EVALUATION

OF THE

MAXIMIZING ACCESS AND QUALITY (MAQ) INITIATIVE

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ACRONYMS

CA	Cooperating agency
CPI	Client–provider interaction
FHI	Family Health International
FP	Family planning
GH/PRH	Bureau for Global Health, Office of Population and Reproductive Health
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
HPN	Health, population, and nutrition
IBP	Implementing Best Practices (WHO)
IPPF	International Planned Parenthood Federation
JHU/CCP	Johns Hopkins University Center for Communication Programs
JSI	John Snow, Inc.
LAC	Latin America and the Caribbean
MAQ	Maximizing Access and Quality
NGO	Nongovernmental organization
PAC	Postabortion care
PLP	Population Leadership Program
PVO	Private voluntary organization
QIQ	Quick Investigation of Quality
RH	Reproductive health
SDI	Service Delivery Improvement
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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APPENDICES

EXECUTIVE SUMMARY

This report represents the evaluation of the United States Agency for International Development (USAID), Bureau for Global Health, Office of Population and Reproductive Health (GH/PRH) Maximizing Access and Quality (MAQ) Initiative. Since its inception in 1994, the MAQ Initiative has been located in the Research Division and recently has been moved into the Service Delivery Improvement (SDI) Division. The Initiative deals with evidence-based best practices aimed at removing access barriers and improving quality family planning (FP) and reproductive health (RH) services. The move into SDI is intended to focus the future evolution of the MAQ Initiative more on actual field implementation than it has been in the past.

The purpose and objectives of this evaluation as noted in the scope of work are to

- contribute to the overall development of a new strategy for SDI and also clarify the role of MAQ in the newly organized Office of Population and Reproductive Health,
- focus on the larger impact that the MAQ Initiative has had over the past few years as well as make recommendations for its future focus and directions,
- determine how MAQ should best evolve to meet field program needs, and
- look at the degree to which USAID and its partners are sharing MAQ information and if that knowledge sharing continues to grow.

The evaluation examines the achievements and challenges within the MAQ Initiative's

- structure, organization, and functions;
- relationships with other initiatives, USAID cooperating agencies (CAs) and consortia, the World Health Organization (WHO), USAID Missions, and host national partners;
- identification and dissemination of best practices, inclusive of its major dissemination activity, the MAQ Exchange, and its recent participation in WHO's Implementing Best Practices (IBP) activities;
- costs; and
- implementation relationships and processes.

The evaluation team reviewed the web-based MAQ information as well as that presented on several linked CA web sites. A web-based survey questionnaire was generated using the areas noted in the paragraph above. This survey was made available electronically to 82 persons on a list provided by the senior medical advisor and initiative staff. Qualitative assessments of achievements and challenges were obtained using the same USAID/Washington–provided list, which the evaluation team used to contact individuals

for in-person or telephone interviews. Due to telephone communication difficulties, the evaluation team accepted one person's response to several questions sent by e-mail. The total number of persons interviewed was 57.

The following section summarizes the evaluation's key findings and conclusions and the principal recommendations for the future.

OVERARCHING CONCLUSIONS AND RECOMMENDATIONS

The MAQ Initiative is extremely valuable for advancing the USAID/Washington agenda for improvement in FP and RH program quality and access. The MAQ Initiative has resulted in significantly increased collaborative work within the CA community. The evaluation team recommends the continuation of the MAQ Initiative with some modifications. The modifications should address structure, functions, and relationships; processes for the identification of best practices, dissemination, and implementation of best practices; and budgeting and accounting issues. Following are the evaluation team's conclusions and recommendations.

RESULTS OF ONLINE SURVEY

Conclusions

- Results of the online survey are supportive of the MAQ Initiative.
- Online survey findings corroborate findings from interviews.
- The MAQ Initiative receives greater levels of support and appreciation from CA staffs than it does from USAID staff.
- CAs have been more successful at internal dissemination of MAQ Initiative information than has USAID.
- The level of reported involvement in the Initiative does not influence respondent ratings of the Initiative.

Recommendation

- The reasons for the differences in the scores given by CA staffs versus USAID staff should be explored.

STRUCTURE, ORGANIZATION, AND RELATIONSHIPS

Conclusions

- The MAQ Initiative is extremely valuable for advancing the USAID/Washington agenda for improvement in FP and RH program quality and access. There is unanimous support among the interviewees for continuing the MAQ Initiative.

- The Initiative has benefited from well-recognized, high profile leadership.

- There is an inconsistent understanding among CA participants, USAID/Washington, and Mission staffs of MAQ Initiative and Exchange purposes, principles, and outcomes.

- The decision-making process of the MAQ Initiative is from the management level and is supply driven.

- Other than MAQ Initiative's staff, GH/PRH divisions' staffs are not consistently involved in Initiative activities.

- WHO's name and logo have provided greater influence and acceptance of their joint efforts.

- Many interviewees do not understand the distinctions among best practice organizations (i.e., Advance Africa, CATALYST, and between IBP and MAQ Exchange).

- As the number of IBP activities increases, there is a question of the level of WHO staffing and funding.

Recommendations

- The MAQ Initiative needs a clearly stated framework.

- The MAQ Initiative should be restructured to ensure that all other divisions' staffs are apprised and selectively involved in the Initiative and its activities.

- An exploration should be undertaken to determine how the Initiative might serve the interests of the various technical foci of the Bureau for Global Health.

- High profile, technical leadership should continue.

- The Initiative's structure should be reconfigured to ensure shared ownership (see appendix F for an illustrative option).

- USAID/Washington and CA staffs should promote the products and resources of the MAQ Initiative when dealing with USAID Missions and in-country partners.

- A process should be developed for obtaining input from field sources (USAID and in-country partners) for identifying priority quality and access best practice needs.

- USAID/Washington should clarify and communicate the distinctions among Advance Africa, CATALYST, and the MAQ Initiative. Similarly,

clarification and communication regarding MAQ Exchange and IBP are needed.

IDENTIFICATION AND DISSEMINATION OF BEST PRACTICES

Conclusions

- The MAQ Initiative resulted in significant increases in information sharing and collaborative work among the CAs.
- The MAQ Initiative has been successful in disseminating information about best practices in access and quality to CAs, especially at the domestic (headquarters) level where CA staffs have been active participants in MAQ work.
- There is a lack of criteria for determining a best practice.
- Contraceptive technology and client–provider interaction (CPI) best practices have been the practices most widely disseminated.
- Nonmedical best practices have not achieved the level of consensus that clinical best practices have.
- The lack of priority setting for the implementation of best practices makes it difficult to be clear about the most important messages delivered to programs.
- The MAQ Exchanges have been increasingly successful as a dissemination vehicle.
- MAQ Exchanges contribute to learning and local capacity building among less developed countries.
- The MAQ web site is not as well utilized by overseas users and non-English speakers as it is by U.S.–based users.

Recommendations

- The MAQ Initiative needs to determine the level of evidence required to qualify a nonmedical practice as a best practice.
- The Initiative should place more emphasis on identification and dissemination of nonmedical best practices.
- More reciprocal sharing and learning among less developed countries needs to be promoted as a component of MAQ capacity building. Countries involved in Exchanges would benefit from follow-up networking.

- The MAQ web site format should be made more attention holding and easier to use than it is, and the web site should be promoted more systematically than it is.

UTILIZATION OF MATERIALS AND IMPLEMENTATION

Conclusions

- MAQ materials and tools are being used effectively in field programs, when adequately disseminated. Inadequate utilization seems to be a result of ineffective/nonsystematic dissemination and/or promotion of their utilization.

- MAQ clinical tools, contraceptive updates, and counseling aids are more widely used than other materials.

- Utilization of MAQ materials may have been underestimated due to the lack of brand recognition for MAQ in field programs.

- The MAQ Initiative has placed more emphasis on implementation and application of best practices over recent years.

- The successful Central America and Nigeria MAQ Exchanges have common elements and lessons learned that could be used in future implementation strategies.

- USAID Missions' involvement and support of MAQ activities are prerequisites for successful implementation.

- In order for MAQ concepts to be utilized and implemented in country programs, they need to be incorporated into CAs' routine work.

- The MAQ Initiative and Exchange have not provided guidance regarding processes and context issues for the application of MAQ concepts and principles.

Recommendations

- USAID/Washington, the Missions, and the CA community should continue to promote the utilization of MAQ documents and tools in field programs, with increased emphasis on nonclinical materials.

- Lessons learned from the Central America and Nigeria Exchanges should be used in designing and implementing future MAQ Exchanges and IBP meetings.

- The two differing funding models for action plan implementation used in the MAQ Exchanges in Nigeria (bilateral) and Central America (USAID/Washington Latin America and the Caribbean Bureau and in-country

funds) should be followed up and evaluated to determine whether they produced successful outcomes.

- Incorporating accountability language for MAQ concepts and principles implementation into CA cooperative agreements and contracts would ensure implementation in the future.

- USAID/Washington and the CAs should continue to strengthen their discussions with USAID Missions to ensure active involvement and support of the Missions for the implementation of best practices.

- USAID/Washington, in concert with the Missions, needs to provide additional guidance on process and context issues for implementation.

COSTS

Conclusions

- The exact cost of the MAQ Initiative is difficult to calculate due to the inconsistency in CA budget and accounting processes.

- Reported estimated expenditures do not support the assertion that total MAQ–related expenditures greatly exceed allocations.

Recommendations

- USAID/Washington and the CAs should annually plan together for budget allocations to match MAQ activities.

- CAs should create a budget category for MAQ and MAQ–related activities that combines core and MAQ core funds.

I. INTRODUCTION

The purpose and objectives of this evaluation as noted in the scope of work (see appendix A) are to

- contribute to the overall development of a new strategy for the Service Delivery Improvement (SDI) Division and also clarify the role of the Maximizing Access and Quality (MAQ) Initiative in the newly organized Office of Population and Reproductive Health (GH/PRH),

- focus on the larger impact that the MAQ Initiative has had over the past few years as well as make recommendations for its future focus and directions,

- determine how the MAQ Initiative should best evolve to meet field program needs, and

- look at the degree to which the United States Agency for International Development (USAID) and its partners are sharing MAQ information and if that knowledge sharing continues to grow.

BACKGROUND

The genesis of the MAQ Initiative is rooted in both quality and access issues. It began in the early 1990s when the need for removing access barriers and improving quality services was recognized as a major issue for USAID programs. Highlighting access and quality of service delivery elevated these issues to a priority level within the Office of Population and stimulated identification and documentation of evidence-based best practices throughout the office and its cooperating agency (CA) structure. As one interviewee stated, "The MAQ Initiative put quality on the global reproductive health care agenda."

A medical barriers initiative was formed to meet this need with reducing medical/clinical barriers as the first priority. In May of 1994, building upon this initiative, the MAQ Initiative was established. Soon other dynamics within service delivery systems, seen as nonmedical barriers, came to the forefront (e.g., client–provider interaction [CPI], supervision, and communication).

The purpose of the MAQ Initiative as stated on the MAQ web site is to bring together staff from USAID/Washington and the Missions, CAs, and their community and program managers to identify and implement practical, cost-effective, focused, and actionable interventions aimed at improving access to and quality of family planning (FP) and selected reproductive health (RH) services. The overall rationale is that there is a large unmet demand for voluntary contraceptive services. Removing barriers, promoting access, and improving quality by focusing on specific practical improvements can serve the needs of clients and thereby markedly improve programs. The Initiative aims to distill and disseminate lessons learned from the broader CA experience as well as to identify critical areas that have not yet been addressed.

The MAQ Exchange is described on the MAQ web site as having been developed as a dissemination vehicle for MAQ best practices and principles. It is a means of engaging USAID Missions, their country counterparts, USAID/Washington, and CAs in a discussion aimed at developing or improving programs that reflect MAQ principles and practices. The process equips the Missions and their partners for implementing a set of realistic activities for which priority has been established and applying MAQ best practices.

The MAQ Exchange was revised in 1999 through extensive and intensive input from many CAs. In the curriculum, the Key MAQ Concepts module serves as an overview to MAQ principles and practices. The MAQ Synergy Framework is also found in this module. Later in 1999, the World Health Organization (WHO) requested input from MAQ Initiative partners to help design a dissemination activity that has evolved into Implementing Best Practices (IBP) meetings. The MAQ Exchange format and content areas inform the construct of IBP. (See the Relationships section for additional discussion of WHO partnership and IBP.)

METHODOLOGY

Data and information upon which the MAQ Initiative evaluation is based came from two sources: individual and group interviews conducted either in person or by telephone by members of the evaluation team, and a brief web-based survey.

The scope of work did not call for international travel; therefore, no field observations could be made. The findings in this report are based on second party reports of conditions. Additionally, it was not possible to complete interviews with a few field staff because of telecommunication problems, thereby limiting field-level implementation information.

An e-mail was sent from the senior medical advisor's office to a list of 82 key informants, asking them to complete the web-based survey and to notify the team of their availability for an interview. The list was provided by Initiative staff (see appendix B). This is not a random sample but rather a sample of individuals specifically selected for their familiarity with and knowledge of the MAQ Initiative. Recipients of the e-mail were informed that not all of them would be contacted for an interview because of time constraints, but all were encouraged to complete the survey on the web. The e-mail included the web address of the survey questionnaire as well as a password for accessing it. Three weeks into the evaluation, a reminder e-mail was sent to the same list, asking recipients to complete the survey if they had not already done so.

Interviews

For the interviews, an interview guide was developed, based on the scope of work, which covered the issues the evaluation team was asked to address. Because not all respondents were knowledgeable about all areas covered in the scope of work, the interview guide served more as an aid to make sure that appropriate questions were asked. Interviews typically lasted about 1 hour, although several were shorter when respondents were relatively new to or had limited experience with the Initiative. In most instances, all three members of the evaluation team participated in each interview.

Between October 3 and October 29, 2002, the team completed 57 interviews. These included 8 respondents from USAID/Washington, 5 from USAID Missions, 35 from CA headquarters staff, and 4 from CA field staff. Two of the respondents were from partner nongovernmental organizations/private voluntary organizations (NGOs/PVOs) and three were from WHO. The names of individuals proposed for interviews were derived from the survey questionnaire list and were provided to the team by the MAQ Initiative staff. The MAQ staff set priorities for these names and interviews were scheduled by the POPTECH assignment manager. A list of persons interviewed (respondents) can be found in appendix E.

Web-Based Survey

The web-based survey was created using SurveyMonkey.com, a web-based survey subscription service that permits subscribers to create their own questionnaires. The survey consisted of 11 items based on questions in the scope of work plus one item that asked for the respondent's affiliation type (USAID/Washington, USAID Mission, CA Headquarters, CA Field, or Other). (See appendix D for a copy of the online survey.)

The survey was completed by 63 people (77 percent), whose affiliations were as follows:

USAID/Washington	8	(12.7 percent of all respondents)
USAID/Mission	8	(12.7 percent)
CA Headquarters	40	(63.5 percent)
CA Field	3	(4.8 percent)
Other	4	(6.3 percent) (2 from WHO, 1 NGO, and 1 member of the Francophone subcommittee)

SurveyMonkey automatically tabulates responses as respondents submit them and provides graphic readout of results. Data from the survey can be exported from the web site to other applications for additional analysis if desired. Findings from the online survey are presented in the Findings, Conclusions, and Recommendations section of this report.

II. FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

ONLINE SURVEY

Findings

Sixty-three people completed the anonymous online survey, responding to 11 questions plus one item regarding respondent affiliation. (Distribution of the respondents by affiliation can be found in the Methodology section of this report.) This is not a random sample but rather a sample of individuals specifically selected for their familiarity with and knowledge of the MAQ Initiative. While no claims are made about the representativeness of this sample, the trends are still considered instructive. Unfortunately, only three CA field staff completed the online survey; as a consequence, caution must be used to not overinterpret their responses. The most obvious finding is that CA respondents rate all items more positively than did USAID respondents. (Summary tables of survey results make up appendix E).

Item 1

The Initiative receives relatively consistent scores for its success in the identification and documentation of best practices.

Item 2

Across all respondent groups, contraceptive technology and client–provider interaction (CPI) were the two technical areas in which the MAQ Initiative was seen as most successful. Each of these was checked by 83 percent of all respondents. Management and supervision scored a distant third, having been checked by only 48 percent of all respondents. However, there were differences between USAID and CAs staff in their selection of most successful areas.

Among all CA staffs, the percentage of respondents that checked contraceptive technology and CPI was 92 percent and 90 percent, respectively, whereas among all USAID respondents, CPI was checked by only 62 percent, and contraceptive technology was checked by only 56 percent.

Item 3

When asked to what extent the MAQ Initiative facilitates information sharing between USAID and the CAs and among the CAs themselves, CA and USAID/Washington respondents gave the Initiative higher scores than did USAID Mission–based respondents.

Item 4

CA staff reported greater dissemination of information about the MAQ Initiative within their organizations than did either USAID/Washington or Mission staff. This speaks to

the need for greater internal communication about the Initiative within the USAID structure.

Item 5

When asked to what extent the MAQ Initiative had contributed to the dissemination of best practices to the field, CA staffs were more likely to rate this outcome more positively than were USAID staff, especially those in the Missions.

Item 6

CA respondents rated Initiative functioning under its current organization and structure more favorably than USAID staff did.

Item 7

The MAQ web site has been visited more often by CA staffs in the field and by 'Other' respondents (three out of four of whom are overseas) than by domestically based CA staffs. The web site has very low utilization by USAID/Washington and Mission staffs; only 38 percent of all USAID staff reported ever having visited MAQWeb.org. By contrast, 90 percent of CA respondents reported having visited the web site at least once.

Item 8

Interestingly, both CA field staffs and USAID Mission staffs rated the Initiative higher on the extent to which it has contributed to the incorporation and implementation of best practices in field programs than did each group's domestic counterparts.

Item 9

CA respondents rated the Initiative higher regarding how worthwhile it is relative to cost and effort than did USAID staff, but the differences in rating were relatively small between the two groups. CA field staffs rated this item the highest.

Item 10

When asked if the MAQ Initiative should continue, 68 percent of all respondents replied "yes, with some modifications." Another 26 percent said "yes, with significant modifications." Only 3 percent said "yes, with no modifications," and only 2 percent (one respondent) said it should not continue. CA staffs and USAID staff were somewhat divergent in their replies. More than 70 percent of CA staffs replied "yes, with some modifications," whereas only 50 percent of USAID staff checked this option. Thirty-eight percent of USAID staff favored significant modifications, whereas only 28 percent of CA staffs chose that response option.

Item 11

CA staffs reported greater levels of involvement with the MAQ Initiative than did USAID staff. Interestingly, increased involvement did not influence scores given on the

questionnaire. Respondents who rated their involvement 1 (not at all), 2, or 3 had average scores on the other survey items that were very similar to those who rated their involvement 4 or 5 (very involved).

Conclusions

- Results of the online survey are supportive of the MAQ Initiative.
- Online survey findings corroborate findings from interviews.
- The MAQ Initiative receives greater levels of support and appreciation from CA staffs than it does from USAID staff.
- CAs have been more successful at internal dissemination of MAQ Initiative information than has USAID.
- The level of reported involvement in the Initiative does not influence respondent ratings of the Initiative.

Recommendation

- The reasons for the differences in the scores given by the CA staff versus USAID staff should be explored.

STRUCTURE, FUNCTIONS, AND RELATIONSHIPS

Findings: Structure and Functions

Since its inception eight years ago, the MAQ Initiative was housed in the Office of Population and Reproductive Health's Research, Technology and Utilization Division (formerly the Office of Population, Research Division); it has just been placed under the SDI Division. The MAQ Initiative has been led by the senior medical advisor. A Population Leadership Program (PLP) fellow, who serves as the MAQ technical advisor (50 percent), and a program assistant (50 percent) currently staff it. Combined staff functions for the two positions fall under two basic categories: MAQ program management and research, and best practices dissemination and implementation support to the field, including the MAQ Exchanges and IBP.

Leadership of the MAQ Initiative, namely the senior medical advisor, was unanimously praised by interviewees. Interviewees applied such terms as MAQ champion, visionary leader, highly placed advocate, and evidence-based directed. MAQ Initiative participants' interaction with the senior medical advisor provides them with quality technical and visionary leadership. This leadership is recognized as such among partnering agencies as well (e.g., WHO, International Planned Parenthood Federation [IPPF], and United Nations Population Fund [UNFPA]) and produces high-level profiling for USAID's quality and access efforts.

The Initiative created and maintains a well-received, well-attended, and highly regarded forum for USAID, CAs, interested NGOs, PVOs, and consulting groups and individuals.

It is widely and enthusiastically described as a unique if not singular USAID mechanism for collegial collaboration, cross-fertilization, and information sharing. Further, the MAQ Initiative brings together a network of CAs focused on specific quality and access issues. Unanimous support was given by interviewees regarding the CA participation, collaboration, and information sharing present in the MAQ Initiative format.

Currently, five subcommittees are actively working on identified theme/topic needs with a sixth subcommittee focused on a linguistic/geographic region's unique needs (i.e., Francophone countries). Two subcommittees are dormant. The active subcommittees are Community-Driven Quality; Policy, Advocacy, Communication, and Education; Client–Provider Interaction; Management and Supervision; Organization of Work; and the Francophone subcommittee. Long-standing subcommittees that are now dormant are Technical Guidance/Competence and Monitoring and Evaluation.

Each group has at least two co-chairs. U.S.–based subcommittee co-chairs representing their respective groups previously met as the MAQ Initiative Steering Committee, with meetings open to other interested parties. More recently, the concept of a steering committee has been dropped and an open meeting format adopted. This group convenes twice yearly. Subcommittee co-chairs have provided strong leadership and continuity and have stimulated productivity within their groups. While the tenure of subcommittee co-chairs provides for continuity of leadership, attention to fostering new leadership and shared ownership through chair rotation is not evident.

Each subcommittee meets whenever and wherever it deems necessary and with input from the senior medical advisor and Initiative staff, establishes its outputs, outcomes, and products. The team was not able to find a clear process for identifying priority topics for subcommittees' agendas. Previously, a USAID staff representative shared co-chair status on selected subcommittees; however, this is not the case at present. Subcommittee co-chairs report to the open meeting on such issues as their group's progress, emerging issues, products, and dissemination statistics. While co-chairs mostly have had long tenures, subcommittee general membership tends to ebb and flow. The Francophone subcommittee functions within Francophone Africa. The Francophone subcommittee maintains a secretariat in Dakar, Senegal, working in concert with USAID/Washington staff. This information and the results from the survey questionnaire (item 10) indicate that the MAQ Initiative structure is in need of modification. An illustrative restructuring model developed by the team is found in appendix F.

A number of interviewed respondents stated that they were unclear about the MAQ Initiative and Exchange purpose and vision even though such statements are present on MAQ information brochures, the web site, and handouts. The lack of awareness of web-posted purpose and vision statements indicates that the Initiative's communication and promotion activities are in need of modification.

Interviewees also pointed out that there is no framework for the MAQ Initiative. The Synergy of Interventions, also known as the Lotus diagram, even though considered by some as a framework, is rather a visual summary of essential components found within a quality service environment. The diagram is found on the MAQ web site and in the Exchange Key Concepts module.

Another commonly expressed concern was that the focus of MAQ activities was more supply driven (input and decision-making at the USAID/Washington and CA level) than demand driven, which would require that more attention be paid to the needs and priorities identified by field-based CA representatives, Missions, and their partner organizations. This approach to decision-making and priority setting was noted by many interviewees as being a style of management that weakens rather than strengthens Mission buy-in motivation and does not encourage broad-based field support of the Initiative's best practices.

Findings: Relationships

The MAQ Exchange was developed as a vehicle for establishing dialogue with USAID in-country program implementers. Exchange activities are coordinated through the Initiative. Initiative USAID/Washington staff takes the lead in coordinating Exchange activities in concert with the host Mission(s) and selected CA participants. USAID/Washington communicates with USAID Missions describing, the MAQ Exchange as a means of engaging Missions, country counterparts, USAID/Washington, and CAs in a discussion aimed at improving programs using MAQ principles and practices.

Costs are minimal for the Missions; however, frequently the MAQ Exchange is not recognized nor accepted as a valuable opportunity by Missions. Often Missions are either not involved in or not well informed of the larger MAQ Initiative. In these instances, CA representatives, both field and U.S.–based, are often placed in the position of describing and explaining the MAQ Initiative, the MAQ Exchange, and MAQ concepts and principles. They are extensions of the championing efforts found within the USAID/Washington leadership and U.S.–based CA community. The team found evidence that these field champions are rotating out of their positions and the championing effort at the field level is diminishing.

CA collaboration has produced the MAQ Exchange content modules, their translation, and materials production. USAID/Washington and CAs make large investments of time and staff efforts in conducting MAQ Exchanges. This has led to some CAs expressing frustration at the level of effort required to participate in MAQ Exchange activities. Expansion of the MAQ Initiative into partnership with WHO regarding the IBP activities has caused some CAs to experience intensified frustration since even higher levels of effort are required for participation in these activities.

A large number of interviewed respondents expressed confusion regarding the differences between IBP and the MAQ Exchange. There was also confusion among those interviewed as to whether the MAQ Exchanges have been supplanted by the IBP meetings, or whether it would be a good or a bad idea to have the MAQ Exchange disappear altogether. For example, a number of interviewed respondents expressed concern that the IBP is devoid of USAID Mission participation or sponsorship, thereby diminishing the prospects of bilateral support for action plans developed. Others, unfamiliar with the limited staffing and financial resources available at WHO for this work, believe that the MAQ Exchange activity might be turned over to WHO to coordinate and implement. Few recognize the mutuality of the IBP with WHO providing leadership, sponsorship, and support for some participants (via WHO regional offices)

and USAID/Washington and CAs providing technical and financial resources and support.

When WHO and USAID/Washington collaborated to create the IBP activity, it produced a conference similar to the MAQ Exchange model under the aegis of WHO. No one doubts the far-reaching effects of WHO sponsorship of joint ventures with USAID, yet many interviewees do not clearly understand why there are two separate activities so similar in format and content.

Joint production—WHO, USAID, UNFPA, and IPPF—of consensus-based documents, such as *Eligibility Criteria* and *Essentials of Contraception*, reflect the value of such a partnership relationship, which all interviewees applauded. The global recognition factor of WHO and UNFPA endorsements is invaluable to the increased acceptability of concepts and content, particularly at higher levels of government health care structures. The team believes that IBP differs from the MAQ Exchange in a number of fundamental ways. The IBP is a regional meeting with teams of varying sizes coming from a number of countries. For example, the Cairo IBP had teams from 11 countries, and the teams ranged in size from 1 person to more than 30 people. The WHO regional offices are responsible for extending invitations to attend the IBP; the bulk of the invitations are for governmental agencies. The countries from which teams may come are also of vastly different size with vastly different sized programs and resources. Moreover, the countries may not have a common primary language, consequently relying on English as a common language.

In contrast, with the exception of the recent Central America Exchange, MAQ Exchanges have been conducted in a single country where team members are likely to speak a common primary language and have familiarity with the FP/RH program needs and priorities in their country. This homogeneity increases the utility of the MAQ Exchange as well as the value and practical applicability of developed action plans. Additionally, since USAID Missions sponsor the MAQ Exchange, there is greater likelihood of funding for action plans developed during the Exchange.

Distinctions and interrelationships between the MAQ Initiative and the recently formed consortia funded by USAID/Washington (Advance Africa and CATALYST) are also not clearly apparent since all three entities deal with best practices. Language regarding assisting others in the application of best practices is found in both consortia purpose statements; Advance Africa focuses on Africa whereas CATALYST focuses on the other regions and countries of the USAID portfolio. Both organizations have web sites where descriptions of their objectives, mandates, and program approaches can be found.

Conclusions

- The MAQ Initiative is extremely valuable for advancing the USAID/Washington agenda for improvement in FP and RH program quality and access. There is unanimous support among the interviewees for continuing the MAQ Initiative.

- The Initiative has benefited from well-recognized, high profile leadership.

- There is an inconsistent understanding among CA participants, USAID/Washington, and Mission staffs of MAQ Initiative and Exchange purposes, principles, and outcomes.

- The decision-making process of the Initiative is from the management level and is supply driven.

- Other than MAQ Initiative's staff, GH/PRH divisions' staffs are not consistently involved in Initiative activities.

- WHO's name and logo have provided greater influence and acceptance of their joint efforts.

- Many interviewees do not understand the distinctions among best practice organizations (i.e., Advance Africa, CATALYST, and between IBP and MAQ Exchange).

- As the number of IBP activities increases, there is a question of the level of WHO staffing and funding.

Recommendations

- The MAQ Initiative needs a clearly stated framework.

- The MAQ Initiative should be restructured to ensure that all other divisions' staffs are apprised and selectively involved in the Initiative and its activities.

- An exploration should be undertaken to determine how the Initiative might serve the interests of the various technical foci of the Bureau for Global Health.

- High profile, technical leadership should continue.

- The Initiative's structure should be reconfigured to ensure shared ownership (see appendix F for an illustrative option).

- USAID/Washington and CA staffs should promote the products and resources of the MAQ Initiative when dealing with USAID Missions and in-country partners.

- A process should be developed for obtaining input from field sources (USAID and in-country partners) for identifying priority quality and access best practice needs.

- USAID/Washington should clarify and communicate the distinctions among Advance Africa, CATALYST, and the MAQ Initiative. Similarly, clarification and communication regarding MAQ Exchange and IBP are needed.

IDENTIFICATION AND DISSEMINATION OF BEST PRACTICES AND KNOWLEDGE SHARING

Findings

The MAQ Initiative has been increasingly successful in the dissemination of MAQ principles and identified best practices through both formal and informal channels. It is widely recognized that one of MAQ's functions is that it serve as a clearinghouse. Formal dissemination has occurred through printed materials (e.g., *Essentials of Contraceptive Practice*, *MAQ Papers*), through meetings (e.g., MAQ mini-universities, MAQ Exchanges, IBP conferences), and through the MAQ web site (MAQweb.org). Informal dissemination has occurred through MAQ subcommittees, the MAQ steering committee, and through collaborative work that has occurred among CAs by virtue of their work on MAQ activities, such as topical modules prepared for use in MAQ Exchanges.

A distinction is made between the **dissemination** of best practices and their **implementation** in the field. Dissemination refers to making USAID and CA staffs and host country partners aware of and knowledgeable about the Initiative and evidence-based best practices. Implementation refers to the application of those best practices in service delivery settings.

There was unanimous agreement among interviewed respondents that the most successful efforts at dissemination of best practices have occurred in the areas of contraceptive technology and CPI. These are topic areas in which the Initiative has been active the longest. The Initiative partnered with WHO in establishing family planning medical eligibility criteria, *Essentials of Contraceptive Technology*, and *Care Guidelines*, with subsequent consensus for their content obtained from UNFPA and IPPF. This relationship resulted in publications that display all partners' logos, adding greater influence and acceptance to the documents' contents. There is solid support for the finding that it is easier to obtain consensus on clinical best practices and medical service standards than it is to obtain similar consensus on operational (e.g., management and supervision) best practices—MAQ Initiative areas that are not yet recognized as highly successful, in part because of their newness and organization of work.

As the MAQ Initiative has expanded to address new content beyond contraceptive technology and CPI, there has been a proliferation of identified best practices that may or may not in fact be best practices. This is so because there are no established criteria for qualifying practices for inclusion in a list of MAQ best practices. As several respondents noted, there are no rigorous standards regarding the level of evidence and documentation required to qualify as a *best* practice. To paraphrase one respondent, best practices are mixed with promising practices and lessons learned, and not all may be best practices.

Moreover, the proliferation of practices identified as best has not been accompanied by any establishment of priority for application. Sometimes the proliferation of identified best practices is due to what several respondents referred to as unimportant differences in CA terminology for their best practices. This may introduce confusion at the field level, especially among partner organizations, where they find seemingly mixed, rather than

consistent, messages. However, another expressed viewpoint was that a proliferation of best practices is not bad as it increases the likelihood that one or another idea will trigger creative responses in the target audience, thereby leading to improvements in quality and access.

The plethora of information generated through the MAQ Initiative presents difficulties for information management at USAID, CAs, and related organizations. Although several of the MAQ dissemination efforts have specifically targeted Mission health, population, and nutrition (HPN) officers, awareness and understanding of the MAQ Initiative purpose and its value among this group appear to remain quite low.

Several of the CAs have developed or are developing formal internal structures and processes to manage the flow of MAQ–related information throughout their organizations. Among the implemented practices are the assigning of staff members to cover all MAQ subcommittees, scheduled internal meetings on MAQ activities and subcommittees, electronic bulletin boards, and e-mailed updates. Efforts at MAQ–related information dissemination have met more success at the CA headquarters level than at the field level.

MAQ Exchanges

Perhaps the most significant MAQ Initiative dissemination efforts have been the MAQ Exchanges. A MAQ Exchange allows USAID Missions to bring information on a range of evidence–based best practices in FP/RH service delivery to teams of policymakers and providers in a given country. The Exchange format includes the presentation of content (modules) as well as through highly interactive discussions with and among participants; during these discussions, participants share their own programmatic experiences. The Exchange, which varies in length from 3 to 5 days, includes workshops during which participant teams create implemental action plans. Content selected for presentation at an Exchange is tailored to the needs of the participants, based on preparatory assessments conducted in-country. The Exchange acts as a catalyst and information resource to assist country programs to improve access to and quality of reproductive health care.

MAQ Exchanges typically have about 35 participants from NGOs and governmental organizations that provide FP/RH services. High-level policymakers may also participate, as do representatives from selected in-country partner organizations. Invitations to the MAQ Exchange come from the USAID Mission.

Since 1999, six MAQ Exchanges have occurred at either the country or, in the case of Central America, subregional level (held in Honduras). Country-level Exchanges have taken place in Romania, Tanzania, Ghana, Guatemala, and Nigeria. Each Exchange has incorporated the lessons learned from prior Exchanges, resulting in continuous improvements and effectiveness. The Exchanges have changed over time and now have the option to include RH modules developed by CA participants to highlight the best practices within related emerging issues (e.g., postabortion care [PAC], HIV/AIDS, sexually transmitted diseases [STDs], and dual protection). The most recent Exchanges—in Central America and Nigeria, undertaken in 2002—appear at this early stage to have had the best impact and outcomes yet. (See Implementation of Best

Practices section for further details.) Countries involved in Exchanges would benefit from follow-up networking.

CA Collaboration and Information Sharing

Interviewees from CAs praised most highly and valued most the collaboration that the MAQ Initiative had engendered in their working relationships, a finding corroborated by the web-based survey. There was near unanimous agreement among interviewees that the MAQ Initiative has facilitated CA collaboration and information sharing in ways that would not have occurred in its absence. An example from the field is that the Francophone subcommittee CAs would not be working collaboratively without the presence of the MAQ Initiative.

CA respondents report having benefited from MAQ Initiative collaboration that has resulted in the introduction of new thinking to their organizations through the sharing that has taken place, especially through subcommittee work and the open forums, but also from work on specific products. Many acknowledge the integration of MAQ content into their work plans and organizational culture as a result of this collaboration.

Respondents cited many examples of this collaboration, including the solicitation of input on papers, checklists, Exchange modules, collaborative field testing of products, work on presentations at the Exchanges, and at the annual mini-university held in Washington, D.C. They also reported an increased collegiality derived from these collaborative efforts that has led to informal communication and Exchanges across CAs that would not have developed otherwise.

MAQ Web Site

The MAQ web site, electronic home of MAQ concepts, publications, and Exchange modules, with links to related sites, receives many visits per day. The web site contains full descriptions of the MAQ Initiative, its purpose, structure, subcommittees, publications, reports, proceedings, and its accomplishments and expected outcomes. Additional information on the MAQ Exchange and its purpose and contents, the MAQ Synergy Framework, MAQ tools, and the MAQ Pak is also available on the web site.

Recent statistics indicate that in a 1–week period ending October 1, 2002, the site had an average of 842 visits per day (slightly higher than the 793 average daily visits from January 1 to October 1, 2002) for a total of 5,900 visits that week; these visitors requested an average of 349 pages per day (slightly higher than the daily average of 293 from January 1 to October 1, 2002). Visitors downloaded an average of 101 megabytes of data each day that week, compared with an average daily data download of only 76.6 megabytes for the 9–month period ending October 1, 2002. Use has been fairly consistent throughout the year, with May having slightly more page requests than any other month. Approximately 20 percent of visits are from outside the United States.

Interviewees offered a number of observations about the web site, most of them favorable, but a number of them pointing out opportunities for improvement, including the following:

- The site is not as easy to use as it could be; it could be made easier to navigate and locate content.

- Many of the files are graphic intensive (especially MAQ Exchange modules) and these are very time consuming to download, especially via modem. This is even more problematic for residents of countries where connections to the web are unstable with frequent disconnections.

- The site is not updated or refreshed frequently with new content.

- The site is not as attractive and exciting for viewers as it could be; "it lacks pizzazz."

- The site is in English, limiting its use by non/limited-English speakers.

Conclusions

- The MAQ Initiative resulted in significant increases in information sharing and collaborative work among the CAs.

- The MAQ Initiative has been successful in disseminating information about best practices in access and quality to CAs, especially at the domestic (headquarters) level where CA staffs have been active participants in MAQ work.

- Criteria for determining a best practice are lacking.

- Contraceptive technology and CPI best practices have been the practices most widely disseminated.

- Nonmedical best practices have not achieved the level of consensus that clinical best practices have.

- The lack of priority setting for the implementation of best practices makes it difficult to be clear about the most important messages delivered to programs.

- The MAQ Exchanges have been increasingly successful as a dissemination vehicle.

- MAQ Exchanges contribute to learning and local capacity building among less developed countries.

- The MAQ web site is not as well utilized by overseas users and non-English speakers as it is by U.S.–based users.

Recommendations

- The MAQ Initiative needs to determine the level of evidence required to qualify a nonmedical practice as a best practice.

- The Initiative should place more emphasis on identification and dissemination of nonmedical best practices.

- More reciprocal sharing and learning among less developed countries needs to be promoted as a component of MAQ capacity building. Countries involved in Exchanges would benefit from follow-up networking.

- The MAQ web site format should be made more attention holding and easier to use than it is, and the web site should be promoted more systematically than it is.

UTILIZATION OF MAQ DOCUMENTS AND TOOLS AND IMPLEMENTATION OF BEST PRACTICES

Findings: Utilization of MAQ Documents and Tools

There was ample evidence that many of the MAQ Initiative materials and tools are being extensively used in field programs. *Essentials of Contraceptive Technology* and the *Do you know your family planning choices?* wall chart were frequently cited as valuable materials that are being utilized in the field. *Essentials of Contraceptive Technology* has been translated into six languages and is being used globally as a resource and reference for updating family planning standards and practice, job aids, and training curricula. Other materials and tools, such as the *Medical Eligibility Criteria*, *MAQ Checklist*, and MAQ Exchange modules also are used widely.

Other tools and materials were developed by the individual CAs but were adopted as part of the MAQ tool kit and extensively utilized in the field to further MAQ concepts and principles. *Family Planning/Reproductive Health Service Delivery Guidelines, COPE* (Client-Oriented, Provider-Efficient services), *GATHER* (Greet, Ask, Tell, Help, Explain, and Return),[1] and *Pregnancy Checklist* tools are such examples. The *Guidelines* have been used to develop and adapt practice guidelines in over 30 countries and are incorporated into the curricula of training centers and donor-assisted projects. A noteworthy study conducted in Kenya to evaluate the effectiveness of the guidelines provided clear-cut evidence that "family planning service guidelines, when properly disseminated improved practices."[2]

MAQ materials on contraceptive technology, clinical tools, and counseling materials have higher utilization in the field programs compared with management/ supervision/monitoring tools and publications. For example, there is little evidence that the *MAQ Papers* developed on management and CPI have penetrated to the field and are being used by country programs. A possible explanation is that these types of materials were more recently developed and have not been adequately disseminated. It is also possible that the use of management and CPI materials were not as rigorously promoted in the field as the clinical materials.

[1] COPE was developed by EngenderHealth; GATHER was developed by the Johns Hopkins University Center for Communication Programs.

[2] *The Effectiveness of National Dissemination of Updated Reproductive Health/Family Planning Guidelines in Kenya*, Family Health International, August 2001.

Quick Investigation of Quality (QIQ) is a practical methodology developed under the MAQ Initiative for measuring quality in clinic-based FP/RH programs. The tool was piloted in five countries and the results were documented. The study concluded that QIQ is a practical methodology that can be adapted to local interests and needs. The team was not able to find evidence that this tool was incorporated into many country programs except for Turkey and partially in Uganda. Again, this may be the result of inadequate dissemination and/or lack of supportive policies for application.

One factor that makes it difficult to assess the extent of MAQ materials use in the field is the lack of brand recognition. Many respondents from USAID Missions were aware of the tools and materials mentioned above, but did not recognize them as products of the MAQ Initiative. In essence, this is a good indication that the MAQ materials have been incorporated into field programs and that brand recognition is not necessary. However, the lack of awareness that these materials are MAQ Initiative outcomes can lead to an underestimation of the extent of their utilization and the overall impact the Initiative has had.

Findings: Implementation of Best Practices

Although the purpose of the MAQ Initiative is the implementation of practical, focused interventions aimed at improving access to and quality of reproductive health services, the Initiative did not accelerate its focus on implementation until the late 1990s. During the early years of the Initiative, efforts were concentrated on identifying and disseminating best practices and the development of materials and tools. Even before placing a systematic emphasis on implementation, the evaluation team was told that the MAQ Initiative had had an impact on organizational cultures and agendas of USAID, CAs, and host country partners by advancing the quality of services, access to services, and broad collaboration.

A success story regarding implementation of MAQ best practices comes from Romania. Three MAQ Exchange activities were conducted in Romania in 1999, through which action plans but not follow-up plans were developed. The USAID Mission bought into the MAQ Initiative and followed up vigorously to ensure the application of MAQ best practices in shaping the country's reproductive health program. In Romania, the push and guidance for the implementation of MAQ principles was from the USAID Mission, since the Mission was intimately involved in the MAQ Exchange activities held there.

The Romanian Mission employs the *MAQ Checklist* as its guidelines for developing quality FP/RH services throughout the country. It also uses the *Synergy of Interventions* as a guide to developing and/or modifying the other components of the Romanian FP/RH health delivery system. Romania also solicited and received support from UNFPA for the translation and publication of *Essentials of Contraceptive Technology*. Additionally, the Exchanges conducted served as a catalyst in changing the country's policy that only obstetricians/gynecologists could provide family planning services. General practitioners are also now allowed to do so. More recently, MAQ Exchanges have taken a more systematic approach to application by incorporating action plans and follow-up and evaluation mechanisms to encourage implementation. The Central America subregional

MAQ Exchange, which was conducted in Honduras in 2002, and more recently the Nigerian MAQ Exchange, share several similar elements for successful implementation:

- Both Exchanges conducted country-specific needs assessments prior to activity design.

- Country team members were identified through joint committees to ensure appropriate composition. Teams included both decision-makers and service delivery technical resource persons.

- Exchanges used local facilitators to endorse local capacity building. The Central America Exchange was also valuable in fostering learning and cross-fertilization among the regional countries.

- USAID Missions were actively involved and supportive in both Exchanges.

- The action plans developed through both Exchanges were realistic and fit into the existing country program activities.

- Support was available for participating countries to implement action plans developed through the Exchanges. In the case of the Central America subregional Exchange, the Latin America and the Caribbean (LAC) Bureau, through a designated CA, provided $15,000 of seed money for each country's action plan for one year. In Nigeria, technical support from the new bilateral project, the VISION project, has facilitated implementation of action plans.

- Follow-up plans were laid out to monitor the implementation of action plans. For each country, a responsible party was designated to coordinate and follow up on work plan activities.

Seed money, which was provided for the Central America Exchange countries, was an accountability factor for the country teams and increased their focus on implementing their plans. Using seed money to gain additional resources also increased the likelihood of implementation. Given the limited funding and one-year timeframe, action plans from the Central America Exchange were developed to complement and fit into overall country programs or projects.

Following the Exchange, Guatemala changed its intrauterine device practice due to shared regional learning. In El Salvador, contraceptive technology update information is being incorporated into medical and nursing training as a result of the MAQ Exchange. The team was also told that there is considerable progress in implementing action plans in one of the three targeted states in Nigeria. It should be noted that the exchange of ideas during the MAQ Exchanges might stimulate activities that result in the application of an idea that is not an exact replication. This spin-off effect is difficult to identify and measure.

The IBP meeting held in Cairo early in 2002 used a design similar to the MAQ Exchanges. Country teams developed work plans and a mentor, mostly from CAs, was designated for each country. However, many of the elements outlined above were not

explicitly present in the Cairo meeting. There was less involvement from the USAID Missions and funding was uncertain.

While the above examples provide strong potential for application of best practices in the future, it is too early to predict their success. All three events—the Central America and Nigeria exchanges and Cairo IBP—took place very recently. However, the team had anecdotal evidence from Nigeria, Guatemala, and El Salvador that action plan implementation is underway.

A critical question that remains unresolved is the level of responsibility that the MAQ Initiative has over the implementation of practical, cost-effective, and actionable interventions. Key informants involved in MAQ have differing opinions on the role of MAQ regarding implementation. Many believe that the Initiative's role is to provide opportunities for experts to collaborate and pool their knowledge and experience to identify and promote best practices and to make them accessible to a wider audience. Once the knowledge is disseminated, the CA community, USAID, and partner organizations will internalize and use them. Others think that implementation and application of the identified tools and concepts are within the mandate of the MAQ Initiative and that MAQ has the responsibility to follow up on and ensure implementation.

The answer probably lies somewhere in between these two different views. USAID/Washington leads the MAQ Initiative but does not have full responsibility for implementing field programs. USAID/Washington's key role is to advance and disseminate evidence-based technical knowledge. While USAID/Washington has some responsibility for application, it does not have full control over it. Implementation responsibility rests with the USAID field Missions and active involvement of the Missions is a key prerequisite for MAQ's future success. Past experience indicates that Mission involvement and support of MAQ activities, regardless of the mechanism, has greatly increased application of MAQ concepts at the country level.

The CAs are the implementers of USAID–funded programs in the field and the actual work of the MAQ Initiative is part of many CAs. The evaluation team observed that some CAs were better able than others to integrate MAQ philosophy and activities into their ongoing jobs. When integration is high, there is also a high level of contribution to and implementation of MAQ concepts.

In order for MAQ concepts to be utilized and applied in country programs, they need to be incorporated into the CAs' routine work. Recently awarded CATALYST and Advance Africa consortia both have clearly stated mandates to apply best practices. In order to promote implementation of best practices by CAs, future cooperative agreements should include language mandating that they do so.

USAID/Washington has been primarily focusing on the content of the MAQ Initiative and Exchanges up to now with less focus on the process and context of implementation. A number of interviewees noted that the MAQ Initiative and Exchange have not provided guidance regarding process and context issues. Diffusion of the content of MAQ information has been thought to be sufficient to ensure application. However, the assumption that knowledge and skills are adequate for tailoring the proper processes into

different contexts may be incorrect. Implementation requires a strong focus on all three application factors: content, process, and context.

Conclusions

- MAQ materials and tools are being used effectively in field programs, when adequately disseminated. Inadequate utilization seems to be a result of ineffective/nonsystematic dissemination and/or promotion of their utilization.

- MAQ clinical tools, contraceptive updates, and counseling aids are more widely used than other materials.

- Utilization of MAQ materials may have been underestimated due to the lack of brand recognition for MAQ in field programs.

- The MAQ Initiative has placed more emphasis on implementation and application of best practices over recent years.

- The successful Central America and Nigeria MAQ Exchanges have common elements and lessons learned that could be used in future implementation strategies.

- USAID Missions' involvement and support of MAQ activities are prerequisites for successful implementation.

- In order for MAQ concepts to be utilized and implemented in country programs, they need to be incorporated into CAs' routine work.

- The MAQ Initiative and Exchange have not provided guidance regarding processes and context issues for the application of MAQ concepts and principles.

- IBP follows a similar design to MAQ Exchanges but is less structured.

Recommendations

- USAID/Washington, the Missions, and the CA community should continue to promote the utilization of MAQ documents and tools in field programs, with increased emphasis on nonclinical materials.

- Lessons learned from the Central America and Nigeria Exchanges should be used in designing and implementing future MAQ Exchanges and IBP meetings.

- The two differing funding models for action plan implementation used in the MAQ Exchanges in Nigeria (bilateral) and Central America (USAID/Washington LAC Bureau and in-country funds) should be followed up and evaluated to determine whether they produced successful outcomes.

- Incorporating accountability language for MAQ concepts and principles implementation into CA cooperative agreements and contracts would ensure implementation in the future.

- USAID/Washington and the CAs should continue to strengthen their discussions with USAID Missions to ensure active involvement and support of the Missions for the implementation of best practices.

- USAID/Washington, in concert with the Missions, needs to provide additional guidance on process and context issues for implementation.

COSTS

GH/PRH allocates core funds earmarked for the MAQ Initiative. CAs participating in the Initiative receive these core funds at the beginning of the fiscal year. MAQ–earmarked core funds have been allocated to 20 agencies or projects over the last five years. MAQ funds have declined by almost 80 percent since 1998. The mechanism for the allocation of funds for the MAQ Initiative is similar to other projects and initiatives. CAs develop annual plans for MAQ activities that they propose to undertake accompanied by a budget. MAQ Initiative staff reviews proposed work plans and allocates funding to undertake selected activities.

Some of the CA representatives interviewed reported that current allocations of MAQ core funds were inadequate to cover the full costs of MAQ and MAQ–related activities. They further stated that the initiation of IBP activities affected CA budgets because most CAs used MAQ core funding for both MAQ and IBP activities. Therefore, the CAs reported internally that they allocated other core funds for IBP and MAQ activities. Some CA interviewees reported that in order to cover the costs of both MAQ and IBP activities, they expend at least twice as much as the MAQ–earmarked funds they received.

Some interviewees reported that their CAs have created a separate budget category for MAQ–related activities and have combined earmarked MAQ and other core funds under this category. Others reported that they did not create a separate budget category for MAQ–related activities and charged MAQ–related costs to other budget categories. Because of inconsistent budgetary practices, it was not possible for the team to calculate the total costs of the MAQ Initiative.

Seven CAs with the largest MAQ allocations were asked to provide the approximate level of their total expenditures for MAQ–related activities over the last three years. The estimated expenditures reported by some CAs do not support the assertion that total MAQ–related expenditures greatly exceed allocations during this time period. The total expenditures exceed MAQ–earmarked allocations by 50 percent.

The team noted a perception among the USAID/Washington staff that MAQ is a costly initiative. This perception is not widely shared among the CA community. Even though many CAs had expressed disappointment that they have to spend more resources for MAQ than they receive from earmarked monies, they still believe that the overall costs for the Initiative are not high. In particular, those CAs that are closely involved in MAQ

and that have experienced programmatic benefits believe that it is a cost-effective initiative and that it merits the cost and effort.

Conclusions

- The exact cost of the MAQ Initiative is difficult to calculate due to the inconsistency in CA budget and accounting processes.

- Reported estimated expenditures do not support the assertion that total MAQ–related expenditures greatly exceed allocations.

Recommendations

- USAID/Washington and the CAs should annually plan together for budget allocations to match MAQ activities.

- CAs should create a budget category for MAQ and MAQ–related activities that combines core and MAQ core funds.

APPENDICES

A. Scope of Work
B. Distribution List for Survey Questionnaire
C. Persons Interviewed
D. Online Survey
E. Survey Results
F. Illustrative Restructuring Model
G. Documents Reviewed

APPENDIX A

SCOPE OF WORK
(from USAID)

SCOPE OF WORK
MAQ INITIATIVE EVALUATION

BACKGROUND

Maximizing Access and Quality (MAQ) is a USAID/Washington Office of Population Special Initiative. The purpose of the MAQ Initiative is to bring together staff from USAID/Washington, USAID Missions, the cooperating agency (CA) community and program managers to identify and implement practical, cost-effective, focused and actionable interventions aimed at improving both the access to and quality of family planning and selected reproductive health services. The MAQ Initiative was established in May of 1994, building upon the Medical Barriers Initiative. The overall rationale is that there is a large unmet demand for voluntary contraceptive services. Removing barriers, promoting access and improving quality by focusing on specific practical improvements can serve the needs of clients and thereby markedly improve programs.

Although many CAs are already addressing MAQ–related objectives in their program activities, the MAQ Initiative provides opportunities for experts to collaborate and pool their knowledge and field experience to identify and promote state-of-the-art tools and concepts, thereby making them accessible to a wider audience. The MAQ Initiative highlights those areas of greatest actionability or accomplishment that might serve as models in other countries or regions. In essence, MAQ aims to distill and disseminate lessons learned from the broader CA experience as well as identify critical areas that have not yet been addressed.

STRUCTURE

The MAQ Working Group is decentralized and draws significantly on leadership in the CA community. Currently six subcommittees have been formed, five of which focus on a different technical aspect of quality and access: Client-Provider Interaction (CPI); Policy, Advocacy, Communication and Education (PACE); Management and Supervision; Community–Driven Quality (CDQ); and Organization of Work (OOW). An additional subcommittee, the Francophone Regional Subcommittee, has a regional focus and a technical agenda that varies over time. Each subcommittee is chaired by two or three co-chairs from CAs. The co-chairs plan, carryout and report on activities in coordination and consultation with USAID.

Since mid-1999, USAID has worked through the MAQ Initiative with WHO and other partner agencies to develop a practical and structured approach to capturing and applying best practices to family planning/reproductive health programs. The IBP (IBP) Consortium works at the international, regional and country level and demonstrates a model of international cooperation among major organizations. The main objectives of the IBP Consortium are to minimize duplication of effort, maximize the use of donor resources, efficiently use technical materials and tools developed by partners, promote change from within the system and encourage continuous improvement through mentorship and supportive follow-up. To date, the Consortium's practical work has primarily been focused on regional and inter-country meetings.

ASSESSMENT GUIDELINES

The MAQ Initiative has recently been moved into the Service Delivery Improvement (SDI) Division from the Research Division, where it had been located for eight years. This move into SDI reflects the continued evolution of MAQ to become part of the "mainstream" and focus more on actual field implementation.

EVALUATION PURPOSE AND OBJECTIVES

- The outcome of this assessment will contribute to the overall development of a new strategy for SDI and also clarify the role of MAQ in the newly reorganized Office of Population and Reproductive Health.
- It will be an overall assessment of MAQ and will focus on the larger impact that the MAQ Initiative has had over the past few years as well as make recommendations for its future focus and direction.
- The assessment will determine how MAQ should best evolve to meet field program needs.
- The assessment will look at the degree to which USAID and its partners are sharing MAQ information and if that knowledge sharing continues to grow.

Specifically, the objectives of the evaluation are to answer and assess the following areas:

Cross–fertilization and information sharing

To what extent has the MAQ Initiative played a key role in facilitating the exchange of best practices among USAID and its partners? Without the MAQ process, to what extent would sharing and cross-fertilization of best practices in quality and access have occurred? Would it have been to the same extent or been as efficient/effective?

- To what extent does participation in MAQ facilitate collaboration between CAs and cross-fertilization of best practices? To what extent have CAs adopted the collective best practices?
- To what extent do CA point persons transfer the information that they gain through their involvement in MAQ subcommittees and meetings to their colleagues within their own organizations? To what extent has this influenced their organizations' program work?

Best Practices Utilization and Dissemination

To what extent has MAQ "captured" best practices in specific technical areas?

- Are the best practices that have been captured of high technical quality? Technical areas to look at: Client–Provider Interaction, Supervision, Leadership, Contraceptive Technology Update, Performance Improvement, Community Defined Quality, etc. (please see MAQ Exchange modules for full range of technical focus areas). Also can look at MAQ innovation and research.

- To what extent has the MAQ subcommittee structure contributed to the identification and documentation of technical best practices?
- To what extent has the "IBP" Consortium and its activities contributed to the capture of best practices?

Dissemination

To what extent has MAQ contributed to dissemination and incorporation of best practices in CA and field programs?

- To what extent have MAQ concepts and technical guidance made their way into field programs?
- To what extent have the MAQ Exchanges/IBP conferences influenced application of best practices to improve access and quality of RH services in field programs?

MAQ Material Utilization and Cost Effectiveness

To what extent are key MAQ documents and tools being utilized?

- Possible documents to look at: Essentials of Contraceptive Technology books and wallcharts; Medical Eligibility Criteria; MAQ Exchange Modules; MAQ web site; pregnancy checklist; etc.
- Is the MAQ Initiative worthwhile relative to the cost? What is the real cost of MAQ? How is money allocated? (Please note these totals reflect only the MAQ Special Initiative funding over the past five years. This does NOT reflect the total Office of Population core funds or field support funds spent on access and quality activities.)

MAQ Budget 1998–2002

1998: $5.900 million
1999: $3.030 million
2000: $1.775 million
2001: $1.200 million
2002: $1.260 million

Next steps

Future

- Should MAQ continue as a special initiative? How much have MAQ's objectives been incorporated into the mainstream work of the CAs?
- How should MAQ evolve? What should the relationship of MAQ be to other ongoing best practices efforts (e.g. FHI's "Research to Practice" Initiative, Advance Africa's Best Practices Compendium, etc.)?
- How much has MAQ been mainstreamed? Do the principles of MAQ continue to need special emphasis/attention?

METHODOLOGY AND SCHEDULING

The evaluation team will consist of three consultants: a generalist, a technical expert, and a program expert. The team will determine and develop the methodology for the assessment before the assessment begins. They will determine the best way to collect the information from the key informants and will determine how/when/where the data collection will take place. There is possible travel to the offices in DC, New York, and North Carolina in order to carry out the evaluation. It has been determined that out-of-country travel is not necessary for this assessment. Interviews will be conducted with 53 MAQ key informants (see below).

The evaluation will start October 1, 2002. Tentative dates are as follows: data collection will be conducted from Oct.1–Oct. 23. Oct.23–Oct 30: documentation. Finally, Oct. 31–Nov.6 for the presentation of the report. The final report will be completed by Nov.15, 2002. This report will be an internal document and will not be a fully edited POPTECH report.

APPENDIX B

DISTRIBUTION LIST FOR SURVEY QUESTIONNAIRE

DISTRIBUTION LIST FOR SURVEY QUESTIONNAIRE

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Washington
Margaret Neuse
Jim Shelton
Michele Moloney-Kitts
Jeff Spieler
Estelle Quain
Dana Vogel
Jim Griffin
Maureen Norton
Marguerita Farrell
Sarah Harbison
Mihira Karra
Kellie Stewart

Missions
Alonzo Wind
David Losk
Melinda Wilson
Samresh Sengupta
Brenda Doe
Barbara Winkler Hughes
Maricarmen Estrada
Michael Mushi
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Lucrecia Castillo
Laura Slobey
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COOPERATING AGENCIES, PROJECTS, AND PVOS

Advance Africa
Susan Palmore

EngenderHealth
Lynn Bakamjian
Roy Jacobstein
Carmela Cordero
Jan Kumar
Jean Ahlborg
Ade Adetunji

Family Health International (FHI)
Roberto Rivera

Judith Collins
Tita Oronoz
Robert Rice
John Stanback

JHPIEGO
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Robert Ainslie
Ma Umba Mabiala

JHU/Population Information Program
Ward Rinehart

Management Sciences for Health (MSH)
Doug Huber
Sallie Craig Huber
Wayne Stinson
Allison Ellis

Pathfinder International
Kathy Solter

Population Leadership Program (PLP)
Sharon Rudy

PRIME
Bill Jansen
Pape Gaye
Marc Luoma
Jim MacMahon
Yvonne Sidhom
Boniface Sebikali
Milton Cordero

Population Council
John Townsend
Emma Ottolenghi
Juan Diaz

Quality Assurance Project
Diana Silimperi
Thada Bornstein
Jorge Hermida

Save the Children
Lisa Howard-Grabmann
Debbie Fagan
Mary Beth Powers

World Health Organization (WHO)
Maggie Usher
Bert Petersen
Sarah Johnson

OTHER

Elaine Murphy
Ayman Moshen
Joanna Nerquaye-Tetteh
Lucas Mbofung
Justine Tantchou
Nagbandja Kampatibe
Kadidiatou Maikibi

APPENDIX C

PERSONS INTERVIEWED

PERSONS INTERVIEWED

U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Washington
Margaret Neuse, Director, Office of Population and Reproductive Health
Jim Shelton, Senior Medical Advisor
Michele Moloney-Kitts, Chief, SDI Division
Dana Vogel, Health and Population Officer, SDI
Jim Griffin, Senior Technical Advisor, SDI
Maureen Norton, Senior Technical Advisor, SDI
Sarah Harbison, Senior Technical Advisor, Research Division
Mihira Karra, Senior Technical Advisor
Kellie Stewart, MAQ Coordinator

Missions
Alonzo Wind, Health Development Officer, USAID/Nicaragua
Barbara Winkler Hughes, Deputy Director for Population and Health, USAID/Zambia
Maricarmen Estrada, Reproductive Health Specialist, USAID/El Salvador
Lucrecia Castillo, Project Officer for HIV/AIDS, USAID/Guatemala
Susan Monaghan, Senior Health Advisor, USAID/Romania

COOPERATING AGENCIES, PROJECTS, AND PVOS

Advance Africa
Susan Palmore, Director of Strategic Dissemination

EngenderHealth
Lynn Bakamjian, Director of Programs
Roy Jacobstein, Medical Director
Carmela Cordero, Deputy Medical Director
Jan Kumar, Senior Manager for Informed Choice
Jean Ahlborg, Regional Medical Advisor, Thailand
Ade Adetunji, Director of VISION Project, Nigeria

Family Health International (FHI)
Roberto Rivera, Director of Office for International Research Ethics
Judith Collins, Senior Associate for Communication and Training
Tita Oronoz, Senior Communication and Training Officer
Robert Rice, Director of Training
John Stanback, Senior Associate for Health Services and Research

JHPIEGO
Rick Sullivan, Director of Learning and Performance Support
Ronald H. Magarick, Director of Training in Reproductive Health
Jennifer Macias, Team Leader for Africa Region
Chris Davis, MAQ Advisor
Pamela Lynam, Regional Technical Director, Kenya

JHU/Population Communication Services (PCS)
Jane Bertrand, Director
Phyllis Piotrow, Former Director
Michele Heerey, Senior Program Officer for Quality and Performance
Robert Ainslie, Senior Program Officer, Latin America Division
Ma Umba Mabiala, Senior Program Officer, Africa Division

JHU/Population Information Program
Ward Rinehart, Director

Management Sciences for Health (MSH)
Doug Huber, Principal Medical Officer for Reproductive Health
Sallie Craig Huber, Senior Fellow
Wayne Stinson, Senior Program Associate
Allison Ellis, Co-Director of Programs Unit

Pathfinder International
Kathy Solter, Director of Technical Services

Population Leadership Program (PLP)
Sharon Rudy, Director

PRIME
Bill Jansen, Director
Pape Gaye, Regional Director for West, Central, and North Africa
Yvonne Sidhom, Director of Reproductive Health and Special Initiatives
Boniface Sebikali, Area Program Manager for West and Central Africa

Population Council
John Townsend, Director of FRONTIERS Reproductive Health Program
Emma Ottolenghi, Senior Consulting Associate

Quality Assurance Project
Diana Silimperi, Deputy Project Director
Thada Bornstein, Deputy Training Director

Save the Children
Lisa Howard-Grabmann, Associate Director for Community and Institutional Capacity
Debbie Fagan, Community-Defined Quality Advisor

World Health Organization
Maggie Usher, Scientific Advisor for Reproductive Health and Research
Bert Petersen, Coordinator for Family Planning
Sarah Johnson, PLP Fellow

OTHER
Elaine Murphy, Professor of Global Health at Georgetown University (formerly of PATH)

APPENDIX D

ONLINE SURVEY

Exit this survey >>

MAQ Initiative Evaluation Survey

1. Introduction

This questionnaire is part of an assessment that will contribute to the overall development of a new strategy for USAID/SDID and also clarify the role of MAQ Initiative in the newly reorganized Office of Population and Reproductive Health.

1. In your opinion, to what extent has the MAQ Initiative been successful in identification and documentation of best practices?

Not at all successful 1	2	3	4	5 Highly successful
☐	☐	☐	☐	☐

2. In your opinion, in which technical areas has MAQ been most successful in capturing best practices? Check all that apply.

- ☐ Client-provider interaction
- ☐ Management and supervision
- ☐ Leadership
- ☐ Contraceptive technology
- ☐ Community-defined quality
- ☐ Policy, advocacy, communication and education (PACE)
- ☐ Monitoring and evaluation

- [ ] None
- [ ] Other (please specify)

3. To what extent has MAQ facilitated information sharing between USAID and the CAs and among the CAs themselves?

Not at all 1	2	3	4	5 Greatly
☐	☐	☐	☐	☐

4. How well have the MAQ best practices been disseminated within your organization?

Not at all well 1	2	3	4	5 Very well
☐	☐	☐	☐	☐

5. To what extent has MAQ contributed to the dissemination of best practices to the field?

Not at all 1	2	3	4	5 Greatly
☐	☐	☐	☐	☐

6. How well do you think the MAQ Initiative functions under its current organization and structure?

Not at all well 1	2	3	4	5 Very well
☐	☐	☐	☐	☐

7. How often have you used the MAQ Initiative website?

Never 1	2	3	4	5 Very often
☐	☐	☐	☐	☐

8. To what extent has the MAQ Initiative contributed to the incorporation and implementation of best practices in field programs?

Not at all 1	2	3	4	5 Greatly
☐	☐	☐	☐	☐

9. Do you think the gains from the MAQ Initiative have been worthwhile relative to the cost and effort?

Not at all 1	2	3	4	5 Greatly
☐	☐	☐	☐	☐

10. Should MAQ continue as a special initiative?

- ☐ No
- ☐ Yes, with some modification
- ☐ Yes, with significant modifications
- ☐ Yes, with no modifications
- ☐ No answer

11. How involved have you been with the MAQ Initiative?

Not at all 1	2	3	4	5 Very involved
☐	☐	☐	☐	☐

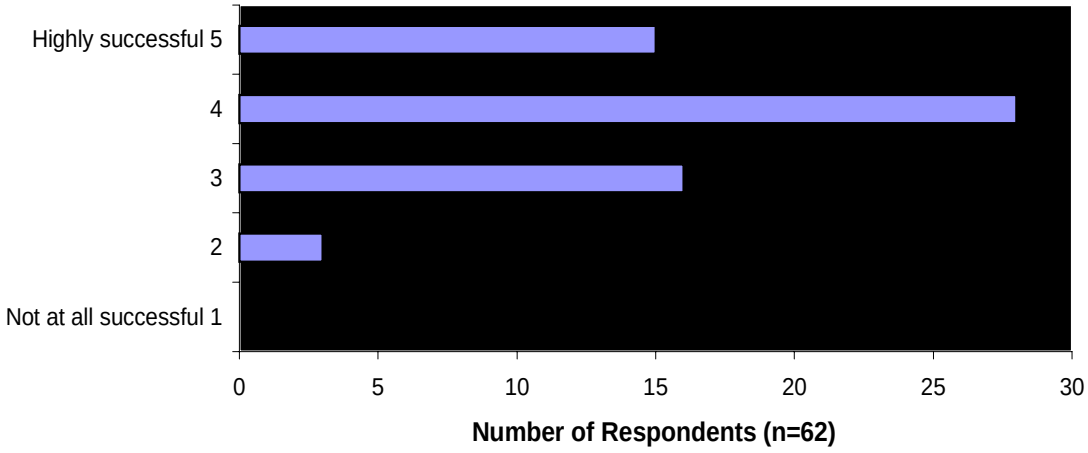
12. What is your affiliation?

- ☐ USAID/W
- ☐ USAID Mission
- ☐ CA Headquarters
- ☐ CA Field
- ☐ Other (please specify)

APPENDIX E

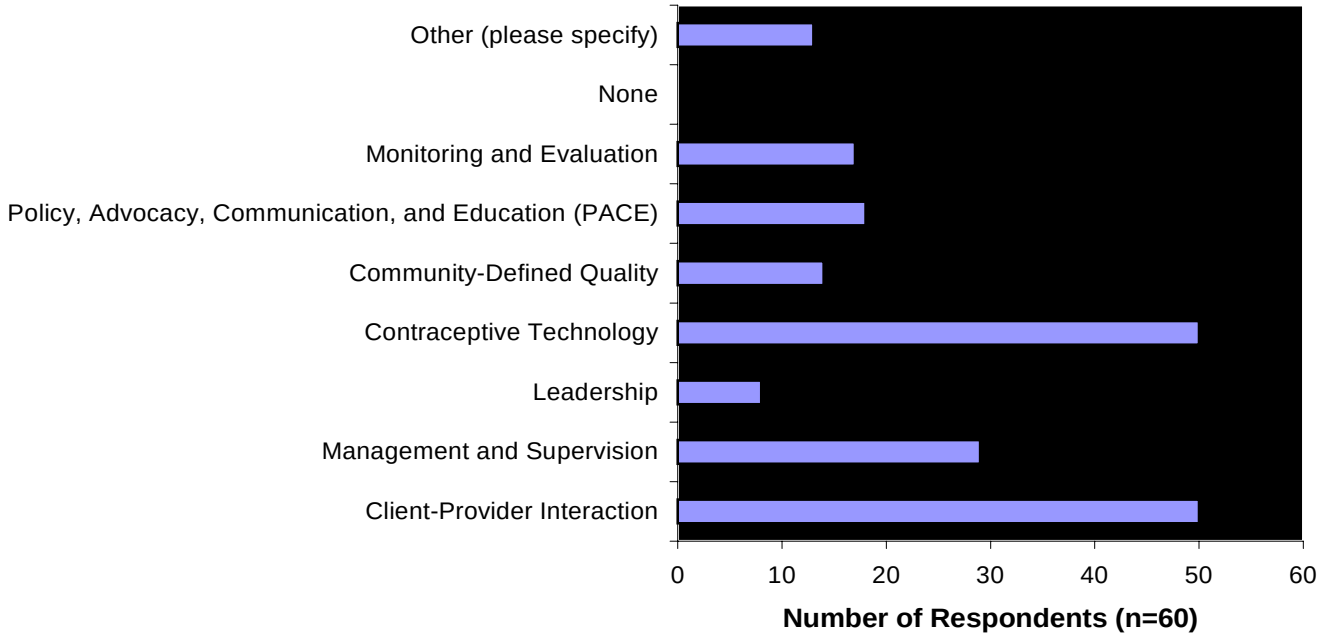
SURVEY RESULTS

Question 1
In your opinion, to what extent has the MAQ Initiative been successful in identification and documentation of best practices?



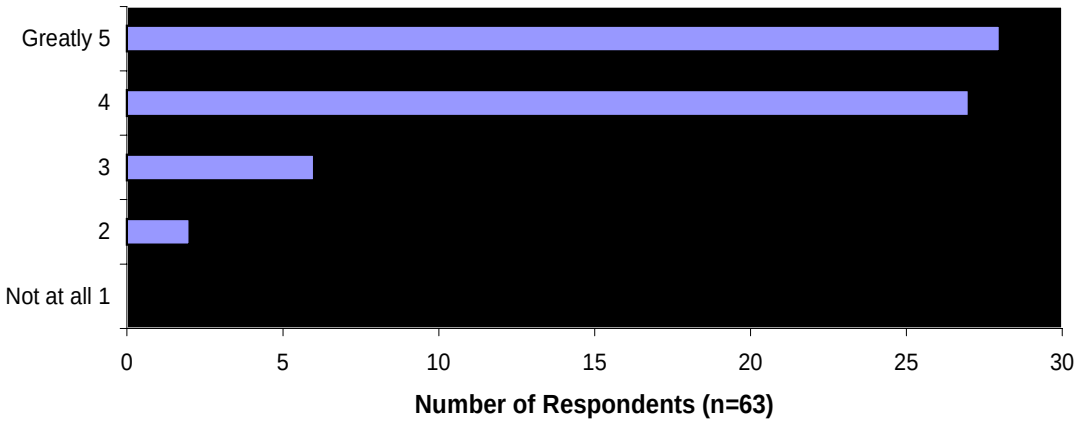
	Response Percent	Response Total
1	0	0
2	4.8	3
3	25.8	16
4	**45.2**	**28**
5	24.2	15
	Total Respondents	**62**
	(skipped this question)	1

Question 2
In your opinion, in which technical areas has MAQ been most successful in capturing best practices? Check all that apply.



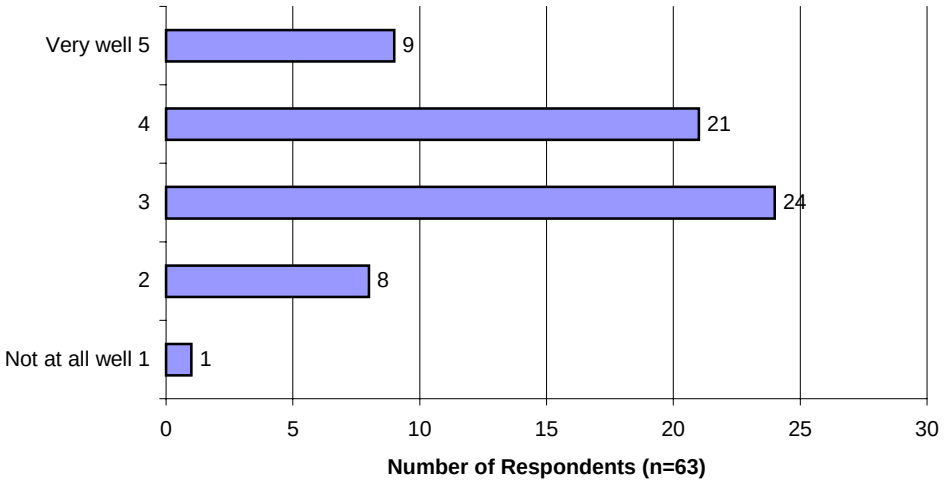
	Response Percent	Response Total
Client-Provider Interaction	**83.3**	**50**
Management and Supervision	48.3	29
Leadership	13.3	8
Contraceptive Technology	**83.3**	**50**
Community-Defined quality	23.3	14
Policy, Advocacy, Communication, and Education (PACE)	30	18
Monitoring and Evaluation	28.3	17
None	0	0
Other (please specify)	21.7	13
	Total Respondents	**60**
	(skipped this question)	3

Question 3
To what extent has MAQ facilitated information sharing between USAID and the CAs and among the CAs themselves?



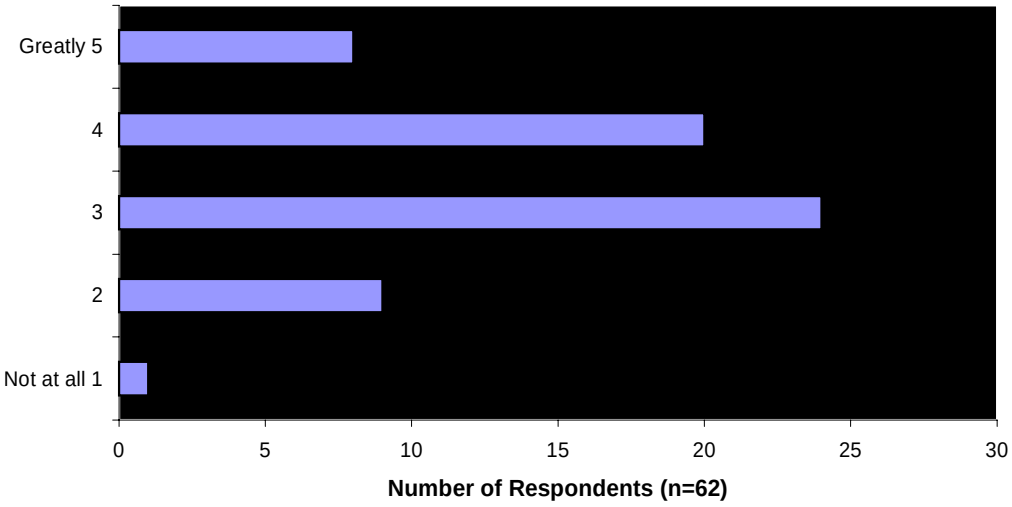
	Response Percent	Response Total
1	0	0
2	3.2	2
3	9.5	6
4	**42.9**	**27**
5	**44.4**	**28**
	Total Respondents	**63**
	(skipped this question)	0

Question 4
How well have the MAQ best practices been disseminated within your organization?



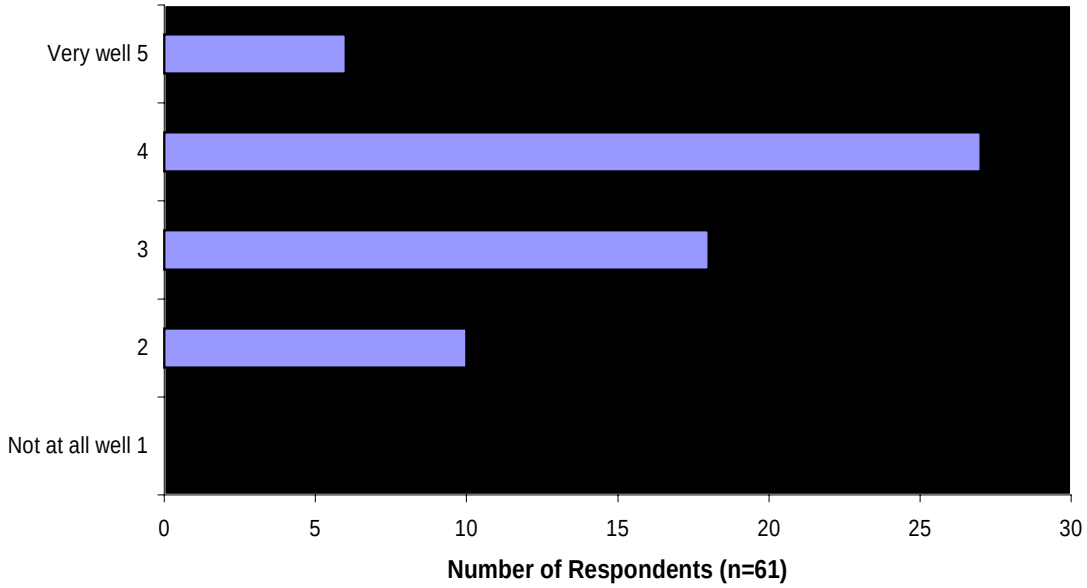
	Response Percent	Response Total
1	1.6	1
2	12.7	8
3	**38.1**	**24**
4	33.3	21
5	14.3	9
	Total Respondents	**63**
	(skipped this question)	0

Question 5
To what extent has MAQ contributed to the dissemination of best practices to the field?



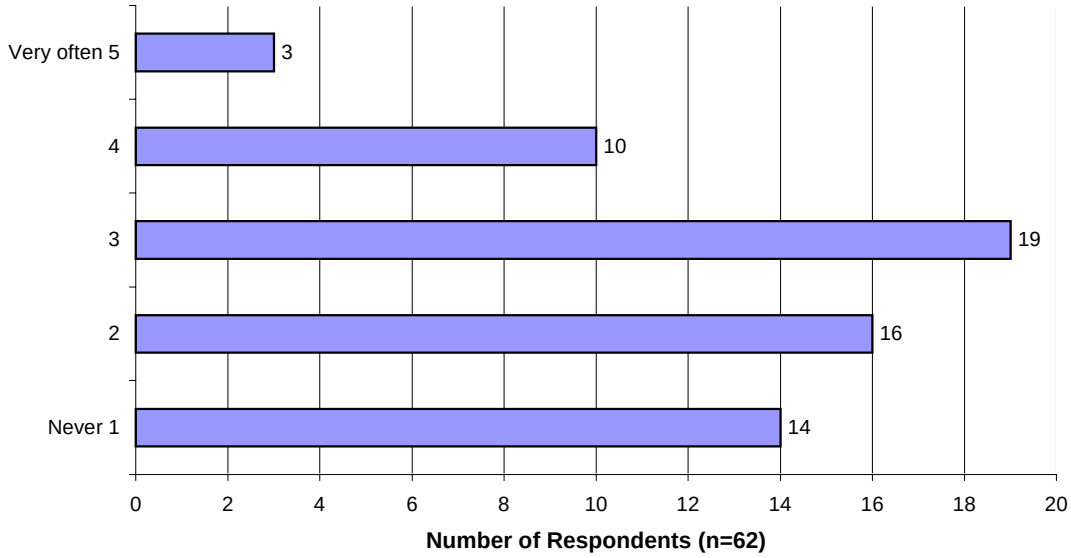
	Response Percent	Response Total
1	1.6	1
2	14.5	9
3	**38.7**	**24**
4	32.3	20
5	12.9	8
	Total Respondents	**62**
	(skipped this question)	1

Question 6
How well do you think the MAQ Initiative functions under its current organization and structure?



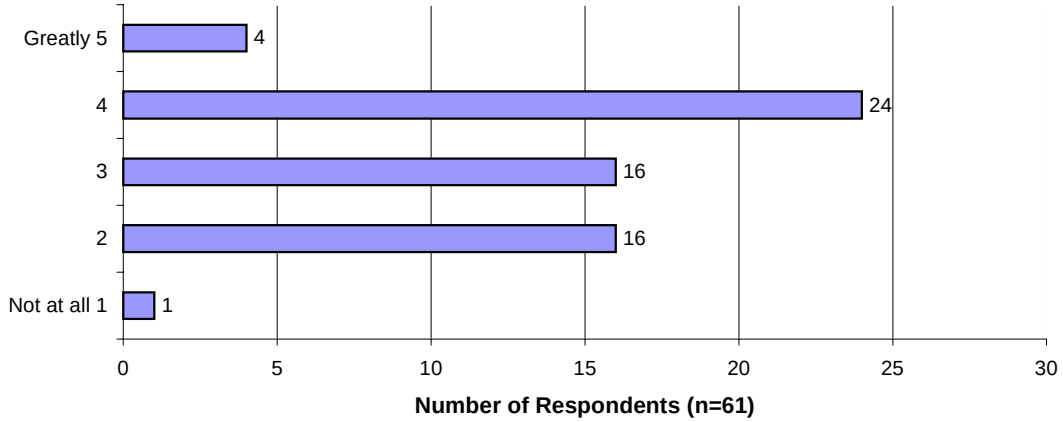
	Response Percent	Response Total
1	0	0
2	16.4	10
3	29.5	18
4	**44.3**	**27**
5	9.8	6
	Total Respondents	**61**
	(skipped this question)	2

Question 7
How often have you used the MAQ Initiative web site?



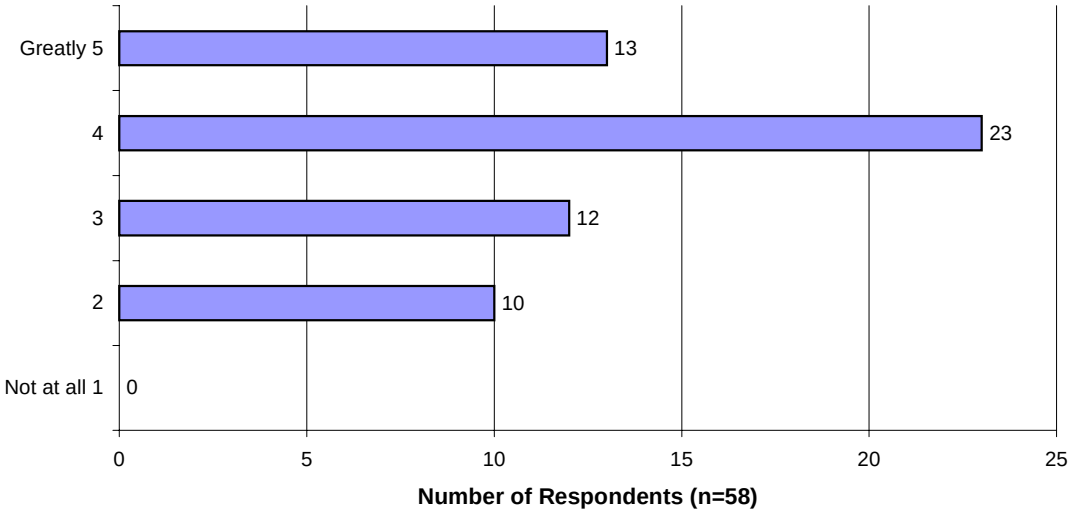
	Response Percent	Response Total
1	22.6	14
2	25.8	16
3	**30.6**	**19**
4	16.1	10
5	4.8	3
	Total Respondents	**62**
	(skipped this question)	1

Question 8
To what extent has the MAQ Initiative contributed to the incorporation and implementation of best practices in field programs?



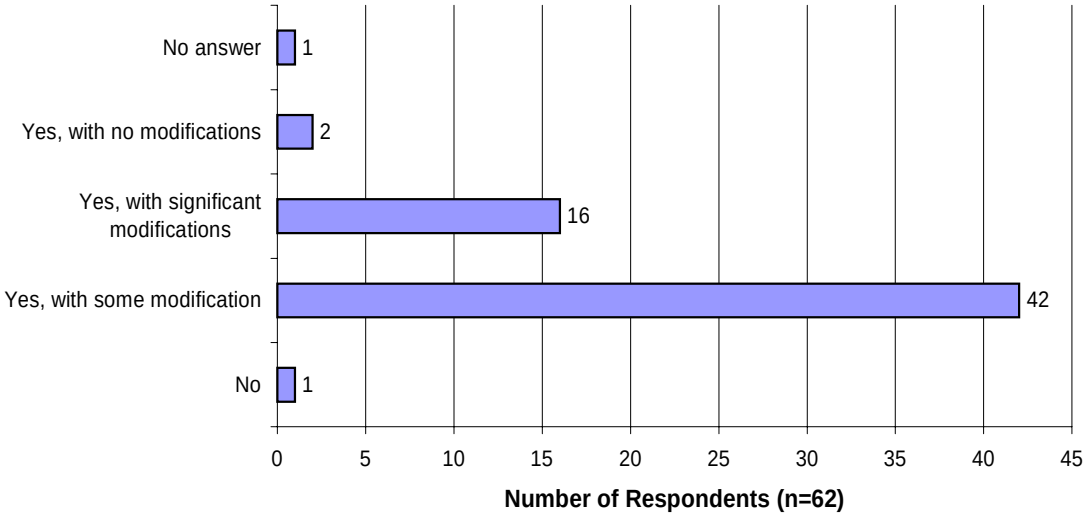
	Response Percent	Response Total
1	1.6	1
2	26.2	16
3	26.2	16
4	**39.3**	**24**
5	6.6	4
	Total Respondents	**61**
	(skipped this question)	1

Question 9
Do you think the gains from the MAQ Initiative have been worthwhile relative to the cost and effort?



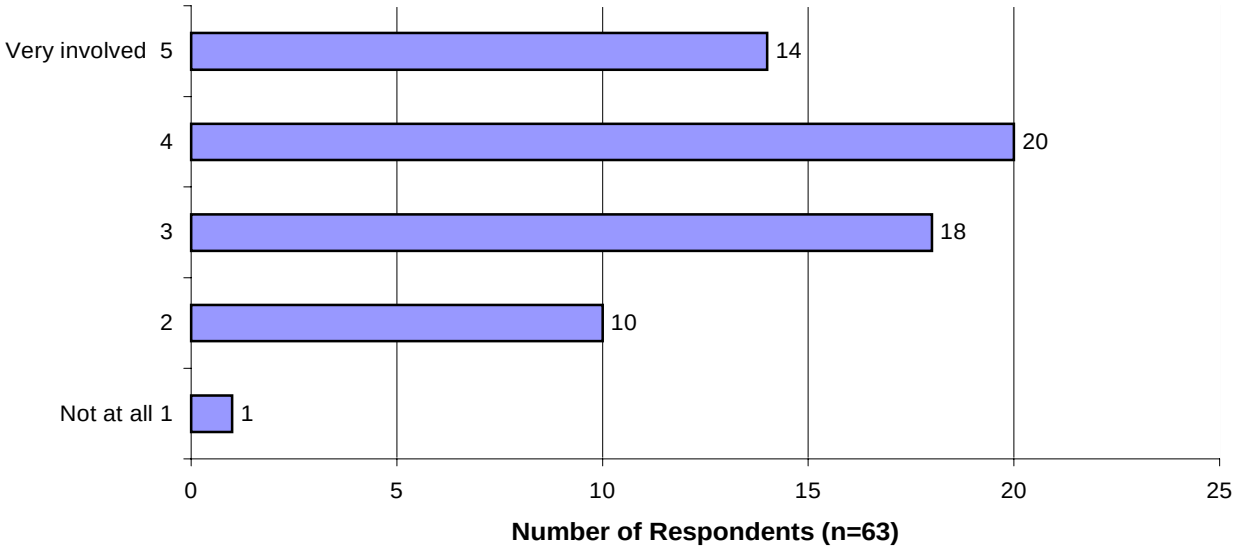
	Response Percent	Response Total
1	0	0
2	17.2	10
3	20.7	12
4	**39.7**	**23**
5	22.4	13
	Total Respondents	**58**
	(skipped this question)	5

Question 10
Should MAQ continue as a special initiative?



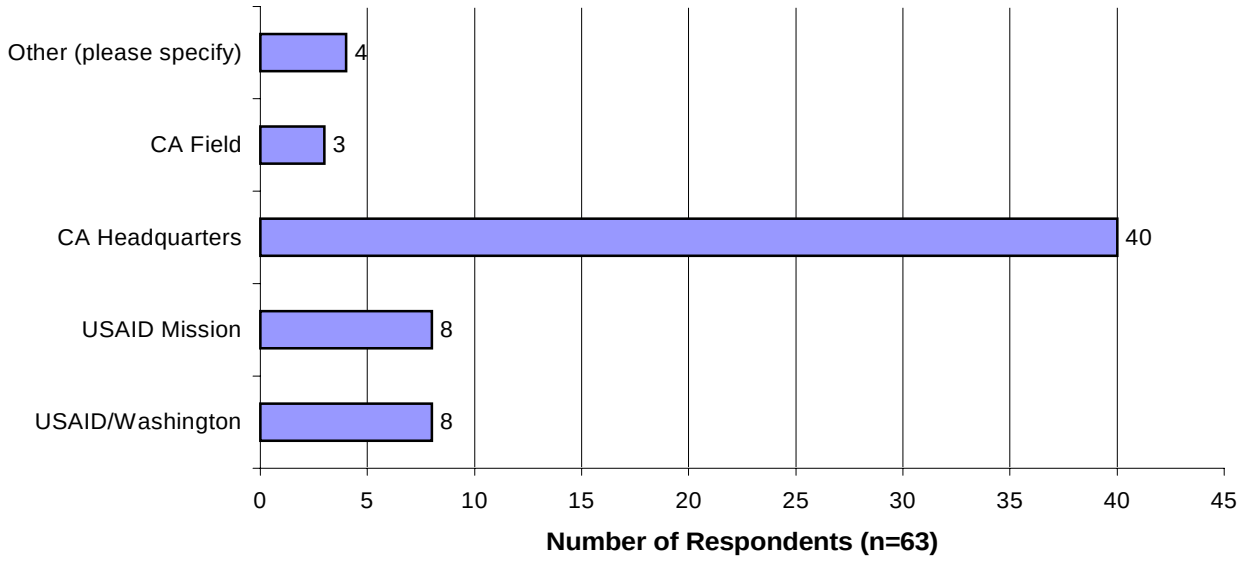
	Response Percent	Response Total
1	1.6	1
2	**67.7**	**42**
3	25.8	16
4	3.2	2
5	1.6	1
	Total Respondents	**62**
	(skipped this question)	1

Question 11
How involved have you been with the MAQ Initiative?



	Response Percent	Response Total
1	1.6	1
2	15.9	10
3	28.6	18
4	**31.7**	**20**
5	22.2	14
	Total Respondents	**63**
	(skipped this question)	0

Question 12
What is your affiliation?



	Response Percent	Response Total
USAID/Washington	12.7	8
USAID Mission	12.7	8
CA Headquarters	**63.5**	**40**
CA Field	4.8	3
Other (please specify)	6.3	4
	Total Respondents	**63**
	(skipped this question)	0

APPENDIX F

ILLUSTRATIVE RESTRUCTURING MODEL

ILLUSTRATIVE RESTRUCTURING MODEL

Title: Shared Vision—All the Right People Included

This model attempts to bring representatives from each of the stakeholder groups together throughout the process of identification of work to be performed, execution of that work, and implementation and advocacy for it, once it is completed. The model attempts to apply MAQ principles to the MAQ Initiative itself. The anticipated benefit of this structure is that both USAID/GH/PRH divisions and participating CAs will have shared ownership, shared commitment, and shared agreement regarding what the MAQ Initiative is attempting to achieve.

MAQ STEERING COMMITTEE/ADVISORY COMMITTEE

Membership

Representatives named by participating CAs, USAID/Washington divisional and technical representatives assigned

Meeting Frequency

Semiannually or quarterly

Requirements

- Highly committed to MAQ mission
- Able to attend meetings regularly
- Members act as liaison from committee to home organization
- Members responsible for disseminating MAQ information within home organization
- Members act as advocates for MAQ
- CA representatives responsible for bringing forward field input on issues and identifying field needs/demands

Committee Charge

- Solicit field input through direct field communications
- Identify and set priorities for work to be performed based upon emerging issues and field input
- Request work from subcommittees/work groups or create new groups
- Interface with other USAID and WHO/USAID initiatives, consortia, and projects through committee representatives

Size

Sufficient to act decisively and in a timely manner

MAQ SUBCOMMITTEES/WORK GROUPS

Membership

- Co-chairs include a USAID/Washington representative; co-chairs have staggered terms
- According to technical expertise and/or interest; steering committee representatives, CA representatives, and USAID/Washington as ex-officio representatives

Meeting Frequency

As needed

Requirements

Committed to regular attendance, completing work assignments, and acting as MAQ Initiative advocate within their organizations and in the field

Subcommittee Responsibilities

- Propose a response to the charge given by the steering committee (e.g., describe product[s] to be created)
- Agree on steps to complete work
- Review proposed product(s) and steps with steering committee
- Provide progress reports and final outcomes or product(s) to steering committee
- Assist steering committee in identifying and establishing priorities for emerging issues for MAQ focus

Illustrative Work Groups

- Content focus (e.g., management and supervision, community-driven quality)
- Geographic focus (e.g., Francophone region, Central America Region)
- Product focus (e.g., supervision guide, exchange module, job aids, management processes)

- Process focus (e.g., exchange action plan evaluation for seed money use, best practice implementation strategies)

APPENDIX G

DOCUMENTS REVIEWED

DOCUMENTS REVIEWED

Conference on MAQ: Implementing Policies, Norms and Protocols in Reproductive Health Services. Conference highlights, Dakar, Senegal, 1–4 March, 1999.

Essentials of Contraceptive Technology. Baltimore: Johns Hopkins Population Information Program, 1997.

Family Health International. *Checklist to Rule Out Pregnancy*. (Undated)

_____. *The Effectiveness of National Dissemination of Updated Reproductive Health/Family Planning Guidelines in Kenya*. Chapel Hill, August 2001.

Gaye, P. et al. *Trip Report Nigeria: March 11–23, 2002.* INTRAH/PRIME, 2002.

Improving Access to Quality Care in Family Planning: Medical Eligibility Criteria for Contraceptive Use. Geneva: World Health Organization, 2000.

Jennings, Victoria et al. *Analyzing the Organizational Context for Positive Client–Provider Interaction: A Leadership Challenge for Reproductive Health.* MAQ Paper Vol. 1, No. 1, Boston, MA: Management Sciences for Health, 2000.

MAQ: From Guidelines…to Action. Proceedings of the MAQ Conference, Washington, D.C., May 12–13, 1998.

MEASURE *Evaluation. Monitoring Quality of Care in Family Planning by the Quick Investigation of Quality (QIQ): Country Reports*. MEASURE *Evaluation* Technical Report Series No. 5, Carolina Population Center, University of North Carolina at Chapel Hill, July 2000.

Murphy, Elaine and Cynthia Steele. *Key Principles in Client–Provider Interaction.* MAQ Paper Vol. 1, No. 2, Boston, MA: Management Sciences for Health, 2000.

Oliver, J. et al. *Trip Report Honduras: April 17–27, 2002*. Quality Assurance Project, 2002.

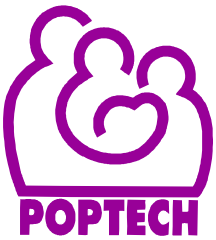
Senlet, P. *Best Practices in Monitoring and Evaluation: Lessons from the USAID Turkey Population Program*. Special Report, MEASURE *Evaluation*, Carolina Population Center, 2002.

Shelton, J., S. Davis, and J. Mathis. *Checklist for Family Planning Service Delivery with Selected Linkages to Reproductive Health.* Washington, D.C. (No date)

Stinson, W., L. Bakamjian, S.C. Huber, and D. Silimperi. *Managing Programs to Maximize Access and Quality: Lessons Learned from the Field.* MAQ Paper Vol. 1, No. 3, Boston, MA: Management Sciences for Health, 2000.

USAID. MAQ Initiative Committee Meeting Minutes. 1997–2002.

_____. MAQ Subcommittee Statement of Purpose and Goals. (Undated)



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