

PD-AAZ 900

A.I.D. EVALUATION SUMMARY - PART I

62969

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

IDENTIFICATION DATA

<p>A. Reporting A.I.D. Unit:</p> <p>Mission or AID/W Office <u>USAID/Indonesia</u> (ES# _____)</p>	<p>B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan?</p> <p>Yes <input checked="" type="checkbox"/> Slipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/></p> <p>Evaluation Plan Submission Date: FY <u>89</u> Q <u> </u></p>	<p>C. Evaluation Timing</p> <p>Interim <input checked="" type="checkbox"/> Final <input type="checkbox"/></p> <p>Ex Post <input type="checkbox"/> Other <input type="checkbox"/></p>
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D. Activity or Activities Evaluated (List the following information for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report.)

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 - Urban Component	83	12/92	36,400 (whole project)	36,400
				7,250 (Urban Component)	7,250

ACTIONS

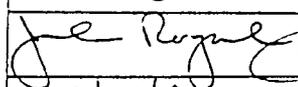
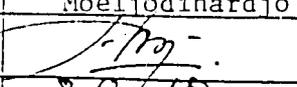
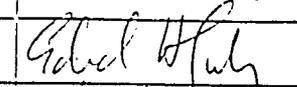
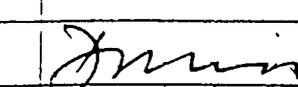
E. Action Decisions Approved By Mission or AID/W Office Director Action(s) Required	Name of Office: Responsible for Action	Date Action to be Completed
1. Commission a local research firm to carry out surveys and focus group studies to review problems of client or service provider understanding in the period of transition from <u>Jalur Swasta</u> to Blue Circle contraceptives.	John Rogosch	6/90
2. Extend various local technical assistance to the Dualima Condom program.	John Rogosch	12/89
3. Continue to work with BKKBN and YKB to test different alternatives to integrate the commercial program into the community based distribution program.	John Rogosch	06/90
4. Develop the new Private Sector Family Planning Project, taking into account report recommendations on the expanded role of the BKKBN's Bureau of Integration and Bureau of Information and Motivation Services.	John Rogosch/ Carol Carpenter-Yaman	08/89

(Attach extra sheet if necessary)

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				
Date	8/21/89	8/30/89	8/25/89	9/11/89

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 Indonesia National Family Planning Coordinating Board's (BKKBN) successful family planning program. The urban family planning program is one of six components of FPSD II. Other components include: training, modern management technology, voluntary sterilization, village family planning, and research. The urban component was designed to bring the same success to the urban areas of Indonesia as had been accomplished previously in the rural program, and to accelerate the shift to provision of services by the private sector. This component and its amendments are providing US \$7.25 million to the urban sector.

The FPSD II project began in 1983 and has recently been extended until 1992 so this review of project activities represents the approximate midpoint. A team of four family planning professionals was contracted to examine the extent to which activities supported under the project have met the quantitative objectives and the degree to which new private sector services have been utilized. In addition the evaluators were asked to examine the development of institutional capacity in the private clinic sector and the commercial sector to provide quality fee-for-service activities. Finally, the evaluators were asked to assess the contribution of international technical assistance to improving the BKKBN's and the private sector's ability to create a national private sector family planning service program.

The project is functioning effectively and is making a significant contribution to BKKBN's stated policy of KB-mandiri or family planning self-sufficiency. The Blue Circle Information, Education, and Communication (IEC) campaign has attractive, well-designed and tested materials. The campaign has been carried out in 11 cities and plans are in progress to include 16 additional cities in 1989. There has been improved coordination among the various institutions involved and implementation responsibilities have shifted to the private sector. Technical assistance has contributed to a considerable growth in BKKBN's institutional capacity to deal with the private sector and in the capacity of the private sector itself to develop high quality fee-for-service family planning activities. Recommendations include: (1) Continue manpower and organizational studies to respond to a program that is making more use of private providers and a different cadre of community level personnel; (2) Develop a strategy for a cost-effective way to collect and analyze service statistics; (3) Further improve coordination and information-sharing among appropriate BKKBN Bureaus and private sector management; and (4) Continue trends toward decentralization of management. The report also suggested ways to utilize uncommitted project funds during the final years of the project and defined the new roles to be played by BKKBN bureaus in the implementation of a new USAID private sector family planning project.

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			
William Bair	AID independent Consultant	DPE-3024-2-00- 8078-00	\$ 81,385	Project 497-0327
James Echols	International conslt.			
Dr. Supriyanto Rijadi	Faculty of Public Health, Univ.Indonesia			
Julie Marsaban Sterling	Survey Research Ind. (SRI)			

2. Mission/Office Professional Staff
Person-Days (Estimate) 8

3. Borrower/Grantee Professional
Staff Person-Days (Estimate) 15

A.I.D. EVALUATION SUMMARY - PART II

SUMMARY

J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided)

Address the following items:

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| <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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Mission or Office: USAID/Indonesia/OPH	Date This Summary Prepared: August 1989	Title And Date Of Full Evaluation Report: Mid-Term Evaluation of FPDS-II Urban Component - 7/18/89
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Purpose of Activity

The Family Planning Development and Services (FPSD) II project with the Indonesian National Family Planning Coordinating Board (BKKBN) provides support for six components: Training, Modern Management, Voluntary Sterilization, Research, Village Family Planning, and Urban. The project began in 1983 and has recently been extended until 1992. A total of \$3.75 million was obligated for the Urban Component in the early years of the project, and in 1987 another \$3.5 million was obligated. Specifically, the original objectives of USAID support for this component, as outlined in the FPSD II project paper, were:

- To develop pilot family planning fee-for-service clinics in order to test the feasibility of this approach to expand urban coverage;
- To develop an urban strategy to shift 25 percent of the acceptors to fee-for-service family planning by 1990;
- To promote the use of private clinics, doctors and midwives service in 10 cities by training and equipping these professionals; and
- To double the service points in 10 cities by 1987.

Project Amendments 2 and 3 added four more objectives:

- To expand mass media campaigns, training, market research, and the equipping of private doctor and midwife clinics to 15 more cities;
- To assist NGOs to expand their services to the private medical service network;
- To provide international and local technical assistance to these activities; and
- To establish a national contraceptive social marketing program in the private commercial sector.

Purpose of the Evaluation and Methodology Used

The first objective of this evaluation was to gauge the extent to which the activities supported under the project have met the quantitative 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 services have been utilized. The second objective was to examine the development of institutional capacity to provide quality fee-for-service and surveillance in the private sector and the commercial sector. The third objective was to assess the contribution of the international technical assistance in improving BKKBN's and the private sector's (NGOs, professional and commercial outlets) ability to create a national private sector family planning program.

A team of two Indonesian professionals and two international consultants were contracted to perform the evaluation. The team reviewed relevant financial and programmatic documents and interviewed BKKBN personnel, USAID personnel, technical assistance consultants, leaders of NGOs, professional associations and directors of pharmaceutical, marketing, research and public relations firms. The team visited three cities and conducted structured interviews with provincial and city BKKBN officials, mayors, and executives from the Midwife Association, the Doctor Association, and the Pharmacist Association. Operations research activities were reviewed in a fourth city.

Findings and Conclusions

The team concluded that the project is functioning effectively and is making a significant contribution to BKKBN's stated policy of KB-mandiri or family planning self-sufficiency.

After some initial delay, activities have gathered momentum and impressive progress has been made. Already 3,229 doctors and midwives have been trained; 2,081 have received IUD kits; and 3,265 have received information materials. The Blue Circle IEC campaign, with attractive, well-designed, and tested materials, has been carried out in 11 cities with plans to include 16 more in 1989. Contractual relations have been established and Blue Circle CSM products are now in the market. Citywide public relations events, which included many high level dignitaries, formally launched the CSM Blue Circle Phase II promotional project in four cities in February 1989, with six more planned in the next six months.

With few exceptions, there has been improved coordination among the various institutions involved, with a substantial increase in information-sharing and with implementation responsibilities shifted to the private sector.

The 1987 National Contraceptive prevalence Survey (NICPS) indicates that urban knowledge of contraception (97.5 percent) now surpasses the rural level (92.9 percent), as does contraceptive prevalence, 54 percent for urban areas as compared to 45 percent for rural areas. In addition, 25 percent of the users in the urban areas report they procured their contraceptives from a private source as compared to 10 percent in 1983.

To date some 61 months of expatriate and 66 months of local technical assistance have been provided and well utilized by the BKKBN, NGOs and commercial organizations involved. This effort has contributed to a considerable growth in BKKBN's institutional capacity to deal with the private sector and in the capacity of the private sector itself to develop high quality fee-for-service family planning activities. It has also helped increase BKKBN's capability to carry out a communications and marketing effort that will create awareness of, and demand for, family planning services and products.

Principal Recommendations

Recommendations were presented in accordance with the outline of the scope of work provided by USAID and BKKBN.

1. Ways to continue the improvement in BKKBN's institutional capacity to develop private fee-for-service family planning outlets:
 - a. Continue manpower and organizational studies, using additional technical assistance, if necessary, to maintain an ongoing analysis of Bureau responsibilities, personnel needs, roles and possible redeployment of personnel in light of the shifts in program emphasis to the private sector.

S U M M A R Y (Continued)

- b. Develop a strategy for the most cost-effective way to gather and analyze necessary family planning data from both the public and private sectors.
 - c. Further improve coordination, involving appropriate BKKBN bureaus, NGOs, professional associations and commercial firms to engage all in policy dialogue, shared planning of overall approaches, and information sharing.
 - d. Continue trends toward decentralization of management.
 - e. Continue and strengthen efforts to monitor and improve quality assurance in the delivery of all clinical methods.
 - f. Review and clarify BKKBN policy relating to the degree of public sector support likely to be available for private sector activities.
2. Suggested ways to use most effectively uncommitted project funds during the final years of the project (in order of priority):
- a. Commission studies to review possible problems with the transition from BKKBN supplied Jalur Swasta (private channel) contraceptives to Blue Circle CSM contraceptives.
 - b. Extend technical assistance contracts for the NGO technical assistance and DuaLima for an additional six months.
 - c. Provide management assistance to the Midwives Association in such areas as: role identification, goal setting, strategic planning, organizational structure and self-sufficiency.
 - d. Extend the Fortune contract for six months to continue the IEC part of the Blue Circle program.
 - e. Encourage efforts to develop innovative, service delivery-oriented, pilot activities with youth.
3. Role to be played by the Bureaus of Integration (BI) in the implementation of the proposed new USAID project, "Private Sector Family Planning," planned for FY 89 obligation includes: a) liaison with NGOs to develop improved working mechanisms with BKKBN; b) work with USAID and Bureau of Finance to simplify financial procedures related to expansion of block city grant activities in 27 cities; and c) take a more active role in making the task force sessions more productive, particularly with regard to program planning, policy, and strategy development. Role to be played by the Bureau of Information and Motivation Services includes chairing task force for internal BKKBN coordination of Blue Circle CSM campaign and coordinating other BKKBN IEC activities to have maximum impact on Blue Circle CSM.
4. Other programmatic recommendations:
- a. Clarify, communicate, and broaden the message of Blue Circle to go beyond mere product advertising and differentiate the target audience.
 - b. Keep the Blue Circle campaign on track, channeling its spontaneous spread into more constructive program support.
 - c. Monitor the distribution of IUD kits.

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.)

- Copy of full evaluation report

COMMENTS

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