

PID-ABB-52 5

67703

PRIVATE SECTOR POPULATION PROJECT  
522-0286  
OPERATING PROGRAM GRANT  
PROJECT CLOSE-OUT REPORT

## BACKGROUND:

Before 1970, family planning was not a Government of Honduras (GOH) priority. The military, the church, and both the political right and left in Honduras opposed it. In the early 1970s the Ministry of Health (MOH) appeared to become more aware of the importance of family planning for better health. Although a USAID funded program was started with the MOH, it was discontinued in 1976 because of political pressures. However, private family planning organizations were permitted to operate without interference. The principal provider of family planning services was the Honduran Family Planning Association (ASHONPLAFA) whose operations began in the early 1960s.

Since 1983, attitudes towards family planning within the MOH began to change and the expansion of family planning services began to be promoted. The same change occurred in other GOH agencies such as the Social Security Institute and the Planning Ministry. At the same time, the National University Medical School started to become more open to the idea of including family planning in its curriculum.

In addition, evidence from the 1981 Westinghouse Contraceptive Prevalence Survey indicated that considerable popular support for family planning existed among the populace. Services, when offered, were readily utilized.

Given the fact that the political climate had turned more favorable, USAID decided to initiate an expanded effort in the field of family planning in Honduras. A decision was made that the most effective vehicle for making significant improvements in contraceptive coverage would be through ASHONPLAFA which was already providing 40 percent of family planning services in the country. ASHONPLAFA had been in existence for almost 20 years but needed assistance in improving its services and extending its coverage throughout the country. Services were mostly provided in the country's capital city, Tegucigalpa. The Private Sector Population Project (522-0286) undertook the challenge of strengthening ASHONPLAFA's ability to better carry out its mandate. On June 21, 1985 this operational program grant was signed.

## PROJECT GOAL AND PURPOSE:

The goal and purpose of this Project was to expand family planning coverage and services in Honduras through the private sector. By the end of the Project, contraceptive prevalence in Honduras was to increase from 35% in 1984 to 44% in 1989.

## PROJECT DESCRIPTION:

- |  |   |
|--|---|
| a) Date of Authorization:              | June 21, 1985   |
| b) Obligation Amount:                  | \$9,810,000   |
| c) Project Assistance Completion Date: | June 20, 1989   |
| Amended to:                            | July 31, 1989   |
| d) Implementing Agency:                | Asociación Hondureña<br>de Planificación de<br>Familia (ASHONPLAFA) |

## OUTPUTS:

The project was designed to increase the coverage and effectiveness of ASHONPLAFA's family planning services in both urban and rural areas of Honduras. The major components and outputs planned were:

### (1) Management decentralization and regionalization of ASHONPLAFA's clinical and voluntary sterilization services:

**Goal 1:** Under this component, a total of five regional centers were to be established in San Pedro Sula, La Ceiba, Choluteca, Juticalpa and Santa Rosa de Copán. All regional centers were to be equipped to provide the full range of clinical family planning methods, including barrier methods, orals, vaginal foaming tablets, intrauterine devices (IUDs) and voluntary surgical sterilization.

#### **Accomplished:**

On time: Centers in San Pedro Sula, Choluteca, and La Ceiba

After the PACD: Juticalpa (October 1989)

To be accomplished: Santa Rosa de Copán (construction was completed in November 1989; equipment is currently on order)

**Goal 2:** Voluntary sterilizations would increase from 32,000 in 1984 to a cumulative total of 90,000 by 1989 (an increase of 58,000).

**Accomplished:** 73,000 procedures (increase of 41,000)

**Goal 3:** The number of regional clinic users, not counting voluntary sterilizations, would increase to 19,500 in 1989.

**Accomplished:** 10,500 clinic users

**Goal 4:** Decentralization of administrative and management functions at the regional levels. This was a major goal of the project aimed at making ASHONPLAFA's program more responsive to local needs and problems. New personnel, administrative, and budgetary procedures were to be developed to reflect the reorganization of functions among the various levels of the institution.

**Accomplished:** The procedures were developed as planned but not enough evidence was produced indicating that these were fully implemented. Greater efforts to accomplish this are being required of ASHONPLAFA under the follow-on project (Private Sector Population II).

### (2) Expansion of the Community Based Distribution (CBD) services:

Under this component, AID provided assistance to ASHONPLAFA in an effort to expand the CBD program under the decentralized strategy to reach greater numbers of active users.

**Goal 1:** Expand the number of CBD posts from 1,100 in 1984 to 1,500 in 1989.

**Accomplished:** 1,478 CBD posts by July 1989

**Goal 2:** Increase the number of active CBD contraceptive users from 39,000 to 54,000 in 1989.

**Accomplished:** 46,000 active contraceptive users

**(3) Increased effectiveness of the Contraceptive Social Marketing (CSM) activities:**

The purpose of the CSM component was to increase the level of awareness and effective demand for contraceptive products among the lower socioeconomic segments of the population not presently served by the existing service delivery network. Inputs included intensive mass media advertising, mass retail distribution of all CSM products, training of distributor and retail personnel, and market research activities.

**Goal 1:** Increase the level of awareness and demand for contraceptive products.

**Accomplished:** ASHONPLAFA's products are the best known and most widely used contraceptives in Honduras.

**Goal 2:** Increase the number of active users from 7,000 in 1984 to 40,000 in 1989.

**Accomplished:** 45,500 active users in the CSM program.

**(4) Expansion of the Information, Education and Communication (IEC) Department of ASHONPLAFA.**

**Goal:** 1) the training of the IE&C Department staff in the development and testing of mass media and other promotional activities; 2) dissemination of information to the public; and, 3) strengthening of the leadership education activities whereby promotional messages are directed to leadership groups to sensitize them and inform them about family planning issues.

**Accomplished:** The IEC Department of ASHONPLAFA was significantly strengthened as a result of the project. It went from a strictly regional activity supporting only the community services distribution program to a national program promoting all of ASHONPLAFA's programs. The IEC services began using television, newspapers, billboards, and pamphlets countrywide. Promotional activities included community outreach through the use of megaphones and presentations of family planning films in neighborhoods and communities. A significant effort of this component was to improve ASHONPLAFA's public image. Finally, the pretesting of audiovisual materials to determine public acceptance was institutionalized.

**INPUTS:**

## 1. Technical Assistance

The major contractor, the TRITON Corporation, an 8(a) minority firm operating under a centrally funded population project (DPE-0611-C-00-1033-00) had already been working with ASHONPLAFA for three years prior to this contract to implement a social marketing program. The TRITON contract was amended to a new total amount of \$1,638,057 of which \$529,509 was funded by the Private Sector Population project (522-0286). The staff hired for their local office included a project manager, an assistant project manager, a sales manager, sales persons and a full-time secretary.

The main task of the contractor was to increase the level of awareness and effective demand for contraceptive products among the lower socioeconomic segments of the population not presently served by the existing service delivery network.

The specific activities with which the contractor was charged included marketing contraceptives nationwide, training ASHONPLAFA staff, developing and planning sales strategies, equipment procurement, advertising, market research, distribution planning, mass media, evaluation, implementing fiscal and inventory controls, and the launching of new products. The technical assistance provided to ASHONPLAFA was successful in establishing a country-wide social marketing program with products that became well known and most widely sold. However, during the last years of the contract several irregularities were discovered by financial auditors that are still being investigated by the General Accounting Office.

A second source of technical assistance was the long-term Population Liaison Advisor whose principal task was to increase ASHONPLAFA's operational efficiency. This was a three and a half year position covering the period from January 1986 to June 1989. The contractor's duties were to assist in: 1) the supervision of the construction of ASHONPLAFA's regional centers; 2) equipping, and staffing these centers; 3) facilitating the regionalization of ASHONPLAFA's operations; and, 4) identifying and resolving implementation problems on a day to day basis.

The first Population Liaison Advisor was a medical doctor who helped improve the quality of medical services through his expertise in medical equipment and procedures. He also was instrumental in computerizing operations at the central office. However, increased expertise was needed to promote decentralization and the advisor's contract was allowed to expire and in September 1988 another person with the proper qualifications was hired. This second advisor worked more closely with the regional directors and was able to promote more independent planning at the regional centers.

Another long-term position funded on a personal services contract basis was the population specialist who was to provide overall technical and administrative support for the project. This position was staffed throughout the four years of the project and was useful in solving many logistical and programmatic issues that arose.

Technical assistance also was planned and provided on a short-term basis from various other sources such as AID/W centrally funded projects. Many of the consultancies were specialized such as social marketing, training, surgical contraception, logistics of contraceptives, and operations research.

## 2. Training

A training unit was set up to provide coordinated, effective and expanded training to ASHONPLAFA'S staff and to the staffs of other institutions providing family planning services. This training unit continues to operate at ASHONPLAFA and is effectively carrying out its mandate.

## 3. Commodities

Experts from the Centers for Disease Control and the Family Planning Logistics Management centrally funded project provided assistance to continually estimate contraceptive requirements during the life of project. In addition, several workshops were held in Honduras to train ASHONPLAFA and Ministry of Health warehouse personnel to manage contraceptive supply systems. This training resulted in significant improvements in the logistics and storage systems at both institutions.

## 4. Evaluation and Studies

A national contraceptive prevalence study co-financed by the Health Sector I Project as part of a larger maternal and child health study was planned and carried out in 1987. The title of this document is the "Epidemiological and Family Health Survey, 1987". The results of this survey have provided valuable information to gauge the progress of health and family planning programs in Honduras as it has become evident that health indicators are steadily improving.

### OUTPUTS PLANNED BUT NOT ACCOMPLISHED:

**Voluntary Sterilizations:** The program accomplished 41,000 of the 58,000 voluntary sterilizations procedures during its four year life. The original target figure of 58,000 procedures was an unrealistic goal since it would have required ASHONPLAFA to perform 18,125 procedures a year (80 procedures a day at 228 workdays/year!). The shortfall was due to the fact that most of the clinics were not built, much less operational, until late into the project. The performance of 41,000 procedures by the PACD can be considered quite acceptable.

**Clinic Users:** The number of clinic users at the end of the project was 10,500, well short of the 19,500 target. It seemed possible to reach this target since the number of users was increasing steadily through 1988, reaching 18,000 active users by September 1988. However, later that year there was an intensive campaign by the Catholic Church and other anti-family planning groups to eliminate family planning in Honduras. This caused a loss of 7,500 clinic users nationwide. Many users had their IUDs removed believing the propaganda launched by these groups, namely that the IUD caused cancer. Unfortunately, this was not adequately handled by ASHONPLAFA who opted to

remain silent hoping the attacks would go away by themselves. It was decided to develop a Communications Strategy and name a spokesperson to prevent this situation from occurring again during the follow-on project. The program is recovering and the number of active users has been steadily climbing to its former levels.

Because of this experience, considerable emphasis has been placed on the development of said communication strategy under the Private Sector Population II project.

#### FINANCIAL STATUS:

Amount Authorized:	\$9,810,000 (G)
Amount Obligated:	\$9,810,000 (G)
Amount Committed:	\$9,361,233 (G)
Amount Disbursed:	\$9,361,233 (G)
Amount to be De-obligated:	\$ 448,767 (G)

#### RESULTS OF EVALUATIONS:

A major institutional analysis of ASHONPLAFA was conducted in January 1989 by Price Waterhouse. The principal findings were that ASHONPLAFA needed to better define its role in the country and improve in several operational and administrative areas. The evaluation pointed out that ASHONPLAFA's problems were the normal consequences of its recent fast paced growth. As a result, the principal proposed recommendations were to increase decentralization efforts aimed at delegating authority to the regional directors and to develop a medium and long term agency strategy.

#### SUMMARY OF LESSONS LEARNED:

##### 1) Regionalization:

Construction of some of the regional offices turned out to be too costly due to over design which resulted in wasted space. The bulk of the funds budgeted for construction was insufficient to complete the construction of all five regional centers. As a result, two centers were financed with ASHONPLAFA's own funds. If future construction activities are planned, more attention should be paid to the design.

##### 2) Social Marketing:

An early attempt was made to make the Social Marketing Program completely independent from ASHONPLAFA. Unfortunately, the contractor managing this component (TRITON Corporation) did not prove very effective. While sales did increase, there were many irregularities. Sales personnel were receiving exorbitant commissions (37% of sales) and there were accusations of fraud, theft, and mismanagement that are still being investigated by the Regional Inspector General's Office. This experience reversed ASHONPLAFA's willingness to delegate full operational authority to the Social Marketing project.

While it is still advisable to make the Social Marketing Program as

independent as possible, close monitoring of activities is needed. Clear guidelines for administering the program should be established and regular audits performed. The program's director, however should be free to travel as needed, hire personnel, enter into contracts for advertisements and otherwise manage his/her affairs without interference from ASHONPLAFA's central office. Lastly, he/she should be able to use the funds from sales to promote the expansion and improve program operations.

3) Decentralization: The internal structure of ASHONPLAFA is still rigid and procedures are cumbersome. Too many decisions are still made by committee which slows the implementation of important activities. In light of this situation, USAID/H should insist on more concrete examples from ASHONPLAFA that demonstrate increased delegation of authority. This includes the modification by ASHONPLAFA of their existing operations manuals and presentation to AID of evidence showing that improved operating procedures are being implemented. This is a Special Condition of the Private Sector Population II Project and will receive considerable Mission attention.

#### CONCLUSION:

In the final assessment, clearly significant progress was achieved under the project. ASHONPLAFA is a much more effective organization. As a result of ASHONPLAFA's huge network of community distributors, a very effective social marketing program and an active clinical program that is now established in the major urban and semiurban areas, the contraceptive prevalence rate has increased steadily in the country and is now estimated to be about 44%. Improvements in the operations of the organization are still needed, however, particularly in terms of decentralization. These are being addressed under the follow-on project.