

CLASSIFICATION
PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U-447

1. PROJECT TITLE Asociación Hondureña de Planificación Familiar (ASHONPLAFA)			2. PROJECT NUMBER OPG 522-0175	3. MISSION/AID/W OFFICE
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)	
A. First PRO-AG or Equivalent FY <u>80</u>	B. Final Obligation Expected FY <u>81</u>	C. Final Input Delivery FY <u>82</u>	<input type="checkbox"/> REGULAR EVALUATION <input checked="" type="checkbox"/> SPECIAL EVALUATION	
6. ESTIMATED PROJECT FUNDING			7. PERIOD COVERED BY EVALUATION	
A. Total \$ <u>722,320</u>			From (month/yr.) <u>Sept. 80</u>	
B. U.S. \$ <u>440,000</u>			To (month/yr.) <u>Sept. 81</u>	
			Date of Evaluation Review <u>December '81</u>	

B. 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., program, SPAR, PIO, which will present detailed request.)

B. NAME OF OFFICER RESPONSIBLE FOR ACTION:

C. DATE ACTION TO BE COMPLETED

Actions to be taken

1. In connection with general project management:

1.1. Abandon the use of the distributor's tickler file system due to its ineffectiveness in promoting continued family planning among program deserters, and the inordinate amount of time required to maintain it.

1.2. In order to avoid shortages of contraceptives at distribution posts encourage the modification of the supply data collection procedures so that information for each quarterly period is collected before the quarter is over.

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2. In connection with program promotion

2.1. Improve the program promotion system at the local level as well as the system utilized to supervise promoters.

2.2. Provide distributors with precise written and illustrative instructions on the use of all methods.

2.3. Train distributors in handling side effects so that (1) they can orient users when minor problems occur and (2) they can recognize important problems that should be referred to a physician.

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D. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

<input type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	_____
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	_____

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

A. Continue Project Without Change

B. Change Project Design and/or Change Implementation Plan

C. Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER BANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)

John Massey, Project Officer
Cynthia Giusti, Project Support Officer
Richard S. Monteith, Center for Disease Control, Evaluator
Orlando Hernández, Evaluations, AID/H

12. Mission/AID/W Office Director Approval

Signature

Typed Name
Anthony J. Gaeterucci
Date
10/14/82

13. Summary

From September 1980 to January 1981, the Honduran Family Planning Association (ASHONPLAFA) reorganized its CBD Program. The objective of this re-organization was to expand the institution's activities in 1981. Along these lines, ten promoters were assigned to the fastest growing urban areas in the country, eight two-person teams composed of an educator/promoter and an administrative supervisor were formed to work in rural areas, and 10 vehicles, crucial to project implementation, were obtained by January 1, 1981.

In relation to program coverage when comparisons are made between the first three quarters in 1981 for which data are available, three conclusions can be drawn.

- (1) At the beginning of the period there were 26,942 users and at the end there were 26,847. This indicates a net loss of 105 users during those months.
- (2) This loss does not occur in a linear fashion because there was initially a decline in the number of active users from Quarter 1 to Quarter 2, and then an increase from Quarter 2 to Quarter 3. The gains obviously do not compensate for the losses.
- (3) Because the number of distribution posts increased from 437 in January 1981 to 706 in September 1981, the ratio of users per post actually decreased. At the beginning of the period there were 62 users per post, and at the end there were only 38.

The drop in users during the first semester of 1981 was due to problems in commodity distribution and to the lack of program promotion.

In connection with commodity distribution, the delay in the purchase of the vehicles intended for project implementation and the lack of funds to support travel costs of program personnel using public transportation made impossible supervising and resupplying existing distribution posts. Several of these posts ran out of supplies, forcing some to close and causing users to abandon the program.

In connection with program promotion the following difficulties need to be pointed out. First, promoter/educators assigned to program mobile teams became administrative assistants rather than actual promoters, and in some cases they acted as secretaries to the administrators making field visits. Second, mobile teams did not cover their routes efficiently specifically because field visits were not carried out in sets of continuous five-day trips. Teams returned nightly to their homes causing lost time and increased gasoline consumption. Third, mobile teams were required to submit written reports on the status on each distributor supervised. This arrangement obligated team members to spend time on paper work which could have been dedicated to program promotion. Fourth, program supervisors were unable to understand the scope of their work making them unable to exercise the authority and responsibility delegated to them. In some instances, timely identification and resolution of problems did not occur. Finally, the petty cash initially contemplated to cover field work expenses (e.g., gasoline purchases, per diem expenses), allowing supervisors more flexibility in their work, proved to be too small.

The increase of users during the July-September period can be explained by the distribution strategy adopted for program implementation. During that quarter emphasis was given to program expansion and to the establishment of new distribution posts. Program recovery was based on the attraction of new program users.

Despite the positive effects of this strategy, the increase of new users was to the detriment of old ones. In all three regions within the country substantial discontinuation of previous users has been reported.

Losses of old users can also be explained by the inefficiency of the follow-up system utilized in the case of users not coming to distribution posts for refills. Follow-up visits are to be based on the records kept in the distributor's tickler file. This is a collection of individual cards which are kept for each user. The cards contain information regarding the dates of the appointments users are to meet. Keeping this file up to date is the distributor's responsibility. However, it is usually ignored and distributors do not visit users that have failed to meet their appointments. The promoters are so preoccupied with up-dating the tickler files during their visits to distribution posts that they do not carry out any follow up work either.

The tickler file system is ineffective not only because it is time consuming, but essentially because the principal reasons for desertion are not amenable to follow-up (e.g., pregnancy, change of residence, adoption of another family planning method not available through the CBD program).

The fact that distributors are not adequately prepared to handle side effect problems that users might experience is most likely having a negative effect on their retention. In addition, deficiencies have been observed in connection with the optimal use of resources in the delivery of services. There is little regional coordination of promotion. In one of ASHONPLAFA's administrative regions mobile promoters have worked in relatively accessible posts which could be easily covered by (urban) promoters relying on public transportation. Geographical overlapping of areas supervised has also been reported.

To improve project implementation the following recommendations have been made:

1. Discontinue the tickler file system.
2. Provide the distributors with precise written and illustrative instructions on the use of all family planning methods.
3. Utilize materials prepared by the Salvadoran Ministry of Health and provided by CDC evaluators to ASHONPLAFA as guidelines for these instructions.
4. Train distributors in detecting side effects that users might experience so that they can refer users to health centers in case medical treatment is needed.

5. Delineate the areas of responsibility of each promoter keeping a record of the distribution posts opened and closed within each area.
6. Require promoters to submit to regional supervisors for review and approval weekly work plans on a monthly basis.
7. Supervisors must accompany promoters at least once a month to assist in field work and to evaluate performance.
8. Require that demand and supply data collection occur at least once over a 3-month period rather than after the end of a calendar quarter. The 3-month period does not have to correspond to a standard calendar quarter. This would insure adequate re-supply of distribution posts and would prevent users from abandoning the program due to shortages of commodities.
9. Limit reporting by all divisions of ASHONPLAFA to contraceptives units sold to users disregarding their status (e.g., new, active).

14. Evaluation Methodology

This evaluation has been conducted in order to determine the level of efficiency of the CBD program carried out by ASHONPLAFA. USAID/H relevant files were reviewed in order to perform the evaluation. Evaluation reports from CDC were also valuable for this purpose.

15. External Factors

The timely procurement of commodities is essential to insure project implementation. To meet the demand for CY 1982 and to fill the pipeline for CY 1983 it has been recommended that the following supplies be provided to ASHONPLAFA no later than October 1982:

- (a) 925,000 cycles of Noriday
- (b) 163,000 cycles of Norminest
- (c) 21,000 packages of condoms.

16. Inputs

The following table indicates the total budget for ASHONPLAFA's CBD program for FY 1981, including AID's contribution.

ASHONPLAFA's CBD Program for FY 1981

	USAID	Intermediary	ASHONPLAFA	Total
A. Personnel				
-Non-project staff			14,560	14,560
-Project staff	68,370	128,980	116,600	313,950
B. Commodity Costs				
-Ten 4-wheel drive vehicles	85,000	-x -		85,000
-Audio-visual equipment and supplies	2,500	30,000		32,500
C. Other costs				
-Office supplies and services (e.g., telephone)	1,190	25,360	10,000	36,550
-Fuel	22,250	57,750		80,000
-Per Diem	20,690	43,500		64,700
-Construction or rental of regional warehousing spaces		8,040		8,040
Total	200,000	293,630	141,160	634,790

In connection with project inputs two comments are in order.

(1) Delays in the procurement of vehicles affected timely supervision and re-supply of many distribution posts in the rural areas at the outset of project implementation. This resulted in a high drop-out rates on the part of active users. As was indicated earlier, some of the existing distribution posts had to close because of commodities shortage.

(2) ASHONPLAFA's needs for audio-visual equipment and supplies were not satisfied during 1981. Intermediary funds for this purpose were not made available, and educators have argued that this has had a negative impact on their work because films, essential as course materials, could not be shown to course participants. AID's contribution to this line item was too small to help ASHONPLAFA accomplish its training objectives.

Outputs

Expected results

Restructure ASHONPLAFA CBD Program so that:

1.1. Eight 2-person teams are organized to work in rural areas and 10 urban promoters are hired to work in 10 different cities in the country with the intention of increasing the number of distribution posts country-wise from 530 in 1980 to 900 by 1981.

1.2. 3 regional supervisors are assigned to control and support the activities of the different teams.

1.3. Logistically speaking:

a) Regular re-supply and supervision visits to distribution posts

Progress to date

The following table summarizes program expansion in terms of urban and rural distribution posts from 1/81 to 9/81.

	January		September	
	N	%	N	%
Urban	105	24.0	274	38.9
Rural	332	76.0	432	61.1
Total	437	100.0	706	100.0

According to this data, during the period considered there was a relative increase of urban distribution posts to the detriment of those located in rural areas.

-All regional supervisors had been assigned by 10/80. Deficiencies in the coordination of the work to be performed by rural and urban promoters have been reported. In addition, regional supervisors do very little monitoring of the promotion activities actually carried out in the field.

-During the first semester of 1981 many rural distribution posts were neither supplied nor supervised during 16 consecutive weeks due to delays in the procurement of vehicles and lack of funds to pay for travelling costs of mobile teams.

- b) Adequate contraceptive stock levels at distribution posts and regional warehouses.
- c) No major delays and errors in reporting program coverage and sales.
- 1.4. Educator/promoter meet urgent educational/promotional needs of the distributors' communities visited during the week.
- 1.5. Reduction of costs per active user from US\$ 9.81 to US\$ 7.82 by 1981.
2. Educational and promotional efforts result in an increase in acceptors and active users of Family Planning services.
- Distribution posts generally keep a 3-month stock of supplies. In the case of old posts this amount is calculated on the basis of previous sales experience, and in the case of new ones estimates of expected users are used as criterion. Regional warehouses keep 6-month supply stocks.
- Quarterly reporting of user and supply data has been quite poor. During the first semester of 1981, reporting was four months behind schedule.
- Educator/promoters unable to carry out their duties efficiently particularly during the first semester of 1981 due to assumed responsibilities in connection with updating the distributor's tickler file. From July to Sept 1981 shift in emphasis and more attention given to program promotion in order to attract new users.
- Cost-effectiveness data to be provided in next evaluation.
- The indicated promotional efforts among new users has determined program recovery during the third quarter of 1981, particularly because new posts were created. However, promotional efforts need improvements. Areas of jurisdiction of each promoter need to be clearly defined, rural promoters are to work in more isolated areas, and regional supervisors need to monitor and evaluate the performance of the teams under his responsibility.

3. Development of proposals for new and complementary service activities will be developed so that:

3.1. By October 1981 one ASHONPLAFA educator will be completing a course in IE and C including mass media and marketing skills.

-Not done.

3.2. By July 1981 a proposal would have been developed to contact 300 physicians and to train 150 in family planning and contraceptive technology.

-120 physicians trained as of 12/1981.

18. Purpose

"To build the capacity of ASHONPLAFA so that it can (1) re-structure and expand the coverage capacity of its community based distribution program, and (2) to provide family planning information and services increasing the number of women in need of such services."

At the outset of the program, ASHONPLAFA was active in re-structuring its CBD program. However, problems related to commodity distribution reduced the number of old users from 26,942 to 23,762 from the first to the second quarter of 1981, and only because special attention was paid to project extension in the third quarter of that year new distribution posts were created and new users were attracted. By 9/1981 the number of users was equal to 26,847. Nevertheless, the ratio of users per posts decreased from 62 in 1/81 to 38 in 9/81.

The CBD program has not performed as expected. It was anticipated that by 12/81 the number of ASHONPLAFA's active users would be equal to 54,000, representing 7% of the women of reproductive age in the country. Preliminary results of a Contraceptive Prevalence Survey conducted in 1981 permit one to estimate that only between 2 and 3 % of all women in fertile age use the CBD program as their source of pills.

Management and promotion issues raised previously need to be resolved if expected outputs are to be achieved.

19. Goal/Subgoal

To help Honduran couples determine the number of children that they desire timing their procreation.

22. Beneficiaries

Women in urban and rural areas demanding family planning services.

21. Unplanned Effects

None.

22. Lessons Learned

Special attention needs to be paid to promotion strategies at the outset of project implementation. Guidelines should be provided at the beginning of the program. Periodic review of the efficacy of the adopted strategy is crucial.

Record keeping systems should be simple, practical and operational. Their design must into account the number and training of the project's field personnel.

Local distributors need to play a more active role in project implementation. This role should not be limited to distribution per se.

Promotion of family planning methods among new users should not imply disregard for old ones.

Evaluations need to assess the level of information regarding family planning that characterizes users (e.g., adequacy, depth and precision). They should also address the issue of commitment of users to continued use of the methods. Attention needs to be paid to the couple as a whole and not only to the females. Educational efforts should include the husband as well as the wife in the effort to regulate family growth.

23. Special Comments

a. Issues Raised

- Procurement of commodities
- Promotion strategies
- Supervision strategies
- New users vs. old users
- Record-keeping systems and reporting
- Extended role of distributors
- Adequacy, depth and precision of knowledge of users on family planning methods