PD-ABD-017

A.I.D. EVALUATION SUMMARY PART

(BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS)

A. REPORTING A.I.D. UNIT: USAID Morocco (Mission or AID/W Office)

(ES# 608-88-4)

B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN? yes ☐ slipped ☐ ad hoc ☒

Eval. Plan Submission Date: FY 88 Q 3rd

C. EVALUATION TIMING Interim ☒ final ☐ ex post ☐ other ☐

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 #	Project/Program Title (or title & date of evaluation report)	First PROAG or equivalent (FY)	Most recent PACD (mo/yr)	Planned LOP Cost ('000)	Amount Obligated to Date ('000)
608-0171	Mid-Term Evaluation of the Population and Family Planning Support Project Phase III (608-0171) Morocco, July 20, 1988	FY 84	09/91	26,210	26,210

IDENTIFICATION DATA

E. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

Action(s) Required	Name of officer responsible for Action	Date Action to be Completed
1. Develop a revised plan and schedule for the transfer, to the Ministry of Public Health (MOPH), of funding responsibility for VDMS fieldworker indemnity payments and mobility costs currently financed under Project No. 608-0171.	C. Rahmaan, USAID/PHR Dr. Zarouf, FP Svc. MOPH	7/88
2. Amend 0171 PP to authorize additional funding to: a) construct a new national family planning warehouse; b) strengthen MOPH logistic support for contraceptive distribution and fieldworker mobility and c) improve the quality of MOPH clinical family planning services.	C. Rahmaan, USAID/PHR	8/88
3. Complete revision and central-level automation of the MOPH family planning and maternal child health services statistics and management information system.	C. Rahmaan, USAID/PHR Dr. Zarouf, FP Svc. MOPH JSI Contract (FPLM) Staff	5/89

(Attach extra sheet if necessary)

ACTIONS

F. DATE OF MISSION OR AID/W OFFICE REVIEW OF EVALUATION: mo 9 day 14 yr 88

G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:

	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
Signature				
Typed Name	Carl S.A. RAHMAAN	Dr. Abdelhay MECHBAL	John WIEBLER	Linda E. MORSE
Date	8/31/90		9/14/90	9/10/90

APPROVALS

Attachment No. 1

Action Decisions (continued)	Officer Responsible	Completion Date
4. Contract, through a central project buy-in, required technical assistance to strengthen MOPH family planning information, education and communications (IEC) program activities through a central project buy-in.	C. Rahmaan, USAID/PHR	2/89
5. Contract a Child Survival Advisor, through a central project buy-in, to augment Mission technical expertise and overall project monitoring capability.	C. Rahmaan, USAID/PHR	6/89
6. Conduct an assessment of MOPH clinical service sites for IUD insertion and voluntary surgical contraception; develop and implement a revise strategy to increase the proportion of contracepting women in Morocco opting for these more cost effective and longer acting methods.	C. Rahmaan, USAID/PHR Dr. Zarouf FP Svc. MOPH AVSC and JHPIEGO Contract Staff	3/89 Through life of Project 608-0171

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

The project seeks to assist the Government of Morocco (GOM) to reduce the country's high rate of population growth and to improve the health status of Moroccan mothers and children. The project is divided into thirteen relatively distinct activities or "subprojects." The most important of which, the VDMS family planning and maternal child health (FP and MCH) services program, delivers a basic package of FP and MCH services to the household level. The mid-term evaluation reviews and analyzes implementation progress to date under the project; identifies some of the major transitional issues; and makes recommendations for strengthening several aspects of the program in the remaining life of the project and in designing the next phase. The major findings and conclusions are:

* A fully operational outreach capacity for FP and MCH services is now established in 30 of the 49 provinces of the country and regular availability of a full range of family planning information and services has been increased to over 70 percent of the population.

* The Project's objective of achieving a nationwide contraceptive prevalence of 35 percent has been achieved.

* Use of demographic planning and sectoral models has been incorporated in the GOM development planning process and increased overall awareness of the problems associated with high population growth rates.

* The project is well managed and has met or surpassed its objectives. The program should now focus on the need to: reduce the current heavy reliance on oral pill use; to revise and target IEC activities at all levels; redesign the FP and MCH information system; consolidate Mission resources for project management; and assure that the GOM assumes responsibility for the recurrent costs of the program.

The evaluators noted the following "lessons":

* The integrated FP and MCH service delivery approach works in Morocco, however, household level delivery of FP information and contraceptives has contributed to a disporportionate reliance on oral contraceptives.

* Lack of an explicit national population policy has not been a hindrence to the implementation of FP programs in Morocco.

* The "campaign approach" can be useful in sensitizing both providers and the public to the need for and use of primary health care interventions, including FP services.

ABSTRACT

I. EVALUATION COSTS

1 Evaluation Team Name	Affiliation	Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (US$)	Source of Funds
A) ISTI				
1) Charlotte Leighton, Ph.D		DPE-3024-Z-00-7079-00 with the International Science and Technology Institute (ISTI)	$81,648	Project 608-0171
2) Moncef Bouhafa				
3) Miriam Labbok, M.D.				
4) Charles Tilquin, Ph.D				
B) A.I.D., William Trayfors,	AID/W	17 days	$ 3,650	Mission OE Budget

2 Mission/Office Professional Staff Person-Days (estimate) 25

3 Borrower/Grantee Professional Staff Person-Days (estimate) 25

COSTS

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A.I.D. EVALUATION SUMMARY PART II

J. SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Try not to exceed the 3 pages provided)
Address the following items:

- Purpose of activity(ies) evaluated
- Purpose of evaluation and Methodology used
- Findings and conclusions (relate to questions)
- Principal recommendations
- Lessons learned

Mission or Office: USAID Morocco

Date this summary prepared: August 31, 1990

Title and Date of Full Evaluation Report: Mid-Term Evaluation of the Population and Family Planning Support Project, Phase III (608-0171), July 20, 1988

The Population and Family Planning Support III Project (608-0171) was originally planned as a five year $17,890,000 project. The Project provides technical assistance, training, commodities and local costs support to strengthen the ability of the GOM Ministry of Public Health to plan and implement family planning and maternal child health (FP and MCH) service programs. The Project is divided into thirteen relatively distinct activities or "subprojects." The most important of which, the "Visite à Domicile pour Motivation Systematique" (VDMS) program, delivers a basic package of FP and MCH services to the household level.

The goal of the project is to reduce Morocco's rapid rate of population growth and thereby diminish a key constraint to achievement of the country's economic and social development objectives. The project purpose is to extend the availability of family planning information and services so as to reach 70 percent of the Moroccan population and thereby to attain contraceptive prevalence of 35 percent of married women of reproductive age by 1988. Further, the Project provides support to introduce population planning, analysis, modeling and forecasting methods into the GOM development planning process and to improve the health status of Moroccan women and children.

SUMMARY

EVALUATION PURPOSE AND METHODOLOGY: This was a mid-term evaluation of the Project, with primary objectives of 1) determining the extent to which the project's goal and specific purposes are being or can be met within the life of the Project, and 2) providing recommendations for any required changes in project design or implementation procedures. The evaluation was conducted, from March 6 - April 7, 1988, by a five person team consisting of four external experts and a senior AID representative. Due to a variety of scheduling constraints, only two of the five team members were present in Morocco for this whole period. Other Team members' tour of duty were 10-21 days in various segment throughout the month.

Overall findings are based on an extensive review of program documents provided by the USAID Mission; data from national level surveys and MOPH provincial and central level information systems; interviews with MOPH and other government officials, as well as representatives of private sector health service providers, communications, commercial, and research firms; and site visits to 10 provinces and urban prefectures. Evaluation of the VDMS subproject concentrated on 1) assessing several aspects of the potential impact of the program, using available national and provincial level data, and 2) conducting a general review of field operations. Analyses of impact include an assessment of the effect the program has had on coverage and availability of family planning services and on contraceptive prevalence.

These analyses also include an indirect assessment of the program's impact on child health status and a qualitative assessment of its impact on the primary health care system more broadly. Review of program operations in the field included site visits to six VDMS provinces and one urban VDMS prefecture, together with four non-VDMS provinces for comparative purposes. Since the VDMS program expansion was implemented in three

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distinct phases, the VDMS provinces visited included a sample from the first phase (begun in 1982), the second ((begun in 1983), and the most recent (begun in 1986). This review also includes analysis of variation in levels of family planning service delivery activity, based on selected provincial level data in five of the provinces visited.

FINDINGS AND CONCLUSIONS: The Population and Family Planning Support Project has been successful notably in meeting project goals for increased availability and accessibility of family planning services and supplies and for increasing contraceptive prevalence in Morocco. The Project has also helped bring about significant policy and program changes in the population and health sector since its inception in 1971, and particularly during the current Phase III (1984-1989).

A fully operational outreach capacity for family planning and other preventive health services is now established in 30 of the 49 provinces of the country. The process of building that capacity over the past 10 years has played a major role in changing the perspectives of both health personnel and the population with respect to the acceptability of family planning services. A mobile strategy of outreach based on systematic planning of coverage areas in zones surrounding rural dispensaries and health centers is now the cornerstone of Ministry of Public Health (MOPH) policy for extending health services to the Moroccan population. MOPH officials now speak of a national family planning program.

Most of the 13 subproject activities are on target and three of the four main objectives for the end of the Project have already been reached. 1) Regular availability of a full range of family planning information and services has been increased: At least 70 percent of the population has access to services, thanks to the extension of the outreach service delivery program (VDMS) to a total of 31 rural provinces and urban prefectures and to the establishment of reproductive health services at 30 provincial hospitals. 2) The 1987 Demographic and Health Survey (DHS) indicates that the Project's objective of achieving a nationwide contraceptive prevalence of 35 percent has been achieved. 3) Awareness has increased of problems of high population growth rates as policy development activities have resulted in the incorporation of specific population and demographic planning and sectoral models in the Government's development planning process.

The fourth project objective is to improve maternal and child health (MCH) status. Availability of integrated outreach and facility-based FP and MCH services in the VDMS provinces obviously helps achieve this goal. Direct indicators for the effectiveness of the MCH services, however, are not available. The Mission plans to conduct a separate, in-depth evaluation of the Phase III Child Survival components for immunization and for control of childhood diarrheal disease. At this stage, however, it is recognized that the recent immunization campaign, assisted under the Project's Child Survival component, has vaccinated virtually all children under 5.

Several initiatives are under way to support and expand the involvement of ministries in addition to Health in family planning activities. The recent immunization campaign demonstrated a major and successful inter-ministerial collaboration between the MOPH and numerous other ministries at the central, provincial and local levels. The capacity of providing clinic-based family planning services has been improved and expanded; comprehensive reproductive health and voluntary sterilization services have been established in 30 provincial hospitals, and the National Training Center for Reproductive Health has become a model regional training center. Also, the extensive in-service, short-term training conducted under the Project has been appropriate to the needs of the program and there have been minimal prpblem with logistics management of commodities supplied under the project.

SUMMARY (continued)

The MOPH's initial reluctance to support private sector family planning initiatives has eased in recent years, and the Mission has taken advantage of the opportunity to move forward with plans for consumer and market research and development of several specific private sector subprojects. These activities now include expanded commercial retail contraceptive sales and company-based family planning service delivery, as well as the originally planned community-based contraceptive sales activities through the Moroccan Family Planning Association (AMPF).

Two subproject activities, IEC and FP information systems, have made less progress and have presented significant problems to date. The Mission has made repeated efforts to provide assistance to the Ministry to develop and implement an appropriate IEC strategy, but none yet exists. IEC activities have produced many mass media messages, but pre-testing is inadequate, quality is uncertain, and the impact is unknown. Printed material for education use is inappropriate, confusing, out-of-date in terms of people's current needs for information, and unused by most health workers. Regarding the FP information system, the MOPH has experienced major problems is system design and implementation, and the current information systems remains plagued by an over-abundance of data that is unused or unusable for decision-making and program monitoring purposes.

Major Recommendations: In spite of progress to date in meeting the quantitative objectives of the Project, certain weaknesses exist in the quality of activities financed under the program, particularly in the area of service delivery. The contraceptive prevalence goal has been met, but with substantial reliance on oral contraceptives as the method practiced by 80 percent of current users. The VDMS outreach program has contributed to current acceptability of family planning. However, a variety of evidence suggests that the program does not include adequate attention to the full range of available contraceptive methods. Accordingly, the major recommendations are that the Mission should take immediate steps to 1) broaden the contraceptive method mix beyond the pill by strengthening clinical methods of contraception; 2) revise and target the IEC strategy at all levels; 3) redesign the family planning information system; 4) assure that the MOPH can assume recurrent costs of the VDMS program; and 5) expand Mission resources for Project management and consolidate future Project activities.

Lessons Learned: As a result of the integrated approach used in FP and MCH service delivery in Morocco, both workers and clients now view FP as an important MCH intervention, and the program is more widely accepted by GOM officials, the religious community, and local opinion leaders. MCH interventions have not diluted FP activities and these activities are fully integrated in MOPH fixed facility, training programs, and increasingly in hospital maternity wards. The approach has been both politically appropriate and cost effective in Morocco, making good use of trained medical personnel and increasing program impact.

Lack of an explicit national population policy has not been a hindrance to the implementation of programs to reduce population growth rates. GOM emphasis on program implementation rather than policy statements has been successful in accommodating the attitudes of more conservative government officials and religious leaders, leading to sustantial gains in contraceptive prevalence and coverage.

The "campaign approach" can be useful in mobilizing and sensitizing both providers and the public to the need for and use of primary health care interventions, be they immunization, ORT, or even family planning in the correct setting. This approach has aided in strengthening planning and implementation skills of primary health care workers in Morocco and led to new political support for public health activities.

ATTACHMENTS

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

Mid-Term Evaluation Report for Project No. 608-0171

Report No. 87-138-074
published July 20, 1988 under the Population Technical Assistance Project Contract with the International Science and Technology Institute (ISTI).

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

MISSION COMMENTS ON FULL REPORT

In developing the scope of work and related briefing materials for the evaluation team, the key concern of USAID was that the report be a useful project management tool for both the Mission and host country counterparts, and that the report provide a sound basis for the design of subsequent USAID assistance activities in the sector. The evaluation report reflects these concerns. The recommendations contained in the report highlight specific problems which should be addressed through concrete implementation activities to be undertaken through the remaining life of project and identify problems areas for consideration in a follow-on phase of the project. The reports usefulness is somewhat constrained, however, due to the limited discussion of relative implementation priority among the 48 recommendations cited within these two categories.

The Mission concurs with the evaluation team finding that the very success of the current project has helped to bring about a transition period which requires more than usually careful management of activities through the end of Phase III and planning for subsequent family planning and health activities. Morocco's economic situation has also experienced major changes in recent years, making government budgetary constraints a major factor in current program operation and in future program planning and development. These economic, policy, and program changes have significant implications for the future direction of USAID assistance for family planning and health services. In addition, MOPH central and provincial level planning and management strategies for FP and MCH service coverage, and related resource utilization, have become more sophisticated and evolved beyond the classic VDMS household level delivery model.

Noting these trends in MOPH policy and planning, the Mission amended the project in July 1988. This amendment provided an additional $3,320,000 and authorized a two year extendion of the project complete date, to enable the MOPH to implement required modifications in program and logistics management and in the delivery of FP and MCH clinical services. The Mission subsequently completed, in August 1989, the design and authorization of a $31 million Family Planning and Child Survival IV follow-on project. Accordingly all major recommendations, cited in the report for implementation during the remaining life of project, have been adopted and the broad program directions proposed for future USAID assistance in the sector have been incorporated under the Phase IV project.