

A.I.D. EVALUATION SUMMARY - PART I

1. BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS.
2. USE LETTER QUALITY TYPE, NOT "DOT MATRIX" TYPE.

IDENTIFICATION DATA

A. Reporting A.I.D. Unit: Mission or AID/W Office <u>USAID/Indonesia</u> (ES# _____)		B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan? Yes <input checked="" type="checkbox"/> Slipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY <u>90</u>	C. Evaluation Timing Interim <input checked="" type="checkbox"/> Final <input type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/>
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Project No.	Project /Program Title	First PROAG or Equivalent (FY)	Most Recent PACD (Mo/Yr)	Planned LOP Cost (000)	Amount Obligated to Date (000)
497-0327	Family Planning Development and Services II - Voluntary Sterilization (VS) Component	83	12/1992	36,4 (7.88 for VS Component)	36,4 (7.88)

ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director	Name of Office Responsible for Action	Date Action to be Completed
1. Review and approve the annual workplan of the Association for Voluntary Surgical Contraception (AVSC). Come to agreement as to whether an in-county advisor to the Indonesian Association for Secure Contraception (PKMI) should be provided.	John Rogosch	12/90
2. Assist in the establishment of a central unit for medical quality assurance and data analysis at the National Family Planning Coordinating Board (BKKBN).	John Rogosch	12/90
3. Seek to implement policy reforms regarding medical reporting at the central and provincial levels.	John Rogosch	12/90
4. Encourage BKKBN and PKMI to undertake a training needs assessment and evaluation.	John Rogosch	12/89
5. Incorporate evaluation recommendations into design of the new USAID project, "Private Sector Family Planning," to be authorized in FY 89.	John Rogosch	08/89

APPROVALS

F. Date Of Mission Or AID/W Office Review Of Evaluation: _____ (Month) _____ (Day) _____ (Year)

G. Approvals of Evaluation Summary And Action Decisions:				
Name (Typed)	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
	John Rogosch	Drs. Soetedjo Moeliodihardjo	Edward Greeley	David N. Merrill
Signature	<i>John Rogosch</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Date	8/21/89	5/22/89	8/25/89	7/11/89

A B S T R A C T

H. Evaluation Abstract (Do not exceed the space provided)

The Family Planning Development and Services (FPSD) II project continues the long-standing USAID support to the National Family Planning Coordinating Board's (BKKBN) successful family planning program. The Voluntary Sterilization (VS) component is one of six components of FPSD II. Other components include: training, modern management technology, village family planning, research, and an urban component. The VS component was designed to provide support for technical assistance, medical staff training and other institution building activities; medical equipment; seminars and workshops; upgrading of hospitals and health centers; and developing a private voluntary clinic network. This component and its amendments are providing \$7.88 million to the voluntary sterilization program.

The FPSD II project began in 1983. The project has recently been extended until 1992 so this review of project activities represents the approximate midpoint. Four physicians with extensive experience in national U.S. programs conducted the VS evaluation. The team was asked to examine the extent to which activities supported under the VS component of the project have met the quantitative objectives of the project and the degree to which new VS services have been utilized. In addition, the evaluators were asked to examine the institutional capacity to provide quality VS services and supervision in the provincial health structure. Finally, the evaluators were asked to assess the contribution of international technical assistance in improving the ability of BKKBN and a private sector, voluntary organization, the Indonesian Association of Secure Contraception (PKMI) to manage a national voluntary sterilization service program.

The evaluators concluded that the accomplishments in upgrading facilities and training personnel have been substantial. Since 1984, 201 district hospitals and 269 health centers in the 13 provinces containing 70 percent of the country's population have been renovated and equipped with medical and non-medical equipment to support the provision of VS services. Over 400 medical teams and 1000 counselors have been trained or motivated in VS. A reversal center has been established in Jakarta. Technical assistance has contributed to a considerable growth in PKMI's institutional capacity to develop high quality voluntary sterilization services.

Recommendations presented in the evaluation include the following: 1) increase assistance to PKMI to support the hiring of a physician at the central level and additional clinicians at the provincial levels; 2) establish a Medical Quality Assurance and Data Analysis Unit at BKKBN; 3) simplify the existing VS subsidy system for provider facilities; 4) improve counselling and screening procedures; and 5) expand information, education, and communication activities.

C O S T S

I. Evaluation Costs

1. Evaluation Team		Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U.S. \$)	Source of Funds
Name	Affiliation			
Dr. Biran Affandi*	Raden Saleh Clinic	DPE-3024-2-00-8078-00		FPSD-II Proj 497-0327 VS Component
Dr. Firman Lubis*	Yayasan Kusuma Buana			
Dr. Alan Margolis**	Univ. of California Medical School	D.O. #5	\$ 47,159	
Dr. Roy Jacobstein	ST/POP/AID/W			OE
*Contracted under Pop. Tech. Assistant Project				
**Invitational Travel funded under FPDS-II				

2. Mission/Office Professional Staff

Person-Days (Estimate) 7

3. Borrower/Grantee Professional

Staff Person-Days (Estimate) 15

A.I.D. EVALUATION SUMMARY - PART II

SUMMARY				
<p>J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided)</p> <p>Address the following items:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> • Purpose of evaluation and methodology used • Purpose of activity(ies) evaluated • Findings and conclusions (relate to questions) </td> <td style="width: 50%; border: none;"> <ul style="list-style-type: none"> • Principal recommendations • Lessons learned </td> </tr> </table>			<ul style="list-style-type: none"> • Purpose of evaluation and methodology used • Purpose of activity(ies) evaluated • Findings and conclusions (relate to questions) 	<ul style="list-style-type: none"> • Principal recommendations • Lessons learned
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<p>Mission or Office: USAID/Indonesia/OPH</p>	<p>Date This Summary Prepared: August 1989</p>	<p>Title And Date Of Full Evaluation Report: Mid-Term Evaluation of FPDS-II Voluntary Sterilization (VS) Component</p>		
<p><u>Purpose of Activity</u></p> <p>The Family Planning Development and Service (FPDS) II Project with the National Family Planning Coordinating Board (BKKBN) provides support for six components: training, modern management, urban, village family planning, research and voluntary sterilization (VS). The project began in 1983 and was later extended until 1992. A total of US \$3.58 million was obligated for the voluntary sterilization component in 1983, and another \$4.30 million was obligated in 1987. Specifically, the original objectives of USAID support for the VS component, as outlined in the FPDS II project paper, were:</p> <ul style="list-style-type: none"> - To upgrade 173 provincial hospitals and 346 health centers to provide voluntary sterilization services in 13 priority provinces and to provide medical equipment, furniture, renovation and trained medical staff for these above centers; - To support the Repair and Maintenance (RAM) center for three years prior to turning it over to the Government of Indonesia for support; and - To provide technical assistance and other activity support from the Indonesian Association for Secure Contraception (PKMI). <p>Project Amendments 2 and 3 added additional objectives:</p> <ul style="list-style-type: none"> - To upgrade an additional 477 hospitals in the 14 Outer Island Provinces as well as those additional hospitals required to provide good coverage in the 13 priority provinces; and to provide medical equipment and trained medical staff for these sites; - To establish a medical quality assurance (supervision and surveillance) system for all provinces to assure high quality VS services; - To develop a private voluntary sterilization clinic network; and - To establish a VS reversal center. 				
<p><u>Purpose of the Evaluation and Methodology Used</u></p> <p>The first objective of this evaluation was to gauge the extent to which the activities supported under the project have met the objectives of the project as outlined above. In addition to quantitative measures of actual activities performed, the evaluation assessed the quality of the work conducted and the degree to which the new VS services have been utilized. The second objective was to examine the development of institutional capacity to provide quality VS services and supervision in the provincial health structure. The third objective was to assess the contribution of the international technical assistance in improving BKKBN and PKMI's ability to manage a national voluntary sterilization service program.</p>				

A team of two Indonesian physicians one international consultant physicians and one AID/W ST/POP USDH physician performed the evaluation. The team reviewed relevant financial and programmatic documents and interviewed BKKBN personnel at the central and provincial levels, USAID personnel, technical assistance consultants, and PKMI personnel. The team made site visits to training centers in the geographically and ethnically diverse provinces of Bali, Central Java, Yogyakarta, East Java and South Sulawesi. The team visited university hospitals, provincial and district hospitals, and health centers which reflected high and low activity volume.

Findings and Conclusions

The evaluators concluded that the project is functioning effectively and is making a significant contribution to the national voluntary sterilization program. Accomplishments in upgrading facilities and training personnel have been substantial. Since 1984, 201 district hospitals and 269 health centers in the 13 provinces containing 70 percent of the country's population have been renovated and equipped with medical and non-medical equipment to support the provision of VS services. Over 400 medical teams and 1000 counselors have been trained or motivated in VS. A reversal center has been established in Jakarta. Technical assistance has contributed to a considerable growth in PKMI's institutional capacity to develop high quality voluntary sterilization services.

The team concluded that continuing attention is being paid to quality assurance, monitoring, evaluation of trainees, refresher activities, maintenance of technical equipment, assurance of reversibility, extension of IEC and involvement of the private sector. Because of the extent of the program and the different organizations involved, however, great effort will continue to be required to coordinate the many aspects of VS activity.

Principal Recommendations

Based on issues identified in the report, the following recommendations were made:

1. Continue to support PKMI by providing an additional physician epidemiologist at BKKBN's central level, and support qualified clinicians at the provincial level in order to strengthen medical supervision and monitoring, and trainee follow-up.
2. Establish a central unit at BKKBN for medical quality assurance and data analysis. An important activity of this new unit should be the introduction of a simplified VS medical reporting form. In addition, BKKBN should establish a standard reporting procedure whereby VS-related mortality and morbidity are reported immediately to central and provincial levels.
3. BKKBN should continue to simplify the existing VS subsidy system for provider facilities and assure that subsidies are promptly and regularly provided.
4. Service units should be encouraged to provide services on a sliding fee scale so that clients pay according to income level and ability to pay.
5. Undertake a comprehensive training needs assessment and evaluation. Improvements should be made in the following training areas: a) training medical teams in minilaparotomy with local anesthesia and vasectomy; b) selection of medical trainees taking into account commitment of trainees to provide family planning VS services; and c) follow-up of medical trainees.

S U M M A R Y (Continued)

6. Support for the reversal center should be continued and BKKBN should provide previously agreed upon support to the Repair and Maintenance Center.
7. In regard to laparoscopes, priority should be given to purchase of laparoscopes telescopes.
8. The Association for Voluntary Surgical Contraception (AVSC), an A.I.D./Washington cooperating agency, should augment its presence in Indonesia, and perhaps provide an in-country advisor to PKMI.
9. Operations research should be undertaken to study key issues in service delivery, information, education and communication (IEC) and training.
10. Expand IEC for VS in potentially receptive areas.

ATTACHMENTS

K. Attachments (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier; attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

Mid-term Evaluation of Family Planning Development and Services II Project, Voluntary Sterilization Component by Biran Affandi, Roy Jacobstein, Firman Lubis and Alan Margolis.

COMMENTS

L. Comments By Mission, AID/W Office and Borrower/Grantee On Full Report

USAID, BKKBN and PKMI found this evaluation report to be comprehensive, accurate, and helpful. It has provided valuable input into the development of the Private Sector Family Planning Project, Long Term Method (Improved Clinical Services) component.