

**Appendix 7**  
**LSHTM: Population and reproductive health project framework**  
**1995/6**



POPULATION AND REPRODUCTIVE HEALTH: PROJECT FRAMEWORK 1995/6

PROJECT STRUCTURE	INDICATORS OF ACHIEVEMENT	MEANS OF MEASUREMENT OR ASSESSMENT OF INDICATORS	ASSUMPTIONS AND RISKS
<p><b>Wider Objectives:</b> A. To inform and guide strategic policies in ways that will enhance the effective deployment of resources</p>	<p>Shift towards more realistic, cost-effective reproductive health strategies, at international and national level.</p>	<p>Review of international and national strategy and programme planning documents.</p>	<p>Willingness of international and national agencies to change. Political feasibility of recommendations.</p>
<p><b>Immediate Objective:</b> A1. To provide a more scientific basis for policy formulation with regard to the status and empowerment of women.</p>	<p>Policy goals at international and national level that reflect realistic and scientifically grounded appreciation of links between women's status and reproductive health.</p>	<p>Review of relevant policy statements by donors and national governments.</p>	<p>Willingness of agencies to amend policies in the light of evidence.</p>
<p><b>Outputs:</b> A1.1 Clarify links between education, autonomy and fertility behaviour</p>	<p>Review of evidence</p>	<p>Review paper written</p>	
<p><b>Immediate Objective:</b> A2. To demonstrate how social institutions in Africa might be harnessed to increase demand for, and uptake of, services.</p>	<p>Production of outputs A2.1 and A2.2.</p>	<p>Annual reports and publications.</p>	<p>Successful identification of feasible and policy relevant topic. Ability to secure suitable collaborator, field site and funds for fieldwork.</p>
<p><b>Outputs:</b> A2.1 Identify research areas of greatest policy relevance.</p>	<p>Production of paper for discussion with ODA.</p>	<p>Annual report. Meeting with ODA officials.</p>	<p>Availability of relevant ODA officials.</p>
<p>A2.2 Identify determinants of recent fertility change in Zimbabwe.</p>	<p>Analysis of 1993 survey.</p>	<p>Draft chapter of thesis written.</p>	<p>Progress of research student and access to data.</p>
<p>A2.3 Stimulate policy - relevant research on fertility determinants through the IUSSP committee on fertility</p>	<p>Plans for collaborative research and seminars.</p>	<p>IUSSP reports.</p>	<p>Confirmation of committee membership and ability to influence other members.</p>
<p><b>Immediate Objective:</b> A3. To determine whether legitimate national goals to reduce population growth can be achieved solely with a children-by-choice strategy.</p>	<p>Analysis of cross-national data.</p>	<p>Report</p>	<p>Ability of programme staff to achieve relevant conclusions from re-analysis of existing data.</p>
<p><b>Output:</b> A3.1 new poverty - fertility relationship</p>	<p>Review paper</p>	<p>Annual report</p>	

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<p><b>Immediate Objective:</b> A4. To improve service quality by changes that take into account priorities of clients</p>	<p>Changes in services offered in government or private sector.</p>	<p>Annual reports and plans of relevant agencies.</p>	<p>Ability of research on clients' perspectives to yield feasible and cost-effective recommendations. Willingness of agencies to incorporate recommendations into service strategy.</p>
<p><b>Outputs:</b> A4.1 Small-scale field study in Kenya on perceptions of service quality from user and provider perspectives</p>	<p>Research findings produced.</p>	<p>Chapter of thesis written.</p>	<p>Progress of research student.</p>
<p>A4.2 Field study in Nepal of service quality and its effect on uptake of services.</p>	<p>Research findings produced.</p>	<p>Chapter of thesis written</p>	<p>Progress of research student.</p>
<p>A4.3 Evaluation of maternal death audit in Egypt, Brazil, US and UK as a tool for improving quality of maternal care services.</p>	<p>Analysis and write-up of experience with maternal death audits in 2 or more countries.</p>	<p>Draft report and publication of results.</p>	<p>Secure collaborators in countries with maternal mortality audits. Access to policy makers and planners in relevant countries to determine impact. Enough data available to draw conclusions. Acceptance of papers for publication.</p>
<p>A4.4 Analysis of effect of service access and characteristics on utilization, using DHS data for Ecuador</p>	<p>Report</p>	<p>Publication.</p>	<p>Acceptance by a relevant journal.</p>
<p>A4.5 Assess the extent to which large inter-village variations in contraceptive use in rural Bangladesh can be explained by differential access to services</p>	<p>Field study completed</p>	<p>Annual report.</p>	<p>Satisfactory progress by research student.</p>
<p><b>Immediate Objective:</b> A5. To guide and evaluate policies that seek closer collaboration or integration, between maternal and child health, family planning and STD/HIV control services</p>	<p>Response of international and national agencies to outputs.</p>	<p>Review of international and national strategy and planning documents</p>	<p>Willingness of agencies to change</p>
<p><b>Outputs:</b> A5.1 Plan policy analysis of MCH, FP and STD/HIV control programmes in 3-4 coun</p>	<p>Proposal written and funds secured.</p>	<p>Annual report.</p>	<p>Availability of staff in Dept. of Public Health and Policy. Ability to secure funds.</p>

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A5.2 Establish the degree of synergy between MCH and FP service utilization, using DHS data.	Analysis completed	Annual report.	Solution found for analytical and statistical problems.
A5.3 Analysis of results of study of impact of post-abortion counselling on contraceptive use.	Conduct and write up of analysis.	Publication of results in scientific publication.	Successful completion of study - Acceptance of papers for publication.
A5.4 Analyse post-partum contraceptive uptake in relation to breastfeeding and service provision in urban and rural Bangladesh	Analysis completed.	Chapters of thesis written	Satisfactory progress by research student.
A5.5 Start of Middle East Network (Egypt, West Bank, Gaza, Lebanon, and Jordan) on maximising maternal health strategies in the primary health sector	First international meeting held. Newsletter started.	Two issues of newsletter. Annual report.	Political stability. Secured funding. Continued interest among Network countries in research on maternal health.
<p><b>Immediate Objective:</b> A6. To guide and evaluate service delivery strategies among groups for whom integration is inappropriate, with particular reference to sexually active unmarried women and to men</p>	Response of international and national agencies to outputs.	Review of international and national strategy and planning documents	Willingness of agencies to change and feasibility/cost of recommendations
<p><b>Outputs:</b> A6.1 Collate and synthesize available information on knowledge, behaviour, needs service utilization by adolescents.</p>	Review paper.	Annual report.	Access to key relevant data.
A6.2 Complete analysis and interpretation of reproductive attitudes and behaviour among low income female adolescents in Brazil.	Thesis complete	School Annual report.	Progress by research student.
A6.3 Comparative analysis of DHS enquiries on family planning attitudes and behaviour among men.	Analysis completed.	Annual report	Access to data in appropriate form. Sufficient staff time for computing.

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<p><b>Immediate Objective:</b> A7. Enhance quality of family planning services by improved knowledge of the links between contraceptive use and reproductive morbidity.</p>	<p>More appropriate screening/treatment of reproductive morbidity, within family planning services.</p>	<p>Review of procedures and plans of family planning agencies.</p>	<p>Cost, technical constraints and political will.</p>
<p><b>Output:</b> A7.1 Further analysis and dissemination of results from study of relationship between reproductive morbidity and contraception in Turkey.</p>	<p>Analysis of Turkey data. Production of research findings. Testing of an algorithm for measuring Chlamydia.</p>	<p>Presentations at scientific meetings and publication of papers.</p>	<p>Acceptance of papers for publication.</p>
<p>A7.2 Analysis of links between contraceptive use and self-reported gynaecological morbidity in South India.</p>	<p>Results produced and interpreted</p>	<p>Publications.</p>	<p>Acceptance of paper(s) for publication.</p>
<p>A7.3 Measure concordance between self-reported morbidity and results of clinical examination and lab. tests, among women in South India</p>	<p>Analysis completed</p>	<p>Annual report.</p>	<p>Ability to secure funds for 3 months visit by Indian collaborator. Lab. work in India of sufficient reliability.</p>
<p>A7.4 Explore links between contraceptive behaviour and reproductive health in Nicaragua, using CDC survey data.</p>	<p>Report produced</p>	<p>Annual report.</p>	<p>Measurement of reproductive health is adequate to sustain analysis and conclusions.</p>
<p>A7.5 Plan field study of contraceptive use and reproductive morbidity in Brazil.</p>	<p>Research proposal written.</p>	<p>Proposal.</p>	<p>Ability to secure funds.</p>
<p>A7.6 Complete analysis of reasons for contraceptive discontinuation, with special focus on side-effects and health concerns.</p>	<p>Report written.</p>	<p>Publication</p>	<p>Acceptance for publication.</p>
<p><b>Intermediate Objective:</b> A8. To ensure that population and related policies in countries seriously affected by HIV/AIDS are based on a correct appreciation of the probable effect of the epidemic on population growth, mortality and fertility.</p>	<p>Relevant policy statements by governments.</p>	<p>Analysis of policy statements</p>	<p>Successful dissemination of results to government authorities.</p>

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PROJECT STRUCTURE	INDICATORS OF ACHIEVEMENT	MEANS OF MEASUREMENT OR ASSESSMENT OF INDICATORS	ASSUMPTIONS AND RISKS
<p>Outputs: A8.1 Refinement and dissemination of results of modelling the demographic impact of HIV/AIDS</p>	<p>2-3 papers prepared.</p>	<p>Publications.</p>	<p>Acceptance for publication</p>

PROJECT STRUCTURE	INDICATORS OF ACHIEVEMENT	MEANS OF MEASUREMENT OR ASSESSMENT OF INDICATORS	ASSUMPTIONS AND RISKS
<p>Wider Objectives: B. To contribute to more effective reproductive health services in developing countries.</p>	<p>To have recommendations incorporated into action programmes.</p>	<p>Review of international and national strategy documents, including government and/or programme planning documents.</p>	<p>Commitment to maternal health maintained. Willingness of policy makers to take research results into account. Willingness/ability to change content of programmes. Cost of proposed interventions.</p>
<p>Immediate Objective: B1. To evaluate the impact of comprehensive maternity care services in order to identify effective strategies to improve reproductive health and to have more programmes designed along successful lines.</p>	<p>To have produced guidelines on what works in specific settings and on how to conduct evaluation research. To have action based on research results. Wider use of methods developed.</p>	<p>Requests for assistance with evaluation by international and national agencies/groups. Use of guideline recommendations in national/regional programmes.</p>	<p>Amenability of maternal health to health impact evaluation. Assumptions and risks stated below in association with individual research studies. Applicability of field results to multiple settings.</p>
<p>Outputs: B1.1 Start of development and testing of the concept of near misses (women with severe maternal morbidity who nearly died) in Benin.</p>	<p>Pilot, initiate and complete fieldwork.</p>	<p>Interim annual report. Existence of data.</p>	<p>Links with the Palou project. Continued political stability in Benin. Success of the near-miss approach.</p>
<p>B1.2 Specification of the "good" women's health services provided by the UrbanAid NGO in Accra.</p>	<p>Completion of evaluation visit. Follow up action by UrbanAid based on research findings.</p>	<p>Paper published and dissemination of results.</p>	<p>Successful links with UrbanAid NGO and with Health Policy Unit at LSTM. Access to key people in Ghana. Willingness of UrbanAid to act on results.</p>
<p>B1.3 Development of outcome and process measures for evaluation.</p>	<p>Information on outcome and process measures, and on how to use them.</p>	<p>Paper on measuring impact. Report on outcome and process measures.</p>	<p>Limited number of feasible outcome measures exist. Uncertainty on causal pathways.</p>
<p>B1.4 Study of the contribution of antenatal care in moulding attitudes to c-section in Brazil</p>	<p>Preparation of literature review and proposal. Start of fieldwork.</p>	<p>Chapter in thesis written</p>	<p>Successful funding of PhD research. Continuation of PhD.</p>
<p>B1.5 Assessment of long-term impact of nutritional status on reproduction and survival of Bangladeshi women</p>	<p>Literature review. Data collected and analysis commenced.</p>	<p>Chapter in thesis written</p>	<p>Continuation of PhD.</p>



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<p><b>Immediate Objective:</b> B2. To evaluate the quality of non-government services.</p>	<p>Production of outputs B2.1 and B2.2.</p>	<p>Reports</p>	<p>Find suitable collaborator and research site. Secure funds for field costs.</p>
<p><b>Outputs:</b> B2.1 Analysis of uptake of non-government services and indirect assessment of perceived quality using DHS data.</p>	<p>Analysis completed</p>	<p>Annual report.</p>	<p>Access to data and sufficient staff time for computing.</p>
<p>B2.2 Undertake review and exploratory analysis of reproductive health activities of NGOs in India and their effectiveness.</p>	<p>Plan of work established</p>	<p>Annual report</p>	<p>Identify collaborator. Secure funds. Cooperation of NGOs.</p>
<p>B2.3 Compare self-reported reproductive morbidity between users of private and public obstetric services in South India</p>	<p>Analysis completed</p>	<p>Publication.</p>	<p>Acceptance of publication.</p>
<p>B2.4 Analysis link between supply source (private versus public) and contraceptive continuation, using DHS data.</p>	<p>Analysis completed</p>	<p>Chapter of thesis written</p>	<p>Progress by research student. Find satisfactory solution to statistical problems.</p>
<p><b>Immediate Objective:</b> B3. To demonstrate efficacy and effectiveness of selected elements of maternity care, in order to make recommendations relevant to a minimal package of services and to have countries adopt more effective maternity care services.</p>	<p>Conduct a field trial of one of the elements of maternity care. Assess efficacy for a selected intervention.</p>	<p>Publication of study results. Uptake of recommendations in national/regional programmes.</p>	<p>Willingness of policy makers to change content of services. Assumptions and risks stated below in association with individual research studies. Feasibility of extrapolating content of maternity care across developing countries.</p>
<p><b>Outputs:</b> B3.1 An intervention study on effectiveness of malaria chemoprophylaxis in preventing severe anaemia in pregnant women</p>	<p>Completion of bednet intervention study. Start of fieldwork for hospital study. Start of in-depth qualitative study on anaemia in women.</p>	<p>Annual reports.</p>	<p>Continuation of bednet trial allowing adequate sample sizes. Fieldwork difficulties including difficulties in recruitment and staffing. Political stability. Difficulty in conducting ethical trials in pregnant women.</p>
<p>B3.2 Initiation of critical assessment of the efficacy of risk assessment in antenatal care in Ba desh.</p>	<p>Production of recommendations on use of risk approach in antenatal care.</p>	<p>Publication of report.</p>	<p>Identification of and funds for fieldwork component.</p>

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<p>B3.3 Demonstration of impact of rehabilitation treatment on Nigerian women with vesico-vaginal fistula</p>	<p>Literature review completed. Fieldwork commenced.</p>	<p>Chapter in thesis written</p>	<p>Partial funding for fieldwork identified</p>
<p><b>Immediate Objective:</b> B4. Assess effectiveness of government policies and programmes to reduce the birth rate.</p>	<p>Policies and plans by donors and countries that reflect results</p>	<p>Seriousness of policy documents and plans</p>	<p>Willingness of actors to take account of evidence</p>
<p><b>Outputs:</b> B4.1 Complete analysis and disseminate results of UNFPA-funded study in 8 countries.</p>	<p>Report produced.</p>	<p>Publication.</p>	<p>Continued collaboration with staff from Dept. of Public Health and Policy</p>

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PROJECT STRUCTURE	INDICATORS OF ACHIEVEMENT	MEANS OF MEASUREMENT OR ASSESSMENT OF INDICATORS	ASSUMPTIONS AND RISKS
<p><b>Immediate Objective:</b> C1. Improve the routine reproductive health information systems of developing countries.</p>	<p>Adoption of recommendations at national and international level.</p>	<p>Published procedures of Ministries of Health and international organizations such as WHO, UNICEF and DHS.</p>	<p>Feasibility and cost of recommendations. Willingness of agencies to make changes.</p>
<p><b>Outputs:</b> C1.1 Guidelines for use of simple cluster surveys to monitor programmes.</p>	<p>Guidelines and handbook completed.</p>	<p>Annual report.</p>	<p>Funding and collaborators secured.</p>
<p>C1.2 Guidelines on the use and interpretation of country level indicators of maternity health services.</p>	<p>Draft of guidelines produced.</p>	<p>Annual report.</p>	<p>Recruitment of staff with interest in this area of work.</p>
<p>C1.3 Identify ways to adapt well established indirect methods of estimating child mortality to settings where vertical transmission of HIV is common.</p>	<p>Technical guidelines/recommendations</p>	<p>Annual report.</p>	<p>Successful application of simulations.</p>
<p>C1.4 Start work, as in C1.3, but applied to direct methods of estimation.</p>	<p>Preliminary results available.</p>	<p>Annual report</p>	<p>Successful application of simulations.</p>
<p>C1.5 Review role of large representative surveys in monitoring HIV control programmes</p>	<p>Paper produced.</p>	<p>Annual report.</p>	
<p>C1.6 Guidelines on social science methods for reproductive health research.</p>	<p>Guidelines produced.</p>	<p>Publication.</p>	<p>Acceptance of guidelines for publication.</p>
<p><b>Immediate Objective:</b> C2. Improved evaluations of the impact of specific reproductive health interventions.</p>	<p>Adoption and implementation of improved procedures.</p>	<p>Review of evaluation procedures used by national and international research teams. Incorporation of recommendations into the manuals etc. of relevant organizations.</p>	<p>Quality and feasibility of recommendation. Willingness of agencies to make changes.</p>
<p><b>Outputs:</b> C2.1 Finalize and disseminate analysis of fertility trends in Pakistan.</p>	<p>Report written.</p>	<p>Publication.</p>	<p>Acceptance of paper for publication.</p>
<p>C2.2 Comparative analysis of fertility change in Africa.</p>	<p>Analysis completed</p>	<p>Annual report.</p>	<p>Access to data.</p>

**PROJECT FRAMEWORK: POPULATION AND REPRODUCTIVE HEALTH PROGRAMME (LIVERPOOL COMPONENT)**

**TIMETABLE: 1995 - 1999**

**FUNDING: ODA PROGRAMME STANTY-£275,000 PER ANNUM**

PROJECT STRUCTURE	INDICATORS OF ACHIEVEMENT	MEANS OF MEASUREMENT
<b>WIDER OBJECTIVES</b>		
<ul style="list-style-type: none"> <li>▶ To provide an effective reproductive health service for women in developing countries.</li> </ul>	Quality, range, availability and affordability of services.	Quality of care indicators for service providers and consumers.  Health Surveys.
<ul style="list-style-type: none"> <li>▶ To reduce reproductive morbidity in women.</li> </ul>	Mortality and morbidity statistics.	Birth rates, abortion rates, legislative enforcements, collection of gender statistics.
<ul style="list-style-type: none"> <li>▶ To promote the status of women through improved health care.</li> </ul>	Decreased fertility, legislative changes, more women in executive posts.	Annual reports to ODA.
<b>IMMEDIATE OBJECTIVES</b>		
<ul style="list-style-type: none"> <li>▶ To continue an established programme of research as a basis for strategic planning of health care for women.</li> </ul>	Number of research proposals successfully funded and completed.	Annual reports to ODA.
<ul style="list-style-type: none"> <li>▶ To identify affordable interventions which will reduce reproductive morbidity.</li> </ul>	Number of intervention or demonstration studies planned and completed.	Annual reports to ODA.
<ul style="list-style-type: none"> <li>▶ To review available information and propose a strategy to improve reproductive and sexual health care for adolescent girls.</li> </ul>	Acceptability to women.	Quality of care indicators.  Policy documents provided to ODA and others, or published.

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PROJECT STRUCTURE	INDICATORS OF ACHIEVEMENT	MEANS OF MEASUREMENT	ASSUMPTIONS
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**IMMEDIATE OBJECTIVES cont.**

► To make programme outputs available to developing countries, international organizations, donor agencies and NGOs.

Number of workshops organized in developing countries.

Documentation of in-country workshops.

Extension of field work to a wider range of developing countries.

Reports from Agencies which refer to programme work.

Number of reports provided to relevant clients.

Number and range of invitations to lecture or present programme work.

Organization of special meetings, lectures, papers presented.

► To develop expertise for promotion of women's health within developing countries.

Number of collaborators from developing countries trained in research methods.

Promotions of collaborating staff.

Number of institutions strengthened.

Documentation of training activities.

More responsibility taken by local staff for research programmes

**OUTPUTS**

► Study of menstrual health in Nigerian adolescent girls.

Completion of research started prior to 1995.

Publication of results.

That political disruption does not prevent completion of research.

Study of PID in Bombay slum women.

► Materials to support interventions.

Eg. production of sex education curriculum, training manual for participatory research, algorithms.

Copies provided to ODA.

► Intervention or demonstration studies.

One completed before 1999. At least one other under way.

Study reports.

**PROJECT STRUCTURE**

**INDICATORS OF ACHIEVEMENT**

**MEANS OF MEASUREMENT**

**ASSUMPTIONS**

**OUTPUTS cont.**

► Policy document on the health needs of adolescent girls.

Number and quality of review articles and research studies which inform the document.

Review by ODA and other Agencies.

► Conference/Workshop presentations.

Number of invitations.

Conference/Workshop proceedings.

► Collaborative meetings with the London School.

Number of meetings.  
Number of joint enterprises.

Joint statements to ODA on policy issues.

► Teaching.

Number of invited lectures.  
Number of hours teaching on reproductive health within LSTM.

Annual reports.

Curriculum of reproductive health course beginning May 1995.

Reproductive Health Course is successfully launched.

**INPUTS**

From ODA

Salaries of Programme staff.  
Travel and subsistence.  
Research grants.

Programme Grants.

Budget statements.

From LSTM/Programme

Infrastructural support including office space, communication system, library facilities.

Staff expertise.

External research funds.

LSTM accounts.

External Research Contracts.

From Developing Countries

Salaries of staff seconded to projects.  
Infrastructure from which to work.  
Local expertise.

Grant Income.

Annual Reports



AHRTAG is committed to strengthening primary health care and community-based rehabilitation in the South by maximising the use and impact of information, providing training and resources, and actively supporting the capacity building of partner organisations.

# AHRTAG



Working for health worldwide

Farringdon Point  
29-35 Farringdon Road  
London EC1M 3JB, UK  
Telephone +44 171 242 0606  
Fax +44 171 242 0041  
E mail [ahrtag@gn.apc.org](mailto:ahrtag@gn.apc.org)  
[ahrtag@geo2.poptel.org.uk](mailto:ahrtag@geo2.poptel.org.uk)

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