. At six months postpartum, the absolute numbers of LAM users and nonusers were roughly equivalent (2,391 and 2,628, respectively) but amenorrhea rates differed dramatically at 98 and 19 percent, respectively.

Nepal

Determining Effective and Replicable Communication Based Mechanisms for Improving Young Couples' Access to and Utilization of Reproductive Health Information and Services. The Center for Research on Environment, Health and Population Activities (CREHPA) tested two communications-based interventions to improve young married couples' (younger than 25 years) access to and utilization of reproductive health services and information. They compared the effects of strengthening existing Mothers' Groups, who met monthly and discussed social issues including reproductive health, to forming new Youth Communication Action Groups, whose members were young married women and which had a greater focus on reproductive health issues as well as more training and support for leadership and communications skills.

This Operations Research study clearly demonstrated the effectiveness of communication-based models such as the formation and reactivation of Youth Communication Action Groups (YCAG) and Mother's groups (MG), basic and refresher training, group interaction and mobilization, and social events in creating an enabling environment for young married couples to learn and interact about sexual and reproductive health issues. The increase in reproductive health-related knowledge and practice among young married women has been remarkably high in both experimental areas.

Participants at the experimental sites demonstrated increased knowledge of correct use of pills and the injectable. Reported condom use also increased. Overall contraceptive prevalence rose at all study sites, but the increase was much greater—almost double—in the area of the mothers' groups, relative to the modest increases in the youth group area and the control area (29 percent to 34 percent). Knowledge of safe pregnancy practices increased in all three areas, but many gaps remain. Women generally knew that antenatal care checkups were recommended, but one-third or less knew the recommended frequency of visits (four).

Nigeria

Promoting Dual Protection Practices Among Women and Their Male Partners in Lagos and Oshogbo, Nigeria. The Association for Reproductive and Family Health (ARFH) tested the effectiveness of training providers and conducting educational sessions with groups of male participants in increasing the use of condoms for dual protection against STIs and pregnancy. Participating men attended monthly discussions on reproductive physiology, family planning, STIs/HIV/AIDS and other health issues.

Integrating dual-protection counseling and female condom provision into family planning services appeared feasible, as was service providers' acceptance of dual-protection objectives. Following intensive training, providers delivered dual-protection counseling to a majority of clients and demonstrated the female condom to 80 percent of the new clients observed. Discussion of the sexual behavior of clients and their partners, of the relative ability of various contraceptives to protect against HIV infection and of how to negotiate condom use increased significantly, as did STI assessment.

Peru

Information, Education and Communication Strategies Culturally Appropriate for Improving Adolescents' Reproductive Health in the Inca Region of Peru (Cusco). Comunicación Andina tested a communications intervention to improve rural, indigenous high school students' knowledge and attitudes relating to reproductive health and adolescence. The intervention consisted of a live bilingual radio program hosted by three local teens, supported by trained "peer promoters" in each school. Adolescencia y Sexualidad, a 20-minute daily program, included music and youth news features, as well as information about reproductive health, STIs/HIV, sexuality, and self-esteem, and included responses to questions submitted by listeners.

This project mobilized the attention of local authorities, teachers, students, parents and members of the community in the beneficiary schools and districts. Participation of

adolescents in the radio program was remarkable. Student leaders have learned with more depth the problems facing adolescents and are prepared to guide their peers. Survey results show increased sexual and reproductive health knowledge among students. There was a great demand from adolescents and parents to continue and expand the radio program. The results of this research effort revealed that a great need for sexual and reproductive health information still exists among indigenous adolescents in the rural areas of the region and that sexual education programs have to be sustainable.

Sustainability of Postabortion Care. In collaboration with the Ministry of Health, IPAS conducted this study in 2000 to assess the sustainability of changes made during a 1997 intervention to improve postabortion care (PAC) at a large urban hospital.

Comparison of data from the 1997 study with this three-year follow-up showed that the PAC model is sustainable and benefits both the institution and the patients. PAC services were well integrated with other emergency services, and over 80 percent of women treated received family planning counseling and left with a contraceptive method. Hospital costs and patient fees decreased, although the time spent in the hospital increased marginally.

Romania

Improving Health Care Providers' Knowledge, Attitudes, and Practices in Reproductive Health in Rural Romania. In collaboration with the Ministry of Health, Project Concern International conducted an intervention to improve reproductive health care in rural health clinics. The project trained rural physicians and nurses in reproductive health, and one group received follow-up support through an experienced physician who served as a resource person.

The study showed that the Healthy Parents-Healthy Children project increased medical knowledge and improved behavior among general practitioners, nurses, and women of reproductive age. Providers demonstrated increased levels of confidence as a result of the training, leading to improved trust, better monitoring, and stricter adherence to new reproductive health guidelines set forth by the Ministry of Health and Family. Patients were found to have begun taking more control of their reproductive health and were making informed decisions about their health care.

Post-test results showed an increase in improvements in knowledge, attitudes, and practices from training in both groups, but the changes were not sustained. The resource persons were not very active due to a lack of understanding of the nature of the mentoring role and the tradition of competition between providers. These resource persons now coordinate groups in which rural providers meet and share knowledge and skills. Members also have the opportunity to link with specialists in urban areas.

Senegal

Taking Postabortion Care Services Where They are Needed: Testing Postabortion Care Expansion to Rural Areas. In a 1997 Africa OR/TA study, postabortion care was first introduced in three urban tertiary hospitals in Senegal. The study demonstrated clear improvements in quality of care, which led partners to expand the model to regional hospitals and the MOH to develop national standards of care for PAC services. In this small grant, EngenderHealth and CEFOREP tested the feasibility of applying these protocols to primary and secondary level district health centers and health posts.

Manual vacuum aspiration (MVA) was used to treat 57 percent of first trimester cases in intervention sites. Overnight stays were less common and the mean duration of stays reduced from 1.3 to 0.4 days. Clients were more than twice as likely to report receiving information on family planning and 20% of PAC clients left with a modern contraceptive method. Despite the fact that higher standards of care were achieved, there were certain difficulties. Counseling was not systematically offered or sufficiently comprehensive. Clients experienced delays prior to their consultation and treatment. Infection prevention practices were inconsistent, and geographic barriers to access persist. The cost of the care varied greatly.