

XD-APP-022-A PD-APP-022  
5270245/15  
PROJECT EVA.

UNCLAS  
CLASSIFICATION  
ATION SUMMARY (PES) - PART I

13N-34017

Report Symbol U-47

1. PROJECT TITLE  URBAN FAMILY PLANNING SERVICES			2. PROJECT NUMBER 527-0245	3. MISSION/AID/W OFFICE PERU 176
5. KEY PROJECT IMPLEMENTATION DATES			4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) <u>FY84-05</u>	
A. First PRO-AG or Equivalent FY <u>81</u>	B. Final Obligation Expected FY <u>81</u>	C. Final Input Delivery FY <u>84</u>	<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION	
6. ESTIMATED PROJECT FUNDING			7. PERIOD COVERED BY EVALUATION	
A. Total \$ <u>167,029</u>			From (month/yr.) _____	
B. U.S. \$ <u>100,000</u>			To (month/yr.) <u>June, 1983</u>	
			Date of Evaluation Review _____	

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIC, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
<p>This project was evaluated in May/June 1983. The conclusion was that the CBD program was beginning to take hold. New acceptors had doubled during each of the past two quarters. The evaluation recommended that the termination date (8/31/83) be extended for at least six months at no additional cost. Extension was approved until March 1984.</p> <p>The evaluation also made a number of specific recommendations with respect to improved implementation. Actions that were deemed feasible in light of funding and other related constraints have been carried out (i.e., recommendations 1-4, 7).</p>		

<p>9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS</p> <p><input type="checkbox"/> Project Paper      <input type="checkbox"/> Implementation Plan e.g., CPI Network      <input type="checkbox"/> Other (Specify) _____</p> <p><input type="checkbox"/> Financial Plan      <input type="checkbox"/> PIO/T      _____</p> <p><input type="checkbox"/> Logical Framework      <input type="checkbox"/> PIO/C      <input type="checkbox"/> Other (Specify) _____</p> <p><input checked="" type="checkbox"/> Project Agreement      <input type="checkbox"/> PIO/P      _____</p>	<p>10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT</p> <p>A. <input type="checkbox"/> Continue Project Without Change</p> <p>B. <input type="checkbox"/> Change Project Design and/or <input checked="" type="checkbox"/> Change Implementation Plan</p> <p>C. <input type="checkbox"/> Discontinue Project</p>
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<p>11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Name and Title)</p> <p>Mr. Arthur Danart, Population Officer</p>	<p>12. Mission/AID/W Office Director Approval</p> <p>Signature <i>George Hill</i></p> <p>Typed Name <u>George Hill</u></p> <p>Date <u>2/10/84</u></p>
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ISN-34019  
527 0245/17  
XD-AMP-088-A

EVALUATION REPORT

OPG 527-0245, URBAN FAMILY PLANNING SERVICES PROJECT

LIMA, PERU

MAY-JUNE 1983

Prepared by

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## BACKGROUND

This report provides an assessment/evaluation of the Urban Family Planning Services Project funded under OPG 527-0245 with USAID and The Institute Hipolito Unanue of Lima, Peru. The OPG was signed in August of 1981, and the grant period runs through August of 1983.

The project is also known as "The Womens' Development Program" and "The Mothers' Clubs Project." Its purposes are to establish a community based contraceptive distribution system in five pueblos jovenes of metropolitan Lima (Cono Sur) and to expand the income-generating handicraft skills of women through work with mothers' clubs.

The Contracting Agency: The Instituto Hipolito Unanue was established in 1967 as a nonprofit organization supported primarily with donations from laboratories and pharmaceutical companies doing business in Peru. Its purposes are to promote the study, practice and investigation of medical services in Peru and to undertake relief and assistance activities for Peruvian communities.

The Institute provides money for research, scholarships and prizes for student and professional accomplishments in the field of medicine. In addition, the Institute has a social program, which consists primarily of maintaining four health clinics in pueblos jovenes and the OPG community-based distribution program. Also within the scope of the services programs are training activities and support for meetings of persons concerned with family planning in Peru.

The health centers were constructed with funds donated by local organizations and from interest on accounts held by the Institute. Since 1978, Pathfinder has contributed . funds for the provision of family planning services at these centers. Through fees for services, the centers also generate part of their own support. Funds to support the training programs and the meetings of representatives of family planning organizations have been contributed by Development Associates.

The experience of the Institute in providing clinic-based MCH and family planning services was used as partial justification for the OPG. It was assumed that the clinic and CBD operations would be coordinated and mutually supportive.

Project Strategy: Community-based distributors are expected to promote the use of contraceptives among their neighbors and friends and to provide supplies to users in marginal areas of Lima. The distributors are selected on the basis of their leadership, marital status, health, and interest. They are given two days' training by project staff. They receive no salary, but retain 70% of the price (nominal) charged for contraceptives. If users indicate that they cannot pay, however, the contraceptives may be distributed free of charge.

The distributors work out of their own homes and visit women in their homes. They also participate in group meetings and discussions. In addition to promoting family planning, they may participate in other community development promotional activities.

Distributors are supervised by promoters who are salaried workers. When the project is fully operational, it is planned that there will be one promotor for each ten distributors. Promoters are responsible for group discussions in the community (mothers' clubs, school groups, etc.) as well as supervision of the distributors and doing follow-up home visits with distributors.

Two field supervisors are responsible for managing directly the promoters and for working with the mothers' clubs. While they share some responsibilities for both of these activities, one is primarily responsible for health supervision and the other is primarily responsible for working with the clubs. Both participate in promotor and distributor training.

Skilled persons who train mothers' clubs members in handicrafts are contracted for that purpose. Project staff assist in bookkeeping, materials purchases and storage, and the identification of markets for goods produced.

Project Goals: The purposes of the OPG are, as mentioned above, to implement a CBD service system in five pueblos jovenes of metropolitan Lima and to expand the income-generating skills of women. It is also anticipated that the health of the population will be improved through the presence of additional trained health promoters and that the number of referrals to the Instituto-operated health centers will be increased.

The projected plan indicated that by the end of August 1983 it would have trained and placed two instructors of promoters and distributors, 36 health promoters and 360 distributors. It was expected that by that time they would have served 11,000 new acceptors.

The mothers' clubs' activities were expected to have trained 750 women in handicraft skills and to have found markets for the goods produced.

## OBSERVATIONS

Goal Achievement: The project got off to a slow start in all respects and will fall short of its goals by the end of the funding period. It appears that it did not begin to expend funds until five months after the OPG agreement was signed so that, by the end of August 1983, it will have been operating for only nineteen months instead of the scheduled two years. Work with the mothers' clubs did not begin until July 1982.

At the end of May, the project had 20 promotors and 116 distributors, of the 36 promotors and 360 distributors that were scheduled by the end of August this year. The project has scaled down its goals with regard to the numbers that will be supported during the remaining months so that there will be just 20 promotors and no more than 200 distributors in place. This lowering of goals seems to be a realistic response to the recognition of supervisory and logistical limitations.

Many more persons have been trained under project auspices than are now working within the system. It has trained a total of 41 family planning promotors. Some of them were from the Instituto health centers. Others work for INPPARES and the Centro de Salud Tupac Amaru and apparently still other organizations.

The project has also trained some 240 distributors. Most of the 120 or so who are no longer with the project withdrew on their own, but others were dropped when they showed little interest or ability in promoting family planning and gaining new acceptors. The drop-out rate of distributors is reported to be lower among more recently trained groups who have been selected on the basis of evidence of community leadership as well as other criteria.

During the one-year period between the first of April, 1982, and the end of March, 1983, the project operated with between thirteen and fourteen promoters and between 34 and 45 distributors. In April of this year, the number of promoters increased to 20 and the number of distributors jumped to 94. The number of promoters remained the same in May, but another 22 distributors were added during that month. Until March of this year, the number of new acceptors per month ranged between 110 and 250, running generally under 200. During the month of March, the number increased to over 600 and in May it was reported to have been 199. Continuing patients showed impressive gains as well.

The number of new acceptors that were anticipated by the end of the project (August 1983) was 11,000. By the end of May, 1983, they claimed to have captured 1974 new acceptors in all. These included referrals for IUDs that are assumed to have been inserted. The number of pill and condom users served during the month of May totalled 3,694, suggesting a remarkably high continuation rate.

The mothers' clubs' handicraft production activities are now operating in four areas. Since they began in July of 1982, they have generated almost one million soles worth of income and there is now a revolving fund of over 175,000 soles with which to purchase supplies. The women have taken a profit of 555,000 soles. Goods are being sold at handicraft fairs and in stores in Lima. The number of women participating in the mothers' clubs was not available.

Coordination with Clinic Services: Although in the initial phase the CBD project was at least implicitly linked to the ongoing clinical services operations of the Instituto Hipolito Unanue, they operate independently of

one another. CBD-based promoters have participated as trainees in the promoter training program, but they have no further connection. CBD staff, but they have no further connection. CPB promoters refer interested women to the clinics for IUD insertions, but do not offer follow-up care. The record systems of the two sub-projects are independent, allowing for the possibility of double counting of users who access both sources of supplies and failing to take notice of any influence the existence of the two sources of services have on one another. For example, there appears to have been a significant decline in the number of continuing pill users and an increase in the number of IUD insertions at the clinics in recent months. Both of these might well be the result of the CBD project. Also, because the mutual influence was not anticipated, the record system does not inform us regarding the number of users who have effectively "pirated" from the clinics and are termed "new acceptors" by the program. The added impact of the CBD project is thus not determinable. It should be one of the primary questions that could be answered with the comparison of projects.

Staff is concerned that patients referred to the centers by them do not receive special consideration, negating much of the positive impact of having referrals from the community workers. It was mentioned that potential users are often told to return on another day when they show up at the center being referred.

Institute Contributions: The project plans call for an Institute contribution (in kind) of \$67,000 for the two-year life of the project. The contribution includes space, administrative and logistical support and some

office equipment. Also included in the original plan was an estimate of some \$60,000 of the capital costs (or amortization?) of the health centers, which, as indicated above, are not used directly by the project.

The office provided to the supervisory staff are commodious and centrally located in Lima, some distance from the project area. The offices are equipped with shelves, storage cabinets, desks and other necessary equipment. They have access to telephones. There are no light fixtures in the offices.

The Institute makes a Volkswagen microbus available to the project on two days each week, when it is not otherwise being used to transport physicians and nurses to health centers.

Budgeting and Expenditures: Of the \$100,000 allotted for two years under the OPG \$42,667 was budgeted to be spent during the first year, the remaining \$57,333 for the second year. The program began late and established a different scheme which called for spending \$56,611.49 during the first thirteen months and the total to be spent prior to the end of August, 1981, was reset to be \$80,000.

In fact, only \$29,458.01 was committed during the first 13 months, leaving \$50,542.99 available for the last six months of the project. It is difficult to see that this total will be spent, however, unless the project is extended beyond August.

No estimates are available regarding the amount of money expected from the sale of contraceptives. There are no other activities that generate income for the support of the CBD effort.

Quality of Personnel: The supervisory staff appears to be competent and highly motivated. The project coordinator received CBD training under the APROFAM program in Guatemala and has had several years' experience as a nurse and nurse supervisor in the MOH and with private health centers in marginal neighborhoods.

The field service staff also appear to be dedicated and serious about making family planning services available broadly. During the initial months there, a majority of the distributors either withdrew or were dropped because of lack of interest or ability to promote contraceptive use. Since the criteria for selection of distributors have been changed to include community leadership, the performance level has improved and the retention rates have increased dramatically.

Project personnel lack experience with problems of project design, information systems and reporting. It should be noted that, within its context, this project represents a novel and large-scale operation that should be of considerable interest to those who are considering making family planning services more broadly available in Peru. Considerable technical assistance in these areas is warranted.

Project Design: Overall project design has never been laid out very clearly. There is no overall month-by-month schedule of activities, outputs and budgeted expenditures that we could find. As a result, planning has not been very systematic and changes in goals and procedures seem to have occurred almost without notice. Among these changes has been the scaling back of anticipated numbers of distributors. And, there is some confusion between whether the project should claim to have achieved its goal because it has trained over 40 promoters although it has retained only 20 for the project itself, the others having been

trained for other projects. Without such a detailed plan, it is not possible to anticipate just what the month-by-month cost needs will be, thus there have been numerous gross budget revisions, but there is no realistic estimate now available regarding the amount required to continue the project until any particular date in the future.

## COMPARATIVE EVALUATION

When this project was initially planned, there had been very little experience with similar activities in Peru and the designers were working in something of a vacuum. Given this, the fact that goals that they set then were not achieved are less important for evaluating the project than are comparisons among projects. Information gathered by the various projects in Peru are not gathered with the idea that they will be compared, it is possible and necessary to make some gross comparisons.

As indicated above, the project was slow in getting started and will not reach its initial goals by the end of August 1983. Because of the late start and recognition of existing supervisory limitations, goals with respect to number of promoters and distributors have been cut back. As we mentioned, this represents a realistic response to program capabilities. In retrospect, the initial plan appears to have been the most ambitious of any project in Peru.

At the same time, the currently employed 20 promoters and 114 distributors represents a considerable achievement in comparison to other CBD programs in Peru. If the project expands to include 200 distributors by the end of August, it will then be the largest CBD operation in the country.

The number of new acceptors and current users managed by the program in May was 3,694, and if it continues to increase the number at the current rate it will have at least 6000 users at the end of August. This again puts this project among the largest in the country.

Financial reports are not set up so that one can estimate costs per user and costs per new acceptor in this project. Additionally, estimates of current users are drawn from single-month contracts rather than through obser-

vation of the population or follow-up reports. Some users may have multiple sources of methods and thus fail to be registered by the project during any particular month when they seek resupply elsewhere. There are other confounding aspects of the data as well. We must assume, however, that other projects suffer similar data limitations and reflect similar errors. In comparison with other CBD projects, it appears that the cost per user and the cost per new acceptor must be in the low range for projects that are in their initial one or two years of operation.

The project of Carmen de la Legua, for example, gained 5555 new users during its third year of operation, during which it maintained a full staff and had a budget of over \$50,000 (including its MCH clinic service operation). The Institute's CBD program is not yet fully in place and the past year has been one of training and development. The 12-month expenditures are not available but it seems doubtful that as much as \$45,000 was spent on program operations.

The Institute's CBD costs seem to compare very favorably with other CBD projects, including those of Instituto Marcelino and Cuzco Pueblo Jovenes. In the two sub-projects involving clinics and CBD, Marcelino has about 3100 active users with an annual budget of more than \$50,000. During its first year of operation, the Cuzco Pueblos Jovenes Project gained 721 new users with a budget of about \$15,000. It anticipates 500 new acceptors during the coming year with another \$15,000 to cover both continuing and new users.

## RECOMMENDATIONS

1. The project should be extended for at least six months beyond the August 31 end-of-project date. It should be possible to do this without committing additional funds.
2. During the six-month period, the project should be able to reach its now planned size of 200 trained distributors and 20 promoters and determine its capacity for increases beyond this using the existing supervisory staff.
3. The project staff should develop a detailed project design that takes into account the capabilities of staff and revised goals. The design should also identify clearly the relationships that will exist between health center and CBD operations.
4. A data system should be developed that insures that there will be no double counting of users seen by both the centers and the CBD distributors and that continuing users are properly counted.
5. The project should establish budgeting and accounting procedures that will clearly separate the costs of operating the mothers' clubs and the CBD program. While these may be integrated in practice through common supervisors and shared use of facilities, it is important to be able to cost them separately.
6. The top supervisory staff is spread very thin over a large area. Consideration should be given to making a vehicle available to the staff on a full-time basis. Consideration should also be given to providing office facilities in the project area rather than at the Institute in central Lima.
7. The mothers' clubs project seems to be well on its way to self-sufficiency. Revised designs should take into account declining supervisory and financial needs of this aspect of the project. Consideration should be given to using the clubs to generate support for the family planning activities and, alternatively, to making it independent. If by having it as an integrated part of the family planning program contributes effectively to the success of that program, this should be demonstrated.
8. More detailed information about the population in the target areas should be obtained. Little is known about current user rates among the population and the extent to which this program offers redundant services. Additionally, although the original project plan indicated that it would reduce fertility and improve health, there is no way now to assess the extent to which this is happening.
9. More project staff should be given the opportunity to observe family planning programs elsewhere and to participate in specialized training. The potential growth of this project warrants having several persons with broader experience. They could begin by visiting other projects in Lima and elsewhere in Peru.

10. Technical assistance should be provided to help the project staff refine their operational design and to establish data collection and reporting systems that are more useful for their own assessment and decision-making and which offer outsiders greater understanding of the activities and accomplishments.

Activity Summary, April 1982-May 1983

Month	New Users		Follow-up		IUD Referrals	Group Meetings Held	Home Visits	Active Personnel		Total Active Users
	Pill	Condom	Pill	Condom				Promotors	Distributors	
April 1982	72	43	239	512	2	6	284	13	34	306
May 1982	76	31	243	850	6	10	265	13	35	408
June 1982	131	80	329	714	5	15	599	14	37	599
July 1982	159	105	535	1315	27	20	543	14	40	784
August 1982	138	122	520	1742	11	11	515	14	41	961
September 1982	131	119	579	1879	9	23	435	14	36	1080
October 1982	111	52	569	1080	-	12	466	14	39	1271
November 1982	92	103	650	1499	-	2	392	14	36	1459
December 1982	87	174	605	1564	-	3	278	14	34	1709
January 1983	107	66	837	1387	6	5	346	14	35	1852
February 1983	90	72	774	1403	9	2	363	14	39	1997
March 1983	121	71	855	1266	12	5	477	14	45	2189
April 1983	446	190	1264	2065	13	21	712	20	94	2825
May 1983	529	340	1638	2828	13	20	1206	20	116	3694