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PROJECT EVALUATION SUMMARY  
(Submit to MO/PAV after each project evaluation)

1. Mission or AID/W Office Name USAID/Lima	2. Project Number 527-0145
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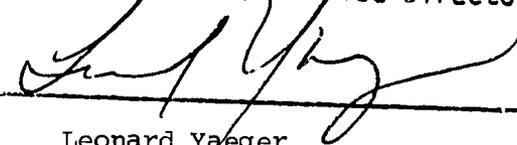
3. Project Title  
Responsible Parenthood for High and Medium Risk Mothers

4. Key project dates (fiscal years) a. Project Agreement Signed One May 25, 1976 b. Final Obligation 3/31/78 c. Final input delivered	5. Total U.S. funding - life of project \$401,000
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6. Evaluation number as listed in Eval. Schedule 1	7. Period covered by this evaluation FROM: 5/25/76 TO: 11/30/77 Month/year Month/year	8. Date of this Evaluation Review 11/30/77 month/day/year
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9. Action Decisions Reached at Evaluation Review, including items needing further study (Note--This list does not constitute an action request to AID/W. Use telegrams, airgram, SPARS, etc., for action)  The Work Plan for ProAg No. One is being reprogrammed to reflect changes in Contract Services, Commodities and Other Costs requirements needed by INPROMI to more effectively achieve the project's purpose.	10. Officer or Unit responsible for follow-up  Mission's Project Manager	11. Date action to be completed  December, 1977
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12. Signatures:

Project Officer Signature:  Typed name: Harold E. Haight Date: January 3, 1978	Mission or AID/W Office Director Signature:  Typed name: Leonard Yaeger Date: December 29, 1977
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13. Summary

In this project, it was expected that the "high risk" study would strengthen medical rationales for providing family planning services, thus paving the way for the initiation of services in public health facilities. At the same time, INPROMI, the Neonatology and Maternal Child Care Institute, would prepare its staff to train other professionals throughout the nation in the delivery of family planning, as well as other maternal child health services. It was also expected that the project would develop a capability in communications programs for maternal child health and family planning, and conduct pilot projects in the delivery of these services.

The high risk study is near completion, and must still be disseminated and promoted. INPROMI's staff has been well-trained and is now carrying out an intensive, programmed schedule of training others. Commodities are currently being ordered for the social communications activities. Two pilot projects have been approved by the Ministry of Health, one located in a rural area, and the other in an urban zone, and preliminary activities are expected to begin in January, 1978. The primary source of technical assistance for the study, training and pilot projects has been Columbia University.

The major problems facing the project are: (1) the fact that the Ministry of Health has not yet initiated family planning services fifteen months after receiving policy clearance to proceed from a Supreme Decree, and (2) opposition to INPROMI from some circles within the Ministry.

14. Evaluation Methodology

The regular project evaluation was originally scheduled for August, 1977, but was rescheduled since the implementation of project activities began considerably later than planned. The evaluation procedures employed were in accordance with the revised Chapter 8, Handbook 3, Part II. However, due to the limited scope of the project, no Mission level evaluation review sessions were held.

The procedures employed were the following:

The Evaluation Officer and the Project Manager met with the Director of INPROMI on November 14, 1977, to decide who would participate in the evaluation and to discuss the scope of analysis. The individuals involved in the evaluation were Harold E. "Sam" Haight, Project Manager, H. Robert Kramer, Mission Evaluation Officer, Dr. Rene Cervantes Begazo, INPROMI Director, and Dr.

Alejandro Piedra, INPROMI Sub-Director. Data on input and output targets were gathered by the INPROMI staff and the assessment of progress towards meeting established targets was undertaken in subsequent discussions between INPROMI and AID staff on November 25 and 30. The Project Evaluation Summary was prepared by the Mission's Project Manager and Evaluation Officer.

16. External Factors

This project was approved by the GOP and USAID in May, 1976. Three to four months later the Peruvian government promulgated its Supreme Decree setting forth a positive population policy. The optimism that followed, anticipating rapid implementation of family planning services in public health facilities, has been replaced by the sober realization that there is still much opposition to and fear of family planning programs. To date, not one program has been implemented in family planning services, fifteen months after the publication of the Supreme Decree. However, movement in that direction is almost irresistible. For example, projects have been submitted involving large sums of money by the United Nations Fund for Population Activities.

The opposition to INPROMI is a complex matter relating to its semi-autonomous status, its relationship to USAID, its family planning orientation, personality and political clashes. There is not much question that INPROMI can function effectively and implement the objectives and activities of its bilateral agreement with AID. What is in question is the degree to which its activities can have an important impact on family planning developments in Peru.

17. Goal Evaluation Findings

The approved Goal of this project is "to make it possible for the GOP to devise and implement a responsible parenthood program which benefits the health, economic and social welfare of the Peruvian family by improving maternal health, beginning with medium and high risk mothers."

As noted above, INPROMI's high risk study has reached a point in which its accumulated data are now being processed and analyzed. The study cannot contribute to the "responsible parenthood" program of the GOP until its results are published in the form of approved norms for delivery of services in public health facilities, and are also promoted for selected government officials. There are funds available and definite plans to carry out these two fundamentally important actions.

Meanwhile, during the past year of the project, INPROMI has trained over 500 Peruvian medical staff personnel--doctors, nurses, midwives and others--in the rationales and methods of fertility regulation. It has also produced a series of technical norms--apart from high risk considerations-- for family planning and MCH services. These have not yet been finally approved, but are under review.

The U.N. Fund for Population Activities (UNFPA) is involved with the new Direction of Health and Population in a major project to introduce family planning services into Ministry of Health facilities. A four-year effort (1978-81), the initiation of services has been hindered by the glacial slowness of preparatory activities. Approximately fifteen other AID intermediaries are contributing to the achievement of the goal in a variety of projects and training exercises. Within the Ministry of Health, INPROMI, until now, has been the leader in preparing for the provision of family planning services by the Ministry of Health. This has been due primarily to the present project and its predecessor.

18. Evaluation of Project Purpose Findings

The project purpose is described as follows: "To develop a public responsible parenthood program capable of providing services for a minimum of 80,000 women by 1977, which represents 2.1 per cent of women of fertile age."

The EOPS involves (a) providing INPROMI with a trained cadre of professionals who will incorporate responsible parenthood information and services into the National Health Program; (b) INPROMI having demonstrated family planning programs on a pilot basis for replication on a broader scale; and (c) private family planning clinics free to operate under government supervision, coordination and control.

The purpose has not as yet been achieved since the Ministry of Health has been reluctant to authorize the initiation of services. However, it appears to be moving towards that end, and during the second year of the project, it may be possible to report on the number of acceptors of family planning services. The UNFPA project target is 107,000 acceptors in 1978.

With regard to the EOPS conditions, the project's activities have been delayed and consequently the project has not yet reached its mid-way point. Yet substantial progress is being made in creating a very well trained staff; fourteen nurses have been trained for three months in the United States and are performing effectively in current training programs. It should

also be noted that the physician teachers are of high quality. Two pilot projects are authorized and are being designed with assistance from Columbia University. It is anticipated that these activities will commence in January, 1978. No progress has been made to date in the functioning of new private family planning clinics. However, private activity is, at best, only indirectly related to the INPROMI project as originally designed.

19. Output Findings

In accordance with the Work Plan as presented in the Project Agreement, four major outputs are contemplated in this project: research; international and in-country training; the development and implementation of health services through the established services of health systems and mobile units; and the development of an institutional capacity on the part of INPROMI to improve its administration, the execution of research, the presentation of health and family life information, and the design and evaluation of programs with the assistance of technical experts.

(1) Research. The data for the study of High Risk Pregnancy has been collected and is currently being processed at the Columbia University Computer Center for further analysis. Although a sample survey of 40,000 women was originally contemplated in the Work Plan, data on 22,000 were actually obtained from a total of 26 rural and urban hospitals.

With respect to the Study on Conditions of Efficacy and Efficiency of Maternal-Child Care Attention Services, information has been received from ten health regions. This information is currently being processed by a statistician contracted for this project.

Other research provided for in the Project Agreement, on the cost-effectiveness of the pilot services and on peri-natal baby research, is still in the planning stage, and work may begin in the future.

(2) Training. In-country training is proceeding well, with 514 participants having attended various courses and workshops sponsored by INPROMI to date. This training has been carried out both in Lima and other parts of the country, and participants have included nurses, nurses aides, midwives, physicians, health administrators and para-medical personnel.

A short-fall in meeting international training targets has been due primarily to the laborious official procedures involved in

processing candidates. International training has also been negatively affected by the limitations placed by the GOP in approving official permits and the heavy workload commitments of Ministry of Health personnel. Nevertheless, 14 instructors, including eight nurses and six midwives from INPROMI and three health regions, have completed training courses on Women's Health at the Harbor General Hospital in Torrance, California. One physician has been sent to Columbia University for four weeks to assist in evaluating the initial results of the High Risk Pregnancy Study.

(3) Health Services Delivery. The project's Work Plan calls for the development and implementation of maternal-child health services in selected rural areas of the health regions in the Middle Central and the Southern Highlands. As the project evolved, however, it was decided that the efficacy of health services delivery should be tested in pilot projects. Two of the projects are now scheduled; one is in an urban slum and the other in a rural area. There are several reasons for the delay in the implementation of these pilot projects. First, the vehicles purchased to provide the health services arrived very recently, in November, 1977. To a greater extent, however, the delay has been due to the equivocation on the part of the Ministry of Health to approve Administrative and Technical Norms on Maternal Child Health Care, Regulation of Fertility and Nutrition. The initiation of health care services is contingent upon the approval of these norms. In addition, the health administrators initially misunderstood the scope of the project, thinking that it would just provide for the dissemination of birth control information and material. Once they realized that an integrated maternal child health care project was contemplated, plans for the pilot projects were accepted.

The pilot project activities are included in the Work Plan for Project Agreement No. 2 which was not signed until October, 1977. Members of the INPROMI staff will be traveling to the project sites in Arequipa and Chimbote in January, 1978, to discuss the project design with the people involved. INPROMI Director Cervantes has assured AID that pilot services could begin by April, 1978.

(4) Improved Institutional Capability. Although the project has not yet reached its mid-way point, INPROMI has greatly benefited from the technical assistance it has received and has demonstrated some effectiveness in administration, research abilities, program evaluation and design.

### Input Findings

(1) Four mobile units were purchased and will be used to provide mobility for teachers and students in the training courses. These vehicles will also be utilized in the future to support pilot programs in pueblos jóvenes in metropolitan Lima. While the mobile units were originally intended to be used to provide health services to outlying areas, as the project developed, it was decided that two pilot projects on maternal child health care delivery would be a more feasible method of testing the effectiveness of providing health services.

(2) Printing aids have been purchased, including a multilith machine and materials, to assist in the preparation and dissemination of information required in the training courses being offered throughout the country, as well as for public education activities.

(3) Technical assistance has been consistently effective and has significantly assisted INPROMI to improve its administration, the execution of research and the design and evaluation of programs. To date, INPROMI has received the assistance of a Bio-Statistician, a Management Consultant, a Research Design Specialist and a Evaluation and Field Supervision technician. These experts worked in Lima in October, 1976, and were provided through AID/W funds. Columbia University, in a contract with USAID/Lima for this project, has provided expertise in the design of training programs, the high risk study, and the design of two pilot projects. Boston University has provided a short course in training the trainers in Lima. Other technical assistance includes the Pathfinder Foundation, and Development Associates to assist in training. The Airlie Foundation has also provided assistance in film materials.

(4) Audio-visual equipment and supplies for educational purposes are currently being processed for purchase.

### 20. Unplanned Effects

Through this project, one unanticipated effect has been the participation of one of INPROMI's health service facilities in the Program for International Education in Gynecology and Obstetrics (PIEGO), with two physicians completing training under the program's auspices. In addition, two important health facilities in Lima are receiving equipment in order to initiate family planning services in the near future. INPROMI is also conducting limited training for certain public and

private entities outside of the Ministry of Health and this activity appears to be expanding.

On the negative side, INPROMI's effectiveness and motivation in working on family planning objectives appears to have increased opposition to it and its program on the part of certain factions within the Ministry of Health. This is evident despite the fact that INPROMI has always been conscientious about presenting family planning only within the context of integrated maternal-child health programming.

21. Changes in Design or Execution

The promulgation of a positive population policy by the GOP fifteen months ago opened the door--through which the Ministry of Health has yet to walk--to the provision of family planning information and services to all who wish them, not only to "high and medium risk mothers." Thus, if implementation of services begins soon, it may go way beyond the original modest intent of this project: the provision of services to only high and medium risk mothers. The INPROMI Director maintains that, due to the high levels of uncertainty and the fear still associated with the provision of family planning services in Peru, the "high risk" study still holds considerable importance since it can provide physicians with the norms and professional support they need to take action in family planning services.