

H. EVALUATION ABSTRACT (do not exceed the space provided)

See following page.

ABSTRACT

I. EVALUATION COSTS

1. Evaluation Team
Name Affiliation

Contract Number QR
TDY Person Days

Contract Cost QR
TDY Cost (US\$)

Source of
Funds

David A. Oot ANE/TR/HPN
John Knodel, Ph.D. ISTI
Sallie Craig Huber, MSPH "
Alan J. Margolis, MD "

80 days approx.

AID/W

AID/W

COSTS

2. Mission/Office Professional
Staff Person-Days (estimate) _____

3. Borrower/Grantee Professional
Staff Person-Days (estimate) 40

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H. EVALUATION ABSTRACT

The primary purpose of the Family Planning Services Project (FPSP) was to decrease fertility through the provision of voluntary contraception services. The project provided support to three main components: the government of Bangladesh (GOB) family planning program; selected NGO projects, including ICDDR,B; and the Social Marketing Program (SMP). The purpose of this final evaluation was to examine project accomplishments and the status of mid-term recommendations, and to identify key issues and future activities for USAID population assistance to Bangladesh. The major findings, conclusions and lesson learned are:

- * The project goal of achieving a modern method CPR of 28% will not be achieved by 1987. The primary reason is the significant decline in voluntary sterilization procedures in the previous 18 months, without a corresponding increase in acceptance of other methods.
- * An apparently growing number of couples want no more children but wish to use non-permanent methods of contraception.
- * Major improvements in contraceptive procurement, storage and distribution have been made under USAID's commodity support program; however, storage and distribution problems continue to exist at the upazila level and below.
- * Under the MCH/FP Extension Project, high quality research on family planning and fertility impact on maternal and child health is generating data useful to the policy-making process in Bangladesh.
- * Many women were not reached by family planning services because they were not able to leave their villages for health care. The most effective way to reach these women is through home visits by trained female workers.
- * A major lesson learned is that substantial increases in modern contraceptive use can occur prior to or in the absence of sustained economic and social change, previously felt to be a prerequisite to fertility decline.

PART II

J. SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

USAID/DHAKA

Augu. 30, 1989

AN OVERALL EVALUATION OF THE USAID/BANGLADESH FAMILY PLANNING SERVICES PROJECT (388-0050), KEY ISSUES, AND FUTURE ASSISTANCE
-March 1986-

1. PURPOSE OF ACTIVITIES EVALUATED

This project addressed the critical problem of overpopulation in Bangladesh; its specific purpose was to decrease fertility through the provision of voluntary contraceptive services. The original FPSP, funded in 1981 for a three year period, provided support to three main components: the national GOB program; projects carried out by selected NGOs including the ICDDR,B; and the SMP. After subsequent amendments, the project PACD is now 1990. The original objective of increasing the contraceptive prevalence rate (CPR) from 13 to 25 percent, was subsequently revised to reach a modern method CPR of 28 percent by the end of 1987. Elements supported by the FPSP include commodities, voluntary sterilization (VS) costs, contraceptive prevalence surveys (CPS), training, operations research, maternal and child health interventions, and service delivery projects carried out by NGOs.

2. EVALUATION PURPOSE AND METHODOLOGY

The scope of work for the evaluation was divided into four parts as follows: an examination of project accomplishments, status of mid-term evaluation recommendations, key issues related to past and future assistance, and identification of future activities for USAID population assistance to Bangladesh. The evaluation team reviewed relevant documents, analyzed data from a variety of sources, conducted field visits and interviewed selected individuals.

The evaluation was preceded by four other assessments of individual components of the FPSP: the NGO programs, the SMP, the Maternal and Child Health/Family Planning (MCH/FP) Extension Project of the ICDDR,B, and the Female Education Scholarship Program. The draft reports of these evaluations were used in the preparation of this overall evaluation.

3. MAJOR FINDINGS AND CONCLUSIONS

- * It is unlikely that the project goal of achieving a modern method CPR of 28% will be achieved by 1987. The primary reason is the significant decline in VS procedures in the previous 18 months, without a corresponding increase in acceptance of other methods.

- * Major improvements in contraceptive procurement, storage and distribution have been made under USAID's commodity support program. At the upazila level and below, however, storage and distribution problems continue to exist.
- * Access to and use of VS services have increased significantly under the FPSP. While 80% of the increase in contraceptive use from 1979-83 was due to VS, preliminary data from the 1985 CPS suggest that from 1983-85, only 40% of the increase in modern method use was due to sterilization.
- * NGO activity has greatly expanded since 1981, with more than 80 indigenous projects in nearly 300 sites. NGOs now reach an estimated 15% of the population, and in some community-based projects, contraceptive prevalence has reached 45-50%.
- * Under the SMP, the number of outlets offering contraceptives has greatly increased. Sales of all methods have increased since 1981, with the exception of a reported slight decrease in the sale of condoms in 1985. Concern exists about an apparent leveling off of sales and about access by women to SMP retail outlets.
- * Under the MCH/FP Extension Project, high quality research on family planning and fertility impact on maternal and child health is generating data useful to the policy-making process in Bangladesh.
- * The 1980 GOB decision to integrate health and family planning services created problems that impacted negatively on the program, particularly on workers' morale, which in turn affected delivery of services.
- * Family planning services were not reaching a significant number of women because many were unable to take advantage of services outside of the home village.
- * There is an apparently growing number of couples who say they want no more children but who wish to use non-permanent methods of contraception. Increased attention must be focused on providing quality information and services to this group.
- * Regarding the status of key recommendations made in the 1982 mid-term evaluation:
 - Notable improvements have been made in commodity logistics and the quality and availability of VS services.
 - Efforts to improve fieldworker training have met with limited success.

- Efforts to decentralize the GOB administration of health and family planning service delivery have generally not occurred.

- There has been a marked shift in contraceptive method mix in favor of temporary methods since 1984, due in part to the decline in VS clients.

4. PRINCIPAL RECOMMENDATIONS

- * USAID should continue to support the family planning efforts of the GOB for the remainder of the project period and into the future. USAID's primary focus should continue to be expansion and improvement in the delivery of family planning services, while continuing to encourage delivery of related MCH services, particularly through the NGOs.
- * Policies governing the management of inventories need revision, and persons responsible for managing the central and regional warehouses need additional training in commodity management.
- * Central warehouse capacity needs to be increased, or policy changed to permit more commodities to be stored in regional warehouses where space exists, and perhaps at the upazila level as well.
- * NGOs should continue to selectively expand their coverage, focusing initially on underserved areas where relatively high levels of contraceptive prevalence have already been achieved.
- * Continued support of the SMP is recommended. A review of the current SMP strategy to determine how best to market SMP products, including strategies to more effectively reach women, should take place.
- * Efforts to document and enhance both use-effectiveness and cost-effectiveness of SMP methods should be continued, especially in view of the apparent discrepancy between implied and reported use of pills and condoms.
- * High priority should be given to continued support for the ICDDR,B Extension project. Specific efforts should be made to apply the lessons learned to other areas.
- * The home delivery service program needs to be greatly expanded, with an accompanying increase in the number of trained female health workers to provide services.

5. LESSONS LEARNED

The following lessons learned through the ICDDR,B Matlab and Extension project areas are applicable to the larger government family planning program.

- * Substantial increases in modern contraceptive use can occur prior to or in the absence of sustained economic and social change, previously felt to be a prerequisite to fertility decline.
- * Declines in fertility appear to contribute to lower neonatal, child and maternal mortality. The addition of carefully selected MCH services, such as tetanus toxoid immunization, can result in further declines in mortality.
- * Prior to introducing new services, it is important to determine whether the workers can realistically be expected to absorb the additional tasks.
- * The most effective way of reaching rural Bangladeshi couples with basic health and family planning services is through home visits by trained female workers. This requires a much larger number of workers than was initially planned and budgeted for.

K. ATTACHMENTS (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier)

ATTACHMENTS

AN OVERALL EVALUATION OF THE USAID/BANGLADESH FAMILY PLANNING SERVICES PROJECT, KEY ISSUES, AND FUTURE ASSISTANCE - March 1986.

ATTACHMENT A: ACTION DECISIONS

L. COMMENTS BY MISSION, AID/W OFFICE AND BORROWER/GRANTEE

MISSION COMMENTS ON FULL REPORT

The findings of this evaluation largely coincide with the conclusions reached by USAID staff; and the recommendations were incorporated into the design of a follow-on project, Family Planning and Health Services Project (FPHSP 388-0071), approved in 1957. As a result, all of the recommendations have been or are in the process of being implemented, with the sole exception of the recommendation regarding voluntary sterilization compensation which was rendered obsolete by a subsequent AID/Washington policy decision.

ATTACHMENT A

AID Evaluation Summary - Part I

An Overall Evaluation of the USAID/Bangladesh Family Planning
Services Project, Key Issues and Future Assistance
March - 1986

E. Action Decisions	Name of Officer responsible for Action	Date Action to be Completed
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<u>RESEARCH/EVALUATION</u>		
Focus on ways to increase availability of IUDs and to ensure safety.	Sheryl Keller	On-going
Provide TA to develop a system to locate clients and remove old IUDs.	"	Baseline completed; interventions & research ongoing.
Expand domiciliary IUD insertion if initial trials prove successful.	"	On-going
Include additional topics of demographic importance, as outlined in evaluation, in future CPSs.	"	On-going
Continue and expand second stage analysis of 1985 CPS.	"	Completed
Design future CPSs together with GOB family planning officials.	"	On-going
Fund full-time demographer to facilitate utilization of CPS findings.	"	Completed
Refine CPS tabulation procedure to ensure accuracy of reporting.	"	"
Document impact of integrating MCH with FP.	"	"

Support clinical trials comparing effectiveness of peri-operative antibiotics in decreasing infection from clinical procedures.	•	•
Fund expansion of Norplant studies and services, pending results of current research.	•	On-going
Continue support for ICDDR,B Extension Project.	•	Completed

NGOs

Continue NGO support; encourage NGOs to focus on areas of experience.	Dana Vogel	On-going
Explore ways for NGOs to share information; coordinate activities to maximize coverage/avoid duplication of effort.	•	•
Reactivate PPCVO to more effectively inform GOB of NGO activities/achievements.	•	•
Continue support for BPPA to manage NGO commodity system.	•	•
Encourage NGOs to channel subgrants to local rural NGOs through local FP committees and elected officials.	•	•
Provide TA to rationalize and standardize NGO record-keeping and reporting systems.	•	Completed
Support demand creation activities, including seminars for opinion leaders and others.	•	•
Encourage expansion of integrated FP and MCH programming by NGOs.	•	On-going
Assess educational impact and recalculate demographic impact of TAF Female Scholarship Program.	•	Completed
Continue VS compensation reimbursement.	_____	Disallowed as of 2/88

COMMODITIES/LOGISTICS

Provide TA and other support to improve commodity import procedures, logistics and training.	Brenda Doe	On-going
Purchase new CuT 380 IUDs.	▪	Completed
Provide support for IEC activities.	▪	On-going
Support construction of Upazilla family planning storerooms.	▪	▪

SOCIAL MARKETING PROGRAM

Provide TA to develop a strategy based on market segmentation.	Doug Palmer	Completed
SMP to undertake a retail audit to determine market, SMP share of market, and how to increase market.	▪	▪
Continue new health initiatives and improve visibility among physicians and pharmacists.	▪	On-going
Continue to investigate pill and condom use-effectiveness; continue similar studies on a timely basis.	▪	Completed/ On-going
Monitor SMP cost-effectiveness; develop improved MIS.	▪	On-going

Continue TRRT support to end of project; increase for future projects.	Gary Cook	Completed
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