

A.I.D. EVALUATION SUMMARY - PART I

PD - ABD-305
74003

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

IDENTIFICATION DATA

A. Reporting A.I.D. Unit: Mission or AID/W Office <u>USAID/El Salvador</u> (ES# _____)		B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan? Yes <input checked="" type="checkbox"/> Slipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY ____ Q ____		C. Evaluation Timing Interim <input type="checkbox"/> Final <input checked="" type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/>	
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 I.O.P Cost (000)	Amount Obligated to Date (000)
519-0275	Improvement of Family Planning Services	83	9/30/90	\$9,353	\$9,353

ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director		Name of Officer Responsible for Action	Date Action to be Completed
Action(s) Required			
1.- Conduct feasibility studies for structural modifications in the Santa Tecla and the Santa Ana clinics. (SDA)*		G. Toledo	12/91
2.- Design the expansion of the rural services program and the training of the staff. (SDA/USAID)		G. Toledo	7/91
3.- Design and execute projects to improve self-sufficiency. (SDA/TA)**		G. Toledo	12/91
4.- Develop a mid-term marketing plan for the social marketing program. (SDA/TA)		G. Toledo	12/91
5.- Implement the administrative restructuring and improve the management communications. (SDA)		G. Toledo	9/91
6.- Train SDA research personnel in data analysis. (SDA/USAID)		G. Toledo	9/91
7.- Increase the level of staffing in communication and education and training. (SDA)		G. Toledo	9/91
8.- Redesign SDA Training Department evaluation instruments to adapt them to trainees. (SDA/TA)		G. Toledo	12/91
9.- Conduct a qualitative study to identify factors that influence the institutional decision-making process for the purchase of contraceptives. (SDA)		G. Toledo	12/91
10.- Implement a family planning services quality control system to insure prompt treatment to users. (SDA/TA)		G. Toledo	12/91
* Salvadoran Demographic Association (SDA)			
** Technical Assistance Contractor (TA)			

(Attach extra sheet if necessary)

APPROVALS

F. Date Of Mission Or AID/W Office Review Of Evaluation:				(Month)	(Day)	(Year)
3. Approvals of Evaluation Summary And Action Decisions:				November	12	1990
Name (Typed)	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director		
Signature	R.G. Toledo	Lic. Jorge Hernández	Karen Freeman	John Sanbrailo		
Date						

A.I.D. EVALUATION SUMMARY - PART II

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

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

Mission or Office: USAID/El Salvador	Date This Summary Prepared: September 24, 1991	Title And Date Of Full Evaluation Report: Evaluation of Improvement of F.P. Services
---	---	---

Purpose of Evaluation.

The purpose of this final evaluation was to assess the overall project performance by component and program under the agreement against established targets. Specific recommendations for improving project implementation were to be provided identifying major problems and bottlenecks and suggesting ways of solving those problems in the future.

Evaluation Methodology.

The evaluation was designed as an impact evaluation. Data for this evaluation were collected through a variety of means: interviews of key personnel, review of consultant reports, review of prior external and implementing agency evaluations, review of USAID records, review of materials produced under the project, conversations with consultants on other USAID projects, and field trips to selected locations that included observations and the use of checklists. Open-ended interviews were conducted with users of the project. These data are not dealt with separately; rather, they are integrated into the narrative.

Purpose of Activities Evaluated.

- The activities evaluated correspond to the five project components which are as follows:
- Medical Services. The medical services program is comprised of the clinical and rural contraceptive distribution program (RCD). The clinical services includes four clinics where the SDA offers contraceptive services to women and men, including sterilization services. The RCD provides information in family planning and distributes condoms and oral contraceptives to users in fertile age through 1,450 rural distribution posts.
 - Administration and General Services. Activities of this component are planned to improve SDA managerial capacity.
 - Social Marketing. The SMP provides 40,000 CYP by selling condoms and oral contraceptives in pharmacies and minimarket stores.
 - Information, Education, Communication and Training. A mass media campaign was planned to reach the 100 % of the population emphasizing health for making family planning decisions. Also programmed were the reproduction of pamphlets, posters and general publications. Training included 75 courses to upgrading skills of SDA service providers and other personnel from different institutions.
 - Research and Evaluation. The unit has conducted various studies which contribute to resolve implementation problems and evaluate progress of programs. Also, a demographic and health survey was considered to measure the contraceptive prevalence and other health indicators.

Findings and Conclusions.

Medical Services. The clinic program has met their goals and is functioning well providing quality health care. The staff is highly motivated and has good relations with users. Also, they are well qualified to perform their duties. All voluntary sterilization consent forms are well documented and the clinical procedures are performed satisfactorily. The majority of the recommendations in the mid-term evaluation were implemented. However, two recommendations requiring follow-up are the revision of medical history forms and the automatization of medical records in all clinics except in San Salvador.

The Rural Contraceptive Distribution Program (RCD) consists of dedicated, well-trained personnel with an appreciation for their work. However, the program is understaffed and there are few written guidelines for distribution volunteers, for evaluation of posts, and for continuing education of distributors. No recommendations were provided in the mid-term evaluation given that the program was not receiving USAID funds.

Administration and General Services. A new administrative structure has been approved by the Board of Directors. The structure limits supervisory and decision-making to three levels and it will allow future expansion. The Finance and Administration Department is a weak area due to unclear lines of authority and its functioning as an accounting unit.

Enormous progress in the overall running of the SDA was found. The Executive Director (ED) practices a participative management style and introduces successfully two executive tools: the executive committee and the senior staff group. One of the major advantages of these groups is to ensure strong institutional communications. Also, the SDA is preparing organizational manuals to improve its managerial capacity. Executives on all levels are weak in management techniques and leadership skills. The division of responsibilities between the ED and the Board must be delimited and respected as well.

Social Marketing. The program is effectively meeting its LOP goals in two specific areas: CYP goals of 40,000 per annum will be accomplished by September, 1990 and over 10 million condoms will have been sold by December, 1990. The program will be short by 40 pharmacies in terms of coverage while total revenues will be closely matched.

The majority of the recommendations in the Social Marketing Resource Consortium (SOMARC) mid-term evaluation had been implemented by the SMP. Those not implemented were related to lack of financial resources or were dependent on the synergy provided by outside technical assistance.

The SMP is adequately marketing contraceptive products and the costs per CYP have been diminishing. The experience of the employees is one of the key strengths of the program. However, market planning efforts are weak and need improvement.

Information, Education, Communication and Training. The Division has implemented and managed various projects with a relatively small, but, well trained and experienced staff. The mass media campaign has been well managed in message output but little control has been exercised over the methodology used for pre- and post-testing of messages and broadcast ratings. Impact studies have been valuable in redirecting both content and target audiences of mass media campaigns. Furthermore, the campaign, although not continuous, were complementary to print media and interpersonal strategies. The distribution and content of the print media also supported other communication efforts.

Because of a very heavy training schedule and a shortage of personnel, the activities have relied on established procedures and organizational structure and have been slow in incorporating new curricular materials and didactic methods. In order to expand the coverage and fulfill the demand, the promotional personnel were trained to work as multipliers. The technical assistance has been uneven and most of it has been invested in a mass media campaign while very little has been devoted to curricula design, training methods, procedures, and follow-up of trainees.

Research and Evaluation. The Unit is comprised of a manager with extensive experience in survey methods, a secretary and a research assistant. As the goal is to subcontract many of the studies in the near future, the unit will meet the SDA's needs.

The Unit has participated in conducting many studies to guide the mass media campaign. Other studies have been used to better target services to user needs and to improve patient flow in the clinics. International consultants have high regard for the quality of the unit's work. One problem when the studies are made in conjunction with international organizations was the special interests of experts in distinct fields. Each sought to impose its own operational definitions or methodological preferences.

Principal Recommendations.

Medical Services. The SDA must consider structural modifications in Santa Tecla and Santa Ana clinics and temporary changes to assure patient privacy, purchase of inexpensive laboratory equipment for screening of diseases, implementation of quality control system for services to insure prompt treatment, revision of medical history forms and regular testing of emergency equipment. Due to the planned rural program expansion, the SDA should take immediate steps to plan all areas for the new rural program and for the staff training.

Administration and General Services. The SDA must consider the design and execution of other income generating projects to improve self-sufficiency. The Finance and Administrative Division must be transformed into an efficient and well-managed unit that provides support to projects.

The SDA Board must develop and legitimize the operational responsibilities of the ED. Organizational manuals and procedures must be approved by the end of 1990 and training provided to staff. Terms of Reference must be established for the executive committees.

Periodical meetings with USAID's Controller Office must be set to consolidate and cross-check the implementation of the new project's financial provisions. The internal audit unit should be transformed into an Operational Management Audit Group, which will undertake risk assessments as well as analysis of operational systems and controls.

Social Marketing. -Sales goals as well as marketing efforts related to distribution channels, pricing policies and product advertising must be improved with systematic market planning. -The SMP should consider updating the market plan to produce a guide for charting progress. -In developing the plan, it must emphasize mid-term period (3 year) and integrate product, pricing, distribution and advertising strategies and target rural and/or younger segments of the population. -The SMP could benefit from technical assistance but only if such assistance is geared toward developing local capability in market planning.

Information, Education, Communication and Training. The IEC must increase the level of staffing in the Division with two technical assistants, one for Communication and the other for Education and Training. Technical assistance is needed in curriculum design and teaching methods with an emphasis on practical behavioral objectives. Promotional personnel being trained as multipliers should have field experience included in the curriculum.

Pre- and post-test evaluation instruments must be redesigned and adapted to the various levels of the trainees. The Evaluation unit should resume the active role played in the development of behavioral objectives and trainee follow-up.

The design of communication strategies should be based on current research on the attitudes and practices of the audiences. Qualitative methodologies should be used because they lower the costs of the studies and provide findings in a timely fashion. Impact research to measure media penetration and audience reaction should be more timely and the results widely distributed.

Research and Evaluation. The staff must consider a follow-up qualitative study to identify factors that influence the decision-making process in the purchase of contraceptives. Given the new studies incorporating distinct methodological designs, training to the staff should be considered in the use of of statistical packages designed for the analysis of large data sets as well as in the administration of longitudinal studies.

Lessons Learned.

Coordination with all family planning agencies is needed to set goals in terms of target consumers to avoid competition for the same population segment. ~

Closer coordination should be developed between the financial personnel of the donor and grantee counterparts to ensure timely and appropriate compliance with all required regulations and voucher submissions.

d

A B S T R A C T

H. Evaluation Abstract (Do not exceed the space provided)

The project is designed to improve and expand the availability of family planning services through programs of Community Based Distribution of Contraceptives (CBD), the Commercial Retail Sales of Contraceptives, mass media campaigns, clinic-based programs, voluntary surgical contraception for both men and women of fertile age, and providing training for institutional personnel and other agencies. The project is implemented by the Salvadoran Demographic Association (SDA), a non profit organization affiliated with the International Planned Parenthood Federation (IPPF). This final project evaluation (9/4-9/29) was conducted by Juárez and Associates on the basis of a review of project documents (including a 1986 mid-term evaluation), visits to three clinics, the central warehouse and fifteen rural distribution posts, and interviews with SDA key personnel. Findings and conclusions are:

Major findings:

- The project will meet most of its goals and objectives by the Project Assistance Completion Date (September 30, 1990); Couple Years Protection (CYP) goals of 150,000 will be surpassed.
- Medical services provided through clinics are of good quality though record-keeping can be improved. Few rural program staff are current on family planning information.
- The management of the organization would be improved through the implementation of a new structure designed to improve horizontal and vertical communication.
- The social marketing program will attain CYP goals by marketing three oral contraceptives and five condom lines. However, market planning efforts are weak and need improvement.
- The most technologically developed aspect of Information, Education and Communication has been the mass media campaign. The training area has been severely understaffed though it has been able to carry out its duties.
- The Research and Evaluation Unit is comprised of experienced staff with knowledge of research strategies to accomplish the studies programmed.

Conclusions:

- The project must ensure that the proposed administrative restructuring is implemented and management communication is improved.
- Quality control of medical services needs improvement, especially in monitoring.
- The rural program staff must receive training in family planning and management.

Lessons Learned:

- Closer coordination should be developed between the financial personnel of the donor and the SDA counterparts to ensure timely and appropriate compliance with all required regulations and vouchers submission.
- Coordination with all family planning agencies is needed to set goals in terms of target consumers to avoid competition for the same population segment.

Evaluation Costs

1. Evaluation Team		Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U.S. \$)	Source of Funds
Name	Affiliation			
Regino Chávez Ana Díaz Kjell Enge Milo Schaub	Juárez & Associates Inc.	78 P.D.s.	\$78,680.00	PD&S 519-0181

Mission/Office Professional Staff
Person-Days (Estimate)

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

X/D-AMB-305-A

74004

CONTRACT NO. 519-0181-C-00-0355

FINAL REPORT

An Evaluation of the
Salvadoran Demographic Association
USAID Project No. 519-0275

November 12, 1990

Prepared for:

Office of Health, Population and Nutrition
United States Agency for International Development
El Salvador

Prepared by:

Juárez and Associates, Inc.
12139 National Blvd.
Los Angeles, CA. 90064

Regino Chávez, Chief of Party
Ana Díaz
Kjell I. Enge
Milo Schaub

TABLE OF CONTENTS

LIST OF TABLES	iii
LIST OF ACRONYMS	iv
EXECUTIVE SUMMARY	vi
A. Project Background	vi
B. Evaluation Design	vi
C. Principal Findings	vi
D. Principal Recommendations	ix
E. Lessons Learned	x
I. INTRODUCTION	1
A. Background	1
B. Project Objectives	3
C. Review of Previous Evaluations	4
D. Organization of the Report	7
II. Evaluation Design	8
A. Methodology	8
1. Review of Documents	8
2. Interviews with Key Informants	9
3. Site Visits	9
B. Evaluation Team	10
C. Methodological Constraints	11
III. Study Findings	12
A. Medical Services Program	12
1. Clinical Medical Services Program	12
a. Overview of Clinical Programs	12
b. Actions on 1986 Evaluation Recommendations	12
c. Responses to Specific Questions in SOW	15
2. Rural Contraceptive Distribution Program (RCD)	26
a. Overview of the Program	26
c. Responses to specific questions in SOW	28
B. Administration and General Services	31
1. Overview of the Program	31
a. Board and Executive Director.	31
b. Organizational Structure and Management Model	31
c. Finance and Administration Division (F&A)	34
d. Financial Support	37
2. Actions on 1986 Evaluation Recommendations	38
3. Responses to Specific Questions in SOW	42
C. Social Marketing Department	50
1. Overview of the Program	50
a. Products	51

b.	Pricing Strategies	52
c.	Advertising and Promotion	53
d.	Distribution	54
e.	Other Marketing Factors	54
2.	Actions of 1986 Evaluation Recommendations	55
3.	Responses to Specific Questions in SOW	60
D.	Information, Education, Communication, and Training	65
1.	Information and Communication	65
a.	Overview of the Program	66
b.	Actions on 1986 Evaluation Recommendations	67
c.	Responses to Specific Questions in SOW	68
2.	Training	75
a.	Overview of the Program	75
b.	Actions on 1986 Evaluation Recommendations	78
c.	Responses to Specific Questions in SOW	79
E.	Research and Evaluation Component	89
1.	Overview of the Program	89
2.	Actions on the 1986 Evaluation Recommendations	89
3.	Responses to Specific Questions in SOW	90
IV.	Conclusions and Recommendations	96
A.	Medical Services	96
B.	Administration and General Services	99
C.	Social Marketing Program	103
D.	Information, Education, Communication and Training	105
E.	Research and Evaluation	107
V.	CONVERGENCE WITH MISSION STRATEGY	110
VI.	LESSONS LEARNED	111
	References	112
	Persons Contacted	115

LIST OF TABLES

TABLE 1:	COUPLE YEARS PROTECTION 1984-July, 1990	15
TABLE 2:	SDA GOALS AND OBJECTIVES	16
TABLE 3:	SDA ACHIEVEMENTS	16
TABLE 4:	ACTUAL COSTS PER CYP 1984-July, 1990	17
TABLE 5:	SDA CONTRACEPTIVE REVENUES 1984-1990	17
TABLE 6:	COST PER CYP 1984-1990	18
TABLE 7:	COST PER STERILIZATION 1989 AND 1990	19
TABLE 8:	SDA FUNDING SOURCES 1985	37
TABLE 9:	SDA PROJECTED SOURCE OF FUNDING 1988-1993	37
TABLE 10:	SMP GOALS VS. ACCOMPLISHMENTS	50
TABLE 11:	1984 TRAINING ACTIVITIES	84
TABLE 12:	1985 TRAINING ACTIVITIES	85
TABLE 13:	1986 TRAINING ACTIVITIES	85
TABLE 14:	1987 TRAINING ACTIVITIES	86
TABLE 15:	1988 TRAINING ACTIVITIES	86
TABLE 16:	1989 TRAINING ACTIVITIES	87
TABLE 17:	1990 TRAINING ACTIVITIES	87

LIST OF ACRONYMS

ADS	Asociación Demográfica Salvadoreña
APEX/BBDO	APEX Publicidad
AVS	Association for Voluntary Sterilization
CALMA	Centro de Apoyo de Lactancia Materna
CBD	Community Based Distribution
CDC	Center for Disease Control
CENTA	Centro Nacional de Tecnología Agropecuaria
CEO	Chief Executive Officer
COP	Chief of Party
CRS	Contraceptive Retail Sales
CSM	Contraceptive Social Marketing
CYP	Couple Year Protection
DAR	Distribucción Area Rural
DEPT	Department
DIDECO	Community Development Authority
DIR	Director
DIV	Division
EA	External Audit
EC	Executive Committee
ED	Executive Director
EOP	End of Project
F&A	Finance and Administration
FC	Financial Controller
FCO	Financial Controller's Office
FESACORA	Salvadoran Federation of Agrarian Reform Cooperatives
HPN	Health, Population and Nutrition
IA	Internal Audit
IBC	Information Business Computers, S.A.
IEC	Information, Education, Communication
INSAFOCOOP	Instituto Salvadoreño de Fomento Cooperativo
IPPF	International Planned Parenthood Federation
IPPF/WHR	International Planned Parenthood Federation/ Salvadoran Institute for Agrarian Transformation
ISTA	Salvadoran Institute for Agrarian Transformation
IUD	Intrauterine Device
J&A	Juárez and Associates
LOP	Life of Project
MA	Management Audit
MBA	Masters in Business Administration
MIS	Management Information System
MGR	Manager
MOH	Ministry of Health
MWRA	Married Women Reproductive Age
ORS	Oral Rehydration Salts
PC	Personal Computer
P&D	Planning and Development
PID	Pelvic Inflammatory Disease
PPBR	Planning Programming Budgeting Reporting
RCD	Rural Community Distribution
R&E	Research and Evaluation
SAS	Statistical Analysis System
SDA	Salvadoran Demographic Association

LIST OF ACRONYMS (continued)

SMP	Social Marketing Program
SOMARC	Social Marketing for Change
SOW	Scope of Work
SPP	Standard Practice Procedures
SPSS	Statistical Package for the Social Sciences
STD	Sexually Transmitted Diseases
TA	Technical Assistance
TOR	Terms of Reference
USAID	United States Agency for International Development
WP/B	Work Program/Budget
3YP	3 Year Plan

An Evaluation of the
Salvadoran Demographic Association
USAID/El Salvador Project No. 519-0275

EXECUTIVE SUMMARY

Juárez and Associates conducted an evaluation of USAID's 519-0275 project in September, 1990 to assess the overall performance of the Salvadoran Demographic Association (SDA). The scope of work included examining implementation of recommendations of the 1986 mid-term evaluation as well as responding to specific questions for five major components of the organization. In addition to examining the procedures for disbursement of funds by the SDA, the evaluation was to provide recommendations for project improvement.

A. Project Background

USAID's strategy in population seeks to provide choices in family planning to those seeking birth spacing or family planning services. Efforts aim at making services, products and education accessible to those at high-risk. The SDA has been providing services in the area of family planning since 1962. In 1983, USAID began funding the SDA to improve and expand the availability of services and commodities by expanding outreach efforts and medical services as well as by disseminating information through promotional activities and the conduct of research. The goal was to reduce the population growth rate from 3.3 to at least 3.0 percent by the end of 1986. In 1987, a Rural Contraceptive Distribution (RCD) component was added to the medical services to increase outreach efforts for the rural population found to be at higher risk. The SDA's activities fit well within the scheme of the USAID strategy as its activities include providing information, educational materials and contraceptive products and services thus allowing informed choices to be made.

B. Evaluation Design

The evaluation was conducted by a four-person team composed of a social marketing specialist, a former business executive, a registered nurse/family planning clinic administrator, and a medical anthropologist. A multi-method approach was used for data collection consisting of a) a review of pertinent documents; b) interviews with key informants, and c) site visits. Checklists were used for observing medical and quality assurance practices.

C. Principal Findings

Medical Services: Overall, the clinic programs were found have met their project goals and to be well-run providing quality health care to a large number of patients in an efficient manner. The staff were found to be highly motivated and to have developed a good provider-patient relationships. The medical staff and supporting staff were found to be well qualified to perform their respective duties. A review of voluntary sterilization consents found that all charts were well documented and that clinical procedures were performed satisfactorily.

The majority of the recommendations provided in the 1986 mid-term evaluation were implemented. Two outstanding recommendations still requiring follow-up are the need for revision of medical history forms and to automate all clinics except in San Salvador.

The Rural Community Distribution Program (RCD) consists of dedicated, well-trained personnel with an appreciation for the importance of their work. However, it was also found that the program is severely understaffed though plans call for a fourfold expansion of the program. It was also found that there are few written guidelines for distribution post volunteers, for the evaluation of posts, or for the continuing education of distributors.

No recommendations for the RCD were provided in the 1986 mid-term evaluation given that the program was not receiving USAID funding. However, a comprehensive evaluation conducted in 1988 includes various excellent recommendations for the RCD program that are still valid and will be incorporated in the new family health services project.

Administration and General Services: A new administrative structure proposed by the Executive Director (ED) has been approved by the SDA Board of Directors. The structure limits supervisory and decision-making to three levels and is sufficiently flexible to allow for future expansion. The Finance and Administration department was found to be a weak area due to unclear lines of authority and to its functioning as a passive accounting unit.

Enormous progress in the overall running of SDA can be identified. The ED, fully supported by a committed Board, practices a participative management style. He has successfully introduced two executive tools: (1) The executive committee and (2) the senior staff group. One of the major advantages of these management groups is to ensure strong vertical and horizontal communications. Before the end of 1990 the SDA will have comprehensive organization manuals ready for Board approval and immediate implementation. Executives on all three levels need substantial technical assistance in management techniques and leadership skills. The division of responsibilities between the ED and the Board must be delimited and respected as well.

Since the 1986 mid-term evaluation, the SDA has become generally more reliant on foreign donors especially on one single international donor. Over the 5-year life of the follow-on project, reliance on foreign donors will increase, and USAID's share will be approximately 70 percent.

Social Marketing: The Social Marketing Program (SMP) was found to be effectively meeting its LOP goals in two specific areas. CYP goals of 40,000 per annum will be accomplished by the end of September, 1990 and over 10 million condoms will have been sold by the December, 1990. The program will be short by 40 pharmacies in terms of coverage goals while total revenues will be closely matched.

It was also found that the great majority of the recommendations provided in the SOMARC 1986 mid-term evaluations had been implemented by the SMP project. Those not implemented were related to lack of financial

resources or were dependent on the synergy provided by outside technical assistance.

The SMP is adequately marketing contraceptive products including five distinct lines of condoms and three oral contraceptives. Also, costs per CYP over the LOP have been diminishing, exhibiting the same general trend characteristic of SMP projects worldwide. The experience of the employees, especially that of the Division Director and the sales force, was found to be one of the key strengths of the program. A new manager with keen interest in accountability has instituted a series of new controls that will aid in measuring individual performance and project progress.

Information, Education, Communication and Training: The Division has implemented and managed a large number of projects from diverse funding sources with a relatively small but well trained and experienced staff.

The mass media campaigns have been well managed in terms of message output, but little control has been exercised over the methodology used by the ad agencies for pre- and post-testing of messages and the subsequent broadcast ratings. Independent impact studies have been valuable in redirecting both content and the target audience of mass media campaigns. Also, the design of the mass media campaigns reflect good communication between the ad agencies and the SDA. The creative platforms were well designed to promote the services provided by the SDA and urged the listeners/viewers to make a visit to the clinics where highly professional and prompt services are provided. The tone of the radio messages and TV spots reflected the language and behavior of the target audience. It was found that the 1989 communication campaign contributed to more positive attitudes toward family planning. Furthermore, the media campaigns, although not continuous, were complementary to print media and interpersonal communication strategies. The distribution and content of the print media also supported other communication efforts.

Because of a very heavy training schedule and a shortage of personnel, the Education and Training activities have relied on established procedures and organizational structure and have been slow in incorporating new curricular materials and didactic methods.

The course curricula support SDA service programs, and the training of promotional personnel to work as multipliers is designed to expand the coverage and demand for SDA services. A limited number of behavioral objectives are being incorporated into the curricular design.

The technical assistance for information, education, communication and training has been uneven; most has gone into the mass media components while very little has been devoted to curricular design, training methods, procedures, and the follow-up of trainees.

Research and Evaluation: The Research and Evaluation (R&E) Department is comprised of a manager with extensive experience in survey methods, a secretary and a research assistant. As the goal of the SDA is to subcontract many of its studies in the near future, the departmental organization will meet the SDA's needs.

The department has participated in the conduct of numerous studies to guide the mass media campaigns. Findings from qualitative and quantitative studies have been used to refine mass media campaigns. Other studies have been used to better target services to user needs and to improve patient flow. International consultants had high regard for the quality of the department's work and the manager's, in particular. One problem in the conduct of studies in conjunction with international organizations was the special interests of experts in distinct fields. Each sought to impose their own operational definitions or methodological preferences.

D. Principal Recommendations

Medical Services: Recommendations include structural modification of the Santa Tecla and Santa Ana clinics, temporary modifications to assure patient privacy, purchase of inexpensive laboratory equipment for screening of various diseases, insure prompt treatment, computerization of abnormal laboratory follow-up, revision of the medical history form and regular testing of emergency equipment.

In consideration of the planned rural program expansion, the SDA will need to take immediate steps to plan all areas of the RCD program and train staff.

Administration and General Services: The SDA must consider the design and execution of other revenue generating projects to reduce the dependence on one donor. In addition, the F&A division must be transformed into an efficient and well-managed centralized unit that can provide support to existing as well as new projects.

The SDA Board must develop and legitimize the operational responsibilities of the ED. Organizational manuals and procedures must be approved by the end of 1990 and training provided to staff in the adopted procedures. Terms of Reference (TOR) must be established for the executive committees to establish responsibilities.

Periodic meetings with USAID's Controller's Office must be set to consolidate and cross-check the complete implementation of the new project's financial provisions. The internal audit unit should be transformed into an Operational Management Audit group, which will undertake risk assessments as well as analysis of cost-effectiveness of operational systems and controls.

Social Marketing: Sales goals as well as marketing efforts related to distribution channels, pricing policies and advertising could be improved with systematic market planning. The SMP should consider updating the market plan to produce a "user friendly" guide for charting progress. In developing the plan, staff may want to emphasize mid-term (3-5 year) plans that integrate product, pricing, distribution and advertising strategies and target rural and/or younger segments of the population. The SMP staff could benefit from technical assistance but only if such assistance is geared toward developing local capability in market planning.

The SMP may want to consider immediate discontinuation of machine dispensers given the problems related to findings replacement parts and the low sales generated by this channel.

Information, Education, Communication and Training: The IEC will need to increase the level of staffing in the Division by a minimum of two technical assistants, one for Communication and the other for Education and Training. Furthermore, additional technical assistance is needed in curriculum design and teaching methods with an emphasis on practical behavioral objectives. Promotional personnel being trained as multipliers should have actual field experience included in the curriculum.

Pre- and post-test evaluation instruments should be redesigned and adapted to the various educational/professional levels of the trainees. The Evaluation and Research Department should resume the active role played in the development of behavioral objectives and trainee follow-up.

The design of communication strategies should be based on current research on the knowledge, attitudes and practices of the target rural and urban audiences. Impact research to measure media penetration and audience reaction should be more timely and the results more widely distributed to SDA and other interested parties.

Research and Evaluation: R&E staff may want to consider a follow-up qualitative study to identify factors that influence the decision-making process in the purchase of contraceptives. This would aid the SMP in better targeting their concepts and copy for advertising. Qualitative methodologies should be used because of low cost compared to large-scale surveys and of the quick availability of findings.

Given the new studies incorporating distinct methodological designs, USAID may want to consider providing technical assistance to the R&E core staff in the use of newer versions of statistical packages designed for the analysis of large data sets as well as in the conduct of longitudinal studies.

E. Lessons Learned

Coordination with all organizations is needed to set goals in terms of target consumers to avoid competition for the same population segment. Closer coordination is needed between the financial components of the donor and implementing agencies to ensure timely and adequate compliance with procedures especially during project start-up or when the implementing organization experience too much flux at the executive level.

Having a woman on an evaluation team studying female reproductive health practices provides appropriate sensitivities and inputs.

I. INTRODUCTION

A. Background

El Salvador is a densely populated tropical country with a significant portion of its population living in rural areas. A number of factors have hindered its development including an ongoing civil war, natural disasters, and economic stagnation. The result has been a strain on the country's financial resources as production has decreased, income and purchasing power for consumers have dwindled, and population shifts have taken place as people seek employment and security. A high population growth rate, albeit declining, has contributed to the strain on national resources. Also, as population shifts occur, needs in housing, education and health-care compete for resource allocations.

El Salvador's basic health determinants are similar to those of other less developed countries. It is characterized by an annual population growth rate of 2.4 and an infant mortality rate of 50 per 1000 live births. Its population is relatively young with 45 percent under the age of 15 years. However, such statistics mask regional differences of import in the delivery of health services. For example, a large portion of its population are rural dwellers with little or no education. Additionally, the infant mortality rates in the rural areas and urban marginal areas is higher than for San Salvador (FESAL, 1989).

Health seeking behavior also varies by region and status. Rural residents with little or no education usually resort to the public sector to obtain health services (Britan, 1990:45). In recent years, however, resources for the Ministry of Health (MOH) have been curtailed as priority was given to other areas in the national budget. Thus, a challenge in El Salvador lies in providing health services especially family planning services to those most in need: women of childbearing age, rural dwellers and those in periurban squatter settlements. An alternative, and a preferred option are the health care services of the private, nonprofit sector (Britan, 1990:17).

Since 1962, the Salvadoran Demographic Association (SDA) has been providing health services, especially family planning services to the Salvadoran population. Clinics in the major urban areas (San Salvador, Santa Tecla, Santa Ana and San Miguel) and dispensaries (El Refugio) have provided access to family planning and other medical services. Access to products and outreach have been enhanced through the Community Distribution Program and the Commercial Retail Sales program. Also, information has been made available through social marketing activities including mass media campaigns targeting men and women of fertile age. The SDA has been carrying out its mandate with some degree of success as evidenced by an increase in CYP figures over the years. The SDA is second only to the MOH in providing family planning services in El Salvador (FESAL, 1988:37). The achievement of even some success given the critical health

problem as well as the political one in El Salvador deserves recognition.

Historically, systematic family planning efforts in El Salvador began during the 1960s with the establishment of the SDA, an affiliate of the International Planned Parenthood Federation (IPPF). This organization provided much of the initial family planning services available in the country. In 1967, however, the SDA turned over much of its clinical family planning services to the Ministry of Health (MOH), which presently has the major responsibility for providing such services in the country through a system of hospitals, health centers, health posts, and mobile units. The SDA continues to operate four clinics located in the largest cities of the country, which provide approximately 11 percent of the nation's clinical family planning services. The organization also provides temporary methods through its contraceptive social marketing program. The SDA's responsibilities also include: providing information, especially through mass media channels; offering model clinical services for contraception and sterilization; undertaking training activities in the area of family planning; and carrying out evaluations. Support for the organization comes from a variety of sources including IPPF, the parent organization, Family Health International, the Association for Voluntary Sterilization (AVS), and the United States Agency for International Development (USAID).

Efforts to improve the health situation in El Salvador, particularly in the area of family planning, have also come about as a result of the contributions by USAID. USAID strategy has shifted as progress in achieving goals has occurred. Initial efforts focused on providing the most critical, short-term health needs including pharmaceuticals, medical supplies and equipment. This was followed by efforts to improve and expand services through institutional development, information and education and other such endeavors. In 1983, USAID signed a cooperative agreement with the SDA to assist the private voluntary organization in the expansion of its efforts in the area of family planning. Through this agreement, the SDA was to coordinate efforts with the Ministry of Health (MOH) to contribute to a reduction in the rate of population growth from 3.3 to 2.5 by the end of the project. The agreement also specified that the SDA was to expand the delivery of services by conducting activities such as the following:

- Establishment of a Community Based Distribution of Contraceptives (CBD) program;
- Development of a Commercial Retail Sales of Contraceptives (CRS) program;
- Design and conduct of mass media campaigns;
- Conduct of voluntary surgical contraception among persons of fertile age; and
- Provision of training for SDA personnel as well as those of other agencies.

Even with the social upheaval that has characterized El Salvador in recent years, breakthroughs have been achieved in the area of health. The most dramatic indicators of this continue to be the falling infant and child mortality rates and the increase in life expectancy at birth. According to the FESAL-1988, the infant mortality rate dropped to 50/1000 live births. Contraceptive prevalence rates demonstrated that close to 47 percent of the MWRA were practicing some form of contraception in 1988. Also, the population growth rate continued to decline from 3 percent in 1978 to 2.5 percent in 1988. The SDA was providing services to 13 percent of those women practicing some form of contraception.

Other indicators of the impact within the health sector in El Salvador are also apparent. The Family Health Survey of 1988, for example, demonstrated that there was a high level of awareness and use of modern contraceptive methods. But, the rates of awareness and use were higher for the area of San Salvador and lowest among women in the rural areas; young women especially those unemployed and/or with little education. This survey also established that those women most in need were those in the rural areas and those married or in union and those who are unemployed. However, it is these same segments who are unmotivated to seek contraceptive products.

B. Project Objectives

In August, 1990, USAID/El Salvador contracted Juárez and Associates to conduct an evaluation of the SDA. The objectives of the project as well as the full scope of work (SOW) are presented in Appendix A. Briefly summarized, the objectives of this evaluation are as follows:

To assess the overall project performance as specified under Cooperative Agreement 519-0275;

To provide specific recommendations for improving project implementation;

To analyze the steps the SDA follows in the disbursement of funds for project activities.

To write an evaluation report.

C. Review of Previous Evaluations

A number of evaluations have been conducted of the Salvadoran Demographic Association. These studies focused on a number of components of the SDA including its administration, IE&C, training activities and social marketing endeavors.

A study conducted in 1985 examined the SDA in conjunction with other health service providers in El Salvador (Urban, 1985). The review found that the SDA was staffed by competent, dedicated people. Additionally, it was found that the organization's purpose was clear in the minds of the personnel and that the SDA had contributed significantly to family planning efforts in El Salvador. However, it was also found that while the existing management structure was reasonable given the level of activities, the SDA needed to reorganize to increase efficiency and program accountability. Administrative changes were suggested that included clearly defining the Executive Director's responsibilities, the creation of an executive department responsible primarily for program planning and administration and recommended the training of all managers in management and supervision.

The study went on to point out that the IE&C department while adequately staffed, needed to have a person familiar with advertising and mass media. The findings also pointed to the need for refresher courses for the medical staff given their limited exposure to family planning while in medical school. The Training component was found to be understaffed given the anticipated level of new activities for a proposed rural outreach program.

In 1986, Juárez and Associates (J&A) conducted a mid-term evaluation (Chesterfield, 1986) of the USAID's 519-0275 project being implemented by the SDA; the J&A study examined basically five components. These included administration and general services, IE&C, Training, medical services, and logistics and maintenance. A concurrent evaluation (Orr, 1986) was conducted of the Social Marketing Program by Social Marketing for Change (SOMARC). These studies echoed the findings in the review cited previously. That is, the administrative structure was found to be adequate and the personnel was characterized as dedicated and competent. The J&A (Chesterfield, 1986) study found that USAID was the SDA's biggest donor contributing 49 percent of its operating funds. Additionally, that investigation pointed to the administrative flux within the SDA resulting in the organization's Board of Directors becoming involved in operations. It was noted that the CBD program had contributed to referrals to the clinics. It was pointed out also, that, although sound accounting practices were being followed by the accounting department, some common business practices were not.

The J&A evaluation also pointed out that the IE&C component has met its output goals in terms of community education, teenage sex education and the documentation center. The mass media

subproject, however, lacked a person with knowledge of media utilization. No impact evaluation of the mass media campaign had been carried out although one had been scheduled for 1984.

In the area of training, the J&A study found that training curricula were adequate, but the approaches were too cognitive oriented. Medical staff and services were rated as adequate and there was adherence to all consent procedures for sterilization. The records system, delivery of commodities and training of warehouse staff were characterized as adequate though these could benefit by automation.

A series of recommendations were also provided by the 1986 evaluation team and are discussed in relation to their implementation in Section III of this report. The basic recommendations paralleled those of previous reviews; major recommendations included that automation be considered for all departments, that the administrative structure be clearly delineated, that technical expertise in IE&C be provided to the SDA and that studies of the impact of the mass media campaigns be conducted.

The SOMARC evaluation considered the social marketing program (SMP) to be functioning satisfactorily and pointed out that, historically, the SMP had provided the majority of Couple Year Protection (CYP) in the SDA. The SMP was providing sales of contraceptive products through pharmacies, vending machines and non-traditional distribution channels (stores/tiendas). Except for the vending machine sub-project, the other commercial endeavors were found to be functioning well. Record keeping was found to be efficient. The SMP, however, was understaffed and needed sales personnel to help increase sales especially to rural areas where coverage was weak. Prices for products were based on marketing factors taking into account the consumers ability to pay. Promotional efforts were carried out by the sales force as well as by an advertising agency; the sales staff distributed promotional materials. (A separate evaluation was conducted of the advertising.) The reporting of sales and other data was done manually delaying the availability of such for decision-making purposes. Among the set of recommendations outlined in that report were that the SMP focus on improvement in marketing strategies, automating the record reporting system, increasing staff and providing vehicles for sales personnel, performance of an impact evaluation of the advertising, development of incentives plans and increasing coverage of distribution points. Actions on these recommendations will be discussed in a separate section of this report. (See Section III. C.)

In 1987, J&A conducted an evaluation of the ad agency for the SMP (Chesterfield, 1987a). This evaluation found that Publicidad Comercial, the SDA's advertising agency, was of suitable size and sufficiently adequate in technical and administrative aspects to carry out the project. The evaluation, however, pointed out that the SDA had not provided enough direction to the agency so as to make clear the specific

objectives in terms of behavior change sought through the mass media campaigns. It was recommended that Publicidad Comercial be retained to handle both the IE&C campaign as well as that of the SMP. It was also suggested that the SDA provide clearer definition of objectives and that staff of the organization be trained in advertising principles. Another point suggested was that the possibility of long-term media buys be explored.

A follow-up investigation in 1987 (Chesterfield, 1987b) by another J&A team explored the viability of spinning off the social marketing program from the SDA. Five options were explored of which only two were deemed viable. Of these two, the evaluators recommended that the social marketing program be maintained within the SDA although the contraceptive line should be expanded. Also, the social marketing program should consider forming ties to the business community in El Salvador.

In 1988, a Development Associates team (Ojeda, 1988) carried out an evaluation of the SDA's Rural Contraceptive Distribution (RCD) program. Administrative structures were found to need improvement as were the pricing policies and training and supervision provided to the distributors. The RCD program staff was also found to be in need of training in the areas of community education and promotion. The report includes recommendations for setting uniform pricing policies. It would seem that one major factor that should be considered in this area is the purchasing power of the target population.

Finally, in the fall, 1989, Pop Tech in conjunction with others (Bair, 1990) reviewed Project 519-0210. This evaluation found that the Population Dynamics Project, in which the SDA participated, was making solid progress in meeting its outputs. The report pointed out that the SDA had a smooth flow of funding with regard to advances & liquidation, that the training component had exceeded the goals in the number of trainees, and that the SDA had a fine beginning toward establishing a solid system for contraceptive logistics, equipment maintenance and MIS. It was reported that the IE&C component has first-rate campaigns through the TV and radio as well as excellent print materials. However, they recommended that the mass media strategy be better coordinated with interpersonal promotional efforts. Additionally, they found that the SMP output indicators were the only ones that had exhibited an increase.

As it appears, there is consistency in the findings of the various evaluations and reviews of SDA programs. First, the administrative structure is singled out as requiring reorganization. The studies point out that clearly defined responsibilities must be established to improve program operations especially with regard to the role of the Executive Director and the Board. Financial accounting system, though adequate, can be improved through the addition of some basic business practices. IE&C campaigns, though having reached their target audience, must coordinate with interpersonal promotional efforts. Equipment for the medical services component must be

updated and adequately maintained. Automation of procedures are needed to improve efficiency in the all programs and staff must be trained in the use of the computer programs. Finally, an impact study of the mass media campaign must be carried out to guide the SDA in establishing behavioral objectives, guiding follow-up advertising concepts and copy, and establishing the effectiveness of the campaign.

D. Organization of the Report

The remainder of this evaluation report discusses the manner in which the project was conducted to meet the purpose of the evaluation. Chapter II describes the evaluation methodology and the project team. Chapter III presents the findings of the evaluation for each component specified in the SOW. Chapter IV summarizes the findings and provides recommendations based on these findings. Chapter V explores how Project 519-0275 meets the strategy and objective proposed for USAID's population projects. Finally, Chapter VI presents lessons learned from the project. Appendices provide the reader with copies of the elaborated scope of work, job descriptions, suggested SDA restructuring and other documents.

II. Evaluation Design

A. Methodology

The evaluation was designed as an impact evaluation, as it had the overall objective of assessing project performance by specific SDA component under the 519-0275 cooperative agreement. However, the scope of work also required that recommendations be made for improving project implementation and resolving obstacles to achieving project objectives. Specifically the evaluation was to identify the SDA's procedures for the disbursement of funds for project activities and examine the success of implementation for activities funded under the cooperative agreement no. 519-025 in the following five components: 1) Medical Service Program; 2) Administration and General Services; 3) Social Marketing; 4) Information, Education & Communication and Training; and 5) Research and Evaluation. The SOW consisted of a two part effort:

Examine what actions have been taken on the recommendations provided in the mid-term evaluations conducted by Juárez and Associates and SOMARC.

Respond to a set of specific questions posed by USAID for each component under review.

A multi-method approach was adopted in the conduct of the evaluation. This approach consisted of a content analysis of previous evaluation documents, open-ended interviews with key personnel involved with and users of the project, and site visits that included observations and the use of checklists.

1. Review of Documents

Before arriving in-country, documents pertinent to the conduct of the evaluation were identified by the Chief-of-Party (COP). Where possible, other team members were provided with copies of selected sections of relevant background materials before their arrival in El Salvador. Upon arrival in-country, the COP drafted a list of documents which he requested from the USAID and the implementing organization. The list included the cooperative agreement, amendments to the agreement, copies of letters of implementation, reports prepared by the SDA (implementation plans, marketing plans, etc.) and other documents which were viewed by the project officer of relevance to the objectives of the evaluation. Other documents analyzed during this evaluation included audit reports, the Juárez and Associates evaluation report, the SOMARC evaluation report, organizational manuals, personnel files, and a number of evaluation reports made available through the USAID HPN library. The analysis of the

documents had as its purpose to determine outputs for the new project, to establish a historical sequencing of events, and to identify previous recommendations to improve project performance. These were used to establish the measures by which to determine the success of implementation of the project.

2. Interviews with Key Informants

Given the SOW, it was viewed as necessary to conduct interviews with individuals directly involved in the implementation of activities within the selected program components. These would include SDA staff, USAID staff, personnel providing technical assistance, and other individuals independent of these organizations but directly involved in key aspects of SDA program operations. Among the latter were advertising agency executives, CALMA representatives and MOH representatives. Key positions within the organizational structures of USAID as well as that of the SDA were identified. In discussions with both USAID staff as well as SDA staff, a list of key informants was developed. Interviews were scheduled with the HPN staff, the SDA Executive Director, SDA division directors, managers, doctors, nurses and other staff of the relevant departments, personnel from the USAID Controller's office, ad agency executives, staff from Cambridge Consulting Corporation, the Executive Director of CALMA, and the Vice-Minister of the MOH. Interviews with users of the services were conducted on an ad-hoc basis during site visits. A small number of users were surveyed to identify the source of information about the SDA and rating of the services.

The interviews with key informants followed a topical format. Themes identified as critical to meeting the project objectives given the specific questions posed in the SOW included administration and coordination among the departments, receipt of technical assistance, and accomplishment of component goals. The format was broad enough so that the areas of common knowledge of the informants overlapped. This ensured that evaluators obtained multiple perspectives on the same phenomenon. Evaluators reinterviewed informants on selected topics a) when information about a subject was unclear; b) to reverify a finding; or c) to obtain an informant's view of a proposed recommendation.

A total number of 82 interviews was conducted by the team. A total of 38 distinct individuals were interviewed for the evaluation.

3. Site Visits

Site visits were scheduled to clinics, rural distribution posts and pharmacies. Clinics in San Salvador, Santa Tecla and Santa Ana were visited and services observed. Visits to the Santa Ana rural distribution posts were canceled for security reasons although visits to posts around the San Salvador area

were carried out. Visits were also undertaken to the SDA warehouse in Santa Tecla. At least two evaluation team members visited the clinics and the warehouse.

In addition to interviews with key informants conducted at the clinics, observations using a check list were carried out to rate the presence or absence of key aspects of the medical services. The checklist was an adaptation of the instrument developed by the Los Angeles Regional Family Planning Council to assess its family planning medical services. A copy of this checklist is provided in Appendix B. The checklist aided in determining the existence of the following:

- quality assurance procedures;
- scheduling procedures;
- patient flow procedures;
- compliance with voluntary sterilization consent procedures;
- equipment and its condition; and
- maintenance of supplies.

B. Evaluation Team

A four-person team consisting of the following individuals conducted the evaluation for USAID:

Regino Chávez: Mr. Chávez served as evaluation project COP and as the technical specialist examining the social marketing component. He has over eight years of experience in the development of communication plans, copy and concept testing for advertising, and served as the Resident Advisor for the Guatemala Contraceptive Social Marketing Program.

Ana Díaz: Ms. Díaz examined the medical services component of the SDA. She is a registered nurse and a public health specialist. She presently is the administrator of the Los Angeles County-University of Southern California Family Planning Clinic located in Los Angeles Women's Hospital.

Kjell Enge: Dr. Enge studied the Information, Education & Communication as well as the Training components. He is a medical anthropologist with 15 years of experience in the development and assessment of training, primary health care, maternal child health and population programs in Latin America.

Milo Schaub: Mr. Schaub observed the administrative and general services component of the SDA. Mr. Schaub served as the Resident Advisor to the

social marketing project in Perú and has extensive experience in management positions within the pharmaceutical industry in Latin America.

C. Methodological Constraints

Several constraints must be mentioned as these influenced the conduct of the evaluation. First, some key individuals could not be interviewed due to being on medical leave from the SDA. Thus, their insights into the administrative and operational procedures of the SDA were not taken into account in the formulation of findings and recommendations.

Second, during site visits to the clinics in San Salvador, Santa Tecla and Santa Ana, a relatively low volume of use of the clinics was noted. Thus, only a few user interviews were conducted.

Third, medical and professional staff were interviewed for each component specified in the SOW. The personnel files and job descriptions for only those staff members were reviewed. The findings, then, on professional competence is limited to those personnel.

Fourth, the comparison of Couple Years of Protection (CYP) over the life of the project (LOP) has limitations. The CYP figures in the more recent years may be inflated given the manner in which these are calculated. For example, early on in the project, a woman who was to undergo sterilization did not receive a temporary method for birth control. However, presently, a woman who is to undergo tubal ligation is provided with a temporary method before undergoing voluntary sterilization. In the latter instances, CYP figures may be overstated if the calculations include the use of the temporary methods reported as CYP as opposed to prorated for only those months when the woman used a temporary method.

Finally, although these limitations did constrain the logistics of carrying out the project, the evaluation team is confident that they do not alter the findings and conclusions presented in this report.

III. Study Findings

A. Medical Services Program

1. Clinical Medical Services Program

a. Overview of Clinical Programs

The Medical Services Department administered by the SDA is comprised of four clinics located in San Salvador, Santa Tecla, Santa Ana, and San Miguel. The clinics offer basic contraceptive services to women and men, including sterilization services. Services are available at low cost or no cost in an efficient and professional manner. The clinics have been expanding and adding services such as cancer screening to meet the needs of the communities. Also included in the plans for the new project, 519-0363, are services to cover colposcopy, cryosurgery, laboratories in all clinics, a teen clinic, an expanded pediatric clinic, and a sexually transmitted disease clinic. The clinics are overseen by the Medical Director and are managed on a daily basis by a Nurse Supervisor. Over all, the clinics run smoothly, staff is motivated and there is a good organizational system within the clinics.

b. Actions on 1986 Evaluation Recommendations

The 1986 Juárez and Associates Evaluation Recommendations are listed below.

- a. In order to expand services, the clinics must increase their coverage (patient outreach) which might be accomplished in a number of ways: 1) install information posts at heavy traffic points in at least the fourteen department capitals of the country, 2) increase the number of rural facilitators from two to four at each clinic, 3) develop a referral network of doctors within the catchment area of a clinic who are not themselves involved in providing family planning services, and 4) implementation of a mobile unit.

The Medical Services Department has had limited patient outreach in the last several years due primarily to budgetary restraints. Outreach consisted of one assistant nurse who visited various communities, and the rural program which consisted of one team per clinic. Plans to increase outreach are being made by expanding the rural programs effective as of 1990.

It was found that there is an excellent referral system for sterilization from the Ministry of Health centers. In addition, there are various physicians, midwives, and local businesses that refer patients to the SDA clinics. In reference to the mobile unit, one has not been purchased to date. A cost analysis has not been done to assess the costs versus the impact of a mobile unit.

- b. Although medical and paramedical personnel were found to perform their duties adequately, clinic efficiency could be improved by providing the medical director and head nurses with appropriate courses in general management and family planning program administration.

Some training has been provided to the medical director and the head nurses within the clinics. With changing needs, training should continue to be available as needed. The Medical Director meets regularly with SDA administration regarding training and other needs.

- c. Record keeping could be improved by coding sociodemographic, therapeutic, and clinical data which could then be computerized for more rapid evaluation. Also case histories should include information such as the date of the operation, which is missing at present. Consent documentation should be kept with the patient's case history rather than in a separate file.

The computerized system has been implemented in San Salvador. Santa Tecla, San Miguel and Santa Ana are beginning to implement their computer systems. Several items regarding the patient medical history are not listed on this computerized sheet. These items are discussed in the section under medical services. Statistics are easily retrieved from the system. The informed consent documentation is kept with the patient case history chart and are maintained in a separate but accessible file.

- d. A study of the cost effectiveness and safety implications for patients in having two vehicles per clinic as opposed to the single vehicle presently available should be undertaken.

Plans are in effect to purchase three new vehicles for each clinic for a total of four vehicles per clinic. The vehicles will be used for the Rural Distribution Program and not necessarily for specific clinic needs, but with four vehicles, the rural promoters should be able to integrate their distribution routes with patient transportation.

- e. Patients, especially post-partum patient that are to be sterilized, should be examined during their menstrual cycle and supplied with an IUD to avoid pregnancies of the luteal phase.

Patients are evaluated and provided with a temporary method of contraception prior to the surgery to prevent pregnancy. It is also recommended that women be menstruating when surgery is done to eliminate the possibility of pregnancy.

- f. Vasectomy patients should be lightly sedated (Diazepam 10Mg. oral, or another tranquilizer) to avoid agitation prior to the operation.

Diazepam 10mg. oral is available in the clinic for male patients needing sedation. The clinic staff feel most of the patients have no need for a sedative prior to surgery. Nevertheless, each patient should be assessed for his individual needs. Since the procedure is relatively simple, it is very easy for clinic staff to forget the fear a patient may be feeling prior to surgery.

- g. Female sterilization patients should be examined while still on the table to avoid vaginal hemorrhages in recovery caused by the cervical hook, or the Hulka cannula should be employed.

The Hulka cannula is currently utilized for sterilization procedures at all clinics, thereby reducing the chances of post-surgical vaginal hemorrhage. The Medical Director stated that vaginal bleeding is not a common problem since the cervical hook was changed to the Hulka cannula.

- h. Each clinic should be equipped with two complete sets of laparoscopic equipment: two lenses, two trocars and two ring hooks as well as two cauterizing pincers. This would help to avoid the possibility of infection and also facilitate surgery at times when the number of patients is large.

All clinics are now equipped with two sets of laparoscopic equipment. Both are used on a daily basis. While one is used in surgery, the other is sterilized. This process is repeated until surgeries are complete.

- i. There should be greater communication between the maintenance technician and his sponsoring agency to assure that adequate replacement parts are available.

All equipment receives maintenance on a weekly to bimonthly schedule. Clinic personnel stated they are satisfied with the turn-around time for maintenance and services provided by the maintenance department. Replacement parts for equipment is reported to be available in a timely manner, and all equipment was fully functional during site visits at Santa Tecla and Santa Ana. Review of the medical emergency equipment such as the oxygen tanks is the responsibility of the surgical nurse; she is to report any malfunctions in this area. On previous site visits (by another group) it was found that some emergency equipment was not functional at two clinics. Therefore, a checklist should be used by the responsible individual on a monthly basis to assure all equipment is working.

- j. Instruments for laparoscopy should be washed in a room contiguous to the operating room rather than within it to decrease the danger of infection.

The San Salvador clinic has been remodeled since the last evaluation to accommodate a separate wash room for the instruments. Santa Tecla and Santa Ana have separate rooms.

- k. Given the possibility of liquid disinfectants entering into the optic system of the laparoscope and destroying it, the use of an ultraviolet ray sterilizer should be explored.

The sterilization solution currently being used is Cetylcide. Weekly maintenance is done on the laparoscope to monitor deterioration of the equipment. The solution currently used is one of three recommended by the manufacturer of the laparoscopes. Proper use of the solution appears to be satisfactory as there have been no problems with damage to the optic systems.

c. Responses to Specific Questions in SOW

1. Assess the progress made toward the goals and objectives of the clinical and RCD programs during the life of the project. This should be assessed in terms of Couple Years of Protection.

The clinical program has essentially met its goals and objectives. If the current trend continues, it is projected to meet the goal of 6000 new users of temporary methods, and will exceed the expected number of sterilization patients by nearly doubling the goal for 1990. The clinical program fell short of its Temporary Users goal for 1989, probably due to the political situation.

TABLE 1: COUPLE YEARS PROTECTION 1984-July, 1990

	1984	1985	1986	1987	1988	1989	1990
Clin. Prog.							
Temporary Methods	9580	7487	6978	9055	10451	10833	7301
Permanent Methods	73151	42840	55638	62339	70998	70776	51300
RCD Program							
Temporary Methods	n/a	4972	4950	6259	7320	5756	3912

1 CYP: sterilization = 17 yrs.; oral contraceptives = 13 cycles; IUD = 2.5 yrs; Injectables = 4 injections per year.

TABLE 2: SDA GOALS AND OBJECTIVES 1984-July, 1990
(actual patient numbers)

TOTAL PROGRAM OBJECTIVES	1984	1985	1986	1987	1988	1989	1990
6,000 Users of Temporary Methods	2400	2400	2400	4500	5000	6000	6000
3,200 Voluntary Sterilizations per year	2000	2000	2340	3000	3700	4500	5000
Cancer Screening	0	0	9000	10000	10000	13000	13000

TABLE 3: SDA ACHIEVEMENTS 1984-July, 1990
(actual patient numbers)

	1984	1985	1986	1987	1988	1989	1990 to July 31
New Users of Temporary Methods	1779	2622	3899	4790	5807	5206	3496
Voluntary Sterilizations	4303	2520	3091	3667	3807	3682	3850
Cancer Screening	7909	9001	10859	122511	14237	14550	10347

- b. Estimate the cost per CYP for each of the programs over the life of the project. List all assumptions made in this calculation.

TABLE 4: ACTUAL COSTS PER CYP 1984-July, 1990
(in colones)

	1984	1985	1986	1987	1988	1989	1990
Clinic Program							
1. Temp. Methods	2121128	2204755	625112	977140	1118299	1614063	988350
2. Perm. Methods			993740	1172378	968168	1168525	710647
RCD Prog.							
Temp. Methods	3177408	528448	333421	629845	682894	312466	306578

* Does not include project 85/15A or #89/10.

TABLE 5: SDA CONTRACEPTIVE REVENUES 1984-1990
(in colones)

	1984	1985	1986	1987	1988	1989	1990
Clinic Program							
1. Temporary Methods	-0-	-0-	56598	50815 5.2%	349463 31%	561578 35%	511030
2. Permanent Methods	-0-	-0-	-0-	78070 6.6%	18530 2%	23004 2%	30000
RCD Program							
1. Temporary Methods	-0-	-0-	-0-	-0-	-0-	35173 11%	40679

TABLE 6: COST PER CYP 1984-1990¹²³
(in U.S. dollars)

	1984	1985	1986	1987	1988	1989	1990
Clinic Program							
1. Temporary Methods	5.50	8.70	16.29	20.45	14.71	14.94	8.17
2. Permanent Methods			3.57	3.51	2.67	2.49	1.66
RCD Program							
1. Temporary Methods			13.47	20.12	18.65	7.41	8.49

Overall, the cost per couple year protection has fluctuated considerably with 1990 appearing to be a reasonably cost efficient year. It is very difficult to make assumptions on the efficiency of the program based on the cost, because so many variables are involved. One of these is the initial start-up costs to hire and train new personnel, (for instance, RCD staff), that raises the cost per CYP considerably. Another consideration is the cost of remodeling such as that done in the San Salvador clinic. The purchase of the automobiles will also add to the fluctuation of the overall impact of the cost. Therefore, a year to year comparison is not feasible.

In addition to these considerations is the fact that many other programs have been initiated since the inception of the 0275 program that are not necessarily subsidized by any sources other than AID. These were initiated as a part of the program to target new users. One of these is the prenatal program. The programs do, in fact, bring new users, but at the same time add to the overall cost of the contraceptive program. Therefore, the "actual" cost of the CYP is probably much lower than shown.

¹Cost per CYP = Actual Cost minus (-) Revenue divided by couple year protection.
A standard of 7 colon per U.S. dollar has been used.

²U.S. Dollar conversion: 1983-3.9 colon/1 dollar, 1984-3.9colon/1 dollar, 1985-5.0colon/1dollar- 1986 5.0colon/1 dollar, 1987- 5.0colon/1dollar, 1988 5.0 colon/1dollar, 1989-6.5colon/1dollar, 1990-8.0colon/1dollar.

³figures may vary due to inconsistencies in reported CYP, achievements.

The cost per sterilization program is shown in the table below:

TABLE 7: COST PER STERILIZATION 1989 AND 1990⁴
(in U.S.dollars)

	1989	1990
Cost per Surgery	37.67	23.09
Cost of Surgeon per Surgery ⁵	n/a	2.89

A study done in April 1990 by the SDA, "Costs of Surgical Procedures as a Contraceptive Method," looked at the costs associated with sterilization during 1989. The direct costs associated with this procedure under the Medical Services was found to be \$34.50 or 224.26 colones. The indirect costs included mass media, vehicle costs and SDA administrative costs and was found to be \$87.03.

- m. Assess the quality of care for the clinical program; the doctor and nurse provision of services, the clinic administration the ability to coordinate with other entities in the family planning service delivery field. Please note that informed consent and counselling routines should be examined under the quality of aspects of the project.

PERSONNEL:

The department is headed by the Medical Director located in the San Salvador clinic who reports to the executive director of the SDA. Each clinic is managed by a Nurse Supervisor who oversees the day to day functions of the clinic and prepares reports on the clinic. Since patient load is different at each clinic, with San Salvador being the busiest, the number of personnel vary at each site. San Salvador has a total of 40 employees, Santa Tecla 20, Santa Ana 21, and San Miguel has a total of 17. Each clinic has at least one medical doctor, one graduated nurse, several nurse assistants, a receptionist, a secretary, several orderlies and a driver. San Salvador is the only clinic with a laboratory technologist to run the laboratory. Patient load in relation to staffing is adequate.

⁴Cost of surgery based on cost of program divided by number of surgeries. Cost of surgery/surgeon based on total salaries for 1990 of 12,700 colon/month for 7 month period divided by average of 550 surgeries per month.

⁵ The cost per surgery was calculated by dividing the monthly salary by the average number of procedures per physician.

The medical director regularly evaluates the services provided in the clinics. All medical personnel have vast experience in family planning. Other employees are regularly evaluated by the nurse supervisor. Anecdotal records are kept on each employee in addition to the regular employee records that is used for the evaluation. If a problem exists with an employee, it is brought to the attention of the employee. New employees receive general training from SDA followed up with more specific on the job training, and new employees receive more responsibilities as she/he progresses.

One weakness of the clinic services program is in the administrative structure. All administrative decision making is done at the level of the medical director, leaving very little say at the level of the nurse managers and the RCD coordinator. This problem is aggravated by the distance between the clinics and the location of the medical director in San Salvador. The consequences are as follows: First, when the medical director is not available, urgent decisions are not made, and there is no second in command when he is away; second, the nurse managers have virtually no quality assurance control over physician performance; and third, there is no administrative mechanism to handle upper-level professional performance problems.

FACILITIES AND SERVICES:

Clinic hours are usually between 7:00am to 5:00pm Monday through Friday. Facilities are centrally located and accessible through public transportation. Services offered by all clinics include contraceptive methods (oral contraceptives, injectable contraceptives, IUD, male and female voluntary sterilization), pregnancy testing, cervical cancer screening, follow-up for problems, gynecological diagnoses and treatment. The San Salvador clinic also offers laboratory services and has plans to expand its services to include colposcopy, cryosurgery, and treatment for sexually transmitted diseases (STDs). Treatment and diagnosis for STDs will be for both male and female patients. There is virtually no waiting time for an appointment since walk-in service is available at every clinic. If a physician is not available and the patient does not have a history of disease, the nurses are able to distribute contraceptives using the medical procedure manual guidelines. The clinics are also able to offer child-care services to sterilization patients, transportation for sterilization and can accommodate patients with special needs.

Although the clinics are spacious, Santa Tecla and Santa Ana are not spaced appropriately for clinic needs. For example, in Santa Tecla, there is only one exam room which happens to lead right into the waiting area. Patients need to be brought in through the staff reception area when the exam room is in use. Modification of the building would help improve patient efficiency. The San Salvador clinic was recently remodeled to allow for better patient flow and meet general medical practices.

All facilities are kept clean and orderly, providing a pleasant environment.

The Santa Tecla and the San Salvador clinics have separate changing, shower, and surgical preparation areas for patient privacy. Santa Ana, on the other hand, has one large pre-op/recovery room where the patient changes and is prepared for surgery. This area is often kept open and visitors are not entirely uncommon. The question of privacy was posed to women at San Salvador, and all stated they much prefer to change in an enclosed area than in one large room. Since structural modifications will take time, it is recommended that an inexpensive curtain or room divider be installed. Also, minor changes in the set-up of the exam table also help add to patient privacy. For example, when the stirrups face the door, a young women, not accustomed to pelvic exams, may feel vulnerable, anxious, and in some cases may not return to the clinic for a follow-up visit. Staff "say" they would never allow someone to enter during the exam, but the patient may not be so sure. The simple movement of the table so that the stirrups face the wall may reduce patient anxiety and create positive feelings toward the clinic. This problem was observed in San Salvador and Santa Tecla. In addition, the Santa Tecla clinic does not have a sink accessible to the examining physician.

QUALITY ASSURANCE:

Several studies have been done within the clinics to increase the quality and efficiency of the program. One is a patient flow analysis to determine the waiting time of patients. It was found that the waiting time was approximately 15 minutes for a distribution only visit and approximately 90 minutes for an exam visit. In interviews with patients, they expressed satisfaction with the waiting time in the clinic and stated that in other clinics it was usually much longer. However, in an informal study done by the evaluation team, one patient complained she had arrived at the clinic at 7:00am and at 10:00am was still not discharged. She also stated she was kept waiting while undressed prior to her examination because the doctor and nurse were having a conversation (not related to the clinic).

Another study was done by the clinic of post sterilization women who developed complications. In this case the problem was found to be that the women did not follow post-operation instructions. For example, one woman crossed a river the same day of surgery and infected her wound.

Other quality control methods exist in the form of chart reviews, feedback to clinic personnel and continual training. The clinic staff are motivated to provide quality care and are continuously making changes to meet objectives.

Nevertheless, during chart review for this evaluation, it was found that a few patients did not receive a uterine cancer screening. Occasionally, these "norms" or medical protocols are not followed. A form such as the checklist found in Appendix B

could be used for this purpose. The chart review should include all areas of the clinic functions including correct identification of documents, correct medical procedure, completion of all documents, inclusion of all laboratory results. Inconsistencies should immediately be brought to the attention of staff. Also, the present recording of data does not allow for the collection of information related to failures in service. This practice is needed to assess clinic performance.

In addition, the medical protocol or "norms" should be clear and immediately accessible to all staff. Staff involved in direct patient care should have read and acknowledged understanding of the protocol.

LABORATORY SERVICES:

Laboratory services were available only in San Salvador. These include hemoglobin/hematocrit, urinalysis, gonorrhea screening, syphilis screening, wet mounts for moniliasis, trichomoniasis, pregnancy tests, CBC, and others.

The only test available at the other clinics is for pregnancy, and patients are referred to the Ministry of Health for sexually transmitted disease tests or any other laboratory work. Plans are currently underway to provide full laboratory services to these clinics, depending on the availability of funds.

Although the ideal laboratory service is very similar to one in San Salvador, simple lab tests such as hematocrit, wet mounts, gram staining, and diabetic screening are valuable, and equipment can be obtained at relatively low costs. For example, it is very common for post-partum women to be anemic. If these women are inserted with an IUD, the chances of increased menstrual bleeding leading to increased anemia are greatly augmented. These problems could be screened with a simple finger stick and a spun hematocrit. The entire process takes only minutes, and the expense is low. Medical protocol would then need to be revised as to how low the hematocrit can be used for IUD insertion and the prescription of an iron supplement.

Currently, there is no screening for sexually transmitted diseases prior to insertion of IUD's. For example, if an IUD is inserted in a woman with gonorrhea, this can lead to pelvic inflammatory disease (PID). Screening for gonorrhea can be done with an inexpensive microscope and gram stain. Other diseases, such as trichomonas, can also be immediately diagnosed and treated. In addition, a woman who has one STD has a good chance of carrying another. A microscope in each clinic would be a good screener method.

With no laboratory facilities, another method of screening for an STD can be done by using a chlamydia screening kit requiring no special laboratory equipment. To decide what STD to screen for, perhaps a study can be done to determine the

prevalence rate of STD's, then decide what is practical in the clinic setting.

Follow-up for abnormal medical exam results is done in several ways. In San Salvador, a woman is given an automatic appointment for PAP smear results. If she does not show up, she is sent a telegram requesting her presence for treatment. In Santa Tecla and Santa Ana, the woman is contacted via phone or telegram. The system has a weakness as there is no structured protocol for patients. For example, out of 20 charts reviewed, there was one patient with dysplasia who should have returned to the clinic in San Salvador. The patient did not return for her scheduled appointment. There was apparently no mechanism to alert the staff to this, therefore, her chart was filed and no action (telegram) was taken. With the expansion of the services and the increase in volume, the problem of patient follow-up and tracking will increase. The problem will become more acute for the San Salvador clinic.

A solution to this would be enter abnormal results in the computer system. When the results are returned from the lab, they could be entered into the patient records. The computer can then on a daily or weekly basis, flag all patients needing follow-up. Technical assistance is needed to design a specialized system of this type. This would be relatively simple for the computer specialist since the computers are already available and would require additional software for the San Salvador clinic and the planned systems at the other clinics.

PHARMACEUTICAL SERVICES:

Pharmaceutical supplies are distributed by one designated individual in the clinics. She is responsible for ordering supplies, inventory control, dispensing, proper labeling, monitoring expiration dates, and maintaining supplies under lock and key.

All supplies were found to be well organized with a good structure for storage and inventory control. In addition to this, all supplies are received in a timely manner to the satisfaction of the medical director and the nurse supervisor.

One of the problems observed was the wait time for patients to obtain pharmaceutical supplies at the San Salvador clinic. A line of some 15 patients formed, resulting in a 35 minute wait for supplies.

SUPPLIES AND EQUIPMENT:

Equipment was evaluated for type, maintenance responsibility, and testing. In interviews with clinic personnel such as the medical director, nurse supervisor and orderly that cleans and stores equipment, all expressed satisfaction with the amount of supplies and equipment available as well as maintenance. They also stated that the equipment was maintained so well that breakage has been prevented. The maintenance schedule is weekly for San Salvador, Santa Tecla and Santa Ana and bimonthly for San

Miguel, since it is more difficult to access. Priority is given to San Miguel due to the distance when equipment or supplies are needed. Two maintenance technicians rotate through the clinics testing and maintaining equipment. The autoclaves were all in good working order.

Supplies are inventoried regularly with older supplies being rotated. Expiration of sterilized items is monitored by the use of sterilization tapes, but the sterilized tools are used on such a regular basis, usually every day for surgery, that the equipment rarely goes unused for very long.

MEDICAL SERVICES:

Several components were evaluated in this section, including medical quality assurance, standardized procedures, staff qualifications, medical history, medical equipment, and medical emergency procedures.

Although clinic medical personnel are well versed in family planning, a medical procedure manual is available as a reference for family planning services. This manual includes all methods of contraception, indications and contraindications, and distribution plans. The manual is updated every two to three years by the medical director and is undergoing revision now. The manual is comprehensive and complete. It is also used as a guideline for training all new employees.

The exam rooms are well equipped to provide basic contraceptive services. During brief interviews with three medical doctors, all stated they were satisfied with the medical equipment and supplies. However, the Santa Tecla clinic does not have an accessible sink in the exam area for the examining physicians to wash their hands between patients. This has been discussed in the facilities section.

The Medical History is comprehensive and is placed on the computer data sheet. The history is filled out by the physician. The form includes name, address, birth-date, method desired, obstetrics history, surgical history, and major illness history. The same sheet is also used for the exam. The same form can be used for six subsequent visits. When an established patient enters the San Salvador clinic, an automatic computer printout will be made on this sheet with name, phone number, address, and basic information.

The sheet is an excellent tool in terms of data collection and retrieval, reducing paperwork, and providing for a back-up system in case the chart is misplaced; but it does need some revisions. First, no phone number was listed for contacting the patient. Granted, many patients do not have phones, but some do. Next, the section titled "Surgical History" is a bit confusing. It was not clear if the surgical history was related to the 16 listed illnesses below it or if the question is related to whether the patient had previous surgeries. If the latter is the case, it is important to state approximate dates of surgery and .

identify the type of surgery. In addition, several major illnesses were not listed such as cancer, epilepsy, pulmonary disease, hypertension, and anemia. The history should also include any current medications taken and a history of sexually transmitted diseases.

A review of approximately 10 charts in each clinic demonstrated well documented good patient care. Patients were treated and given appointments for follow-up. Most patient charts indicated that cancer screening was performed.

Interviews with several patients at San Salvador, Santa Ana, and Santa Tecla showed very positive responses when asked about their satisfaction with the physicians and the care they received at the clinic.

PATIENT CONSENT:

With the exception of San Miguel, a total of 10 charts were reviewed at each of the clinics. Signed consents for sterilization were included in all charts for procedures done after 1987. Consents for surgeries done prior to 1985 and 1986 were kept separately. A second copy of the signed consents is also kept in a different location separate from the charts. Out of 30 charts, approximately 8 patients consented using fingerprints instead of their signature. These consents were all witnessed as required.

In addition to chart review, four patients were interviewed prior to surgery and four after surgery. They were asked if they were aware of the procedure they had or were to receive, if they were aware of other methods of birth control, and other information they had been given. All women stated they wanted no more children, were explained the procedure and were aware of other temporary methods of birth control, but had decided on sterilization.

An informal interview conducted at the El Salvador clinic pointed out that no one method was promoted by the staff. Rather, it was found that the staff asked numerous questions about the patient and told them about the different methods available given the patient's needs.

MEDICAL RECORDS

Medical records are kept in one central location at each clinic and are organized by patient number in the San Salvador clinic or by patient method in the Santa Ana and Santa Tecla clinics. Charts are maintained by one individual and are well organized and easily retrievable. Problems do exist at Santa Tecla and Santa Ana when the patient changes a method. Her chart is then placed in a different location with a different color code. Problems can be anticipated as chart numbers increase. Eventually, the system may need to be modified to identify misplaced charts in all clinics. One method for filing and tracking is by color coding by the last 2 numbers of the chart. With this method, charts that are misfiled are easily located.

Charts were also reviewed for completeness. Patient histories and other documents are not secured to the chart. It is therefore essential that each document have the patient number as well as her name. A few charts did not have this information.

PATIENT EDUCATION:

Various methods of patient education are used within the clinic, and patients may receive one-on-one instruction. It is common to use visual aids such as the plastic models or the flip-chart titled "Responsible Parenting." Interviews with several patients demonstrated they were aware of different methods of birth control and how they work. All of them stated they had received literature/education at the clinic.

EMERGENCY PROCEDURES:

Emergency procedures and equipment were reviewed with clinic personnel. Evacuation procedures and emergency telephone numbers are posted in all but Santa Ana, and at least one fire extinguisher is available at each clinic. A backup generator is on standby for power failures, backup battery packs are available for the laparoscopes, and each emergency cart in the surgical rooms has an emergency battery.

- d. Is this component receiving the required technical assistance? If so, how much? If not, why?

To date, the medical services component has received adequate technical assistance. However a recommendation is made for additional technical assistance in the development of computer software and the development of a low-cost laboratory.

2. Rural Contraceptive Distribution Program (RCD)
a. Overview of the Program

The RCD is administered by the Department of Medical Services and is headed by the Medical Director and the RCD coordinator. The program is headquartered in Santa Tecla. Full time staff is composed of a Nurse RCD Coordinator, and four teams. Each team consists of one nurse assistant and one promotor/driver. The function of the teams is to promote family planning in the rural areas as well as provide education and supplies to 800 distribution posts. The distributors in turn distribute oral contraceptives, injectables, and condoms to community members. Distributors also refer men and women to the clinics for sterilizations, cancer screening and follow-up. The program is currently understaffed, but immediate plans have been made to expand it to better cover the geographical area. Overall, the program has done exceptionally well, especially in view of limited staff, large coverage area, and difficult terrain.

b. Goals and Objectives

The following Goals and Objectives had been set for the RCD program during the period March 1, 1989 to March 31, 1990:

RCD COMPONENT	GOALS AND OBJECTIVES	ACHIEVEMENTS
CYP	Maintain 800 functioning Distribution posts.	There are 802 distribution posts in the rural areas. An evaluation had not been done to determine the effectiveness of each post.
Contraception Distribution	Provide approximately 7,500 CYP with the distribution of 81,000 cycles of oral contraceptives, 107,000 condoms and 1,200 injectables.	Between January and July, 1990, 3,912 CYP were provided through the RCD. 41,346 cycles of oral contraceptives, 30,332 condoms, and 2,582 injectables were distributed.
Revenue	Generate revenue of \$42,800 through the sale of contraceptives.	Evaluation: The RCD has generated \$40,474 during the first seven months of this year.
Training and Education	Collaborate with the Education and Training program to train the 800 volunteer distributors at the distribution posts.	Some training has been done but more is needed. See training Section.
SDA Clinic Referrals	Refer 4,800 users of permanent methods and 2,000 users of temporal methods to ADS Pro-Family Clinics.	Permanent Methods: Clinic Nurse referral: 1,089 RCD referral: 493 Temporary Methods: Clinic Nurse referral: 42 RCD referral: 16

To meet the goal of the program, 4,375 CYP should have been provided through July 1990. Distribution of the oral contraceptives is slightly below that expected, condom use is approximately one-half of the expected, and the rate of distribution of the injectables is about four times that expected. Injections seem to be preferred by women in rural

areas. According to the clinic staff , this is related to the low maintenance required with this method of contraception.

The RCD has generated revenues far exceeding that anticipated for the first seven months of the program.

Figures shown for clinic referrals are inaccurate due to lack of reporting procedure. Actual figures are probably much higher.

c. Responses to specific questions in SOW

1. Describe the RCD/DAR program in the SDA.

The RCD is administered by the Department of Medical Services and is headed by the Medical Director and the RCD coordinator. The primary staff of the RCD program consists of the coordinator (also a nurse), four nurse assistants and four promoters. Each nurse assistant and promotor make one unit or team. Technically, there is a unit working out of each clinic, but the San Salvador and Santa Tecla units both work out of Santa Tecla due to space limitations at the San Salvador clinic. Headquarters of the program is in Santa Tecla. The RCD program covers the entire country with approximately 800 distribution posts. Plans for the expansion of the RCD include the addition of 12 new teams to the program as well as the purchase of an additional 12 vehicles.

Each team works to accomplish two basic goals: the first is to provide rural education, and the second, to monitor and supply the distribution centers. These have not been met because of the limited number of staff currently in the program. The rural educators should be able to spend time with community members promoting family planning methods, teaching basic anatomy and physiology and encouraging women to visit the local distribution center. Each team has a geographical area of approximately one-fourth of the country. The teams are forced to maintain a strict distribution schedule in order to reach all distribution posts. Although some community education takes place, it is probably very limited.

The function of the distribution posts is to provide basic contraceptive supplies to women in the community and encourage them to follow-up with a visit to the SDA clinic closest to their home. The teams work to coordinate the delivery of supplies and at the same time make community contacts. Supplies are sold to each distribution post at a nominal cost (¢.50) for a cycle of oral contraceptives. The distributor is permitted to sell the supplies to users. Although the amounts have not been regulated, they are usually sold for approximately twice the cost or 1 colon for a cycle of pills. If the user is not able to pay for supplies, she is not given them. The distributor pays for them and cannot afford to give supplies away.

Methods available for distribution at the distribution sites include injectables, oral contraceptives and condoms. Criteria for medical eligibility for the injectables is in the form of 6 questions. Criteria for medical eligibility for the oral contraceptives is verbal, as written criteria have not been developed. No other diagnostic tools are used to establish eligibility for contraceptives. Patients are then encouraged to visit the health clinic for further evaluation and a gynecological examination.

The RCD has set up a network for referrals with midwives, physicians and have trained promoters within some agricultural cooperatives. Often, the educators will visit these individuals to obtain names of women interested in family planning. The educator then follows-up with a visit to homes as necessary. She uses a variety of teaching tools including the use of pictures to illustrate concepts. Handouts are also given to men and women, which in some cases are appropriate for the illiterate population. If the woman is interested in obtaining a method, she is directed to her local distribution post.

The educators are well trained nursing assistants and are very familiar with the different methods of contraception. The distributors at the post receive a few hours of training. Very little training is given to the distributors after the distribution post is set up as minimal contact is made with the distributors by the RCD coordinator.

Similar to the clinical program, there is very little autonomy of the RCD program in terms of administrative decision making, including minor decisions such as the authorization of funds for photocopies. The RCD coordinator has no idea of the budget for the program, and she is not given a small working budget for daily expenses. The inability to make even small decisions could eventually cripple the RCD. The same problem was identified by the 1988 Evaluation done by Development Associates. No action has been taken as a result of these findings.

2. Assess whether or not the RCD is indeed accomplishing its goals and how it might be best modified for the future.

The RCD program has met its goals in establishing 800 distribution posts. It is slightly below schedule on the distribution of contraceptives. Revenue generated from the program is almost twice that projected. A certain amount of training has been made available to the distributors, this goal not having been completely met. The last objective, the referral system is way below that expected probably due to poor reporting methods.

3. Provide accurate information regarding clinic and RCD logistics as to whether they are receiving the required supplies and contraceptives in a timely fashion.

Supplies are received on a timely manner. The RCD logistics are coordinated from Santa Tecla, where all supplies are warehoused; supplies are simply requisitioned and taken to the posts. Currently the posts are visited approximately every three months. Efforts to maintain supplies has resulted in neglect of educational activities.

4. Is this component receiving the required technical assistance? If so, how much? If not, why?

This program has not received sufficient technical assistance. With new objectives and the addition of new personnel, technical assistance is needed for the initial implementation of the program.

B. Administration and General Services

1. Overview of the Program

a. Board and Executive Director.

The Junta Directiva - henceforth called the Board - is a very effective body, acting dynamically within the framework of well-conceived and up-to-date by-laws. The commitment of its 7 members goes way beyond attending the bi-weekly meetings. Key members are virtually "on call" to give their immediate attention and support/advice to the Executive Director (ED) as needed. The Executive Director is an ex-officio member of the Board, with voice but without voting rights. A good and positive working relationship exists between the Board and the ED with open communication channels.

The established division of functions between Board and ED requires some adjustments. While the Board's responsibilities are clearly delineated in the by-laws, delegated responsibilities of the ED are only included in his job description. The ED or any other executive, for that matter, could design his own job description. However, the "division of labor" between Board and Chief Executive Officer (CEO) is the fundamental linch-pin between overall supervision (Board) and operational responsibilities (CEO). Therefore, this definition has to have formal Board approval which can be done in the form of a Board resolution. As a practical guideline the established IPF/WHR Management Standards can serve as a basis for discussions between USAID and the SDA for establishing the appropriate definition of responsibilities. Possible definitions for both Board and ED are attached to this report as appendices B and C.

b. Organizational Structure and Management Model

On January 25, 1990, the Board approved a sweeping reorganization plan which has been almost fully implemented. A fundamental streamlining of the operational units to achieve an enhanced efficiency had become necessary. Furthermore and especially in view of the expected new and expanded program thrusts as reflected in the 3-year Plan 1991-93 (which includes USAID project No. 519-0363), a new structure had to be put in place. For comparison purposes, the old organizational chart and the new structural model are attached to this report as Appendices B and C. The new structural design is consistent with the overall goals of the Association. It is also a model with sufficient built-in flexibility to fully absorb the expected overall growth of the organization in the years ahead without changing the basic concept. In addition and as an effective hedge against the danger of an increased bureaucracy, the number of hierarchical levels was kept to a minimum. Emphasis was placed on further strengthening the horizontal integration at the second and third levels to break down the last barriers of "departmentalization." Finally, the new structure is fully

compatible with IPPF's PPBR-system. It should also facilitate a systematic follow-up procedure of the overall Work Program/Budget (WP/B) implementation at the operational level as well as more meaningful feedback to the Board.

The main characteristics of the new structure are an Executive Director overseeing four Division (=level II), each with a Director. The 3 Divisions Medical/Clinical, IEC and Administration/Finance are typical operational units with line responsibilities. The fourth, Division of Planning and Development (P&D), has to be removed from a line management position and should be as a direct support and coordinating unit to the ED. The P&D Division, given the nature of its staff function, has no operational responsibilities and therefore no decision making authority. The institutional analysis revealed the need to rearrange its scope and to realign certain tasks.

The creation of the P&D Division, together with Human Resource Administration (the latter incorporated in the F&A Division), brought about a substantial strengthening of important evaluation, planning and information functions for an improved overall support of the line divisions.

The 3 hierarchical levels of all operational units are consistently structured throughout the new organization, namely:

- First level: Executive Director (ED)
- Second level: Director of Division
- Third level: Manager of Department

All executive staff have a job description. These have been developed prior to the reorganization. Therefore, most of them will have to be brought in line with the new structure. But all of them require a more concise definition of their accountability that establishes the yardstick against which the performance will be measured. The current size of SDA's operation does not require the conversion of a 4th organizational level into responsibility centers. However, should the need arise for executive capacity at that level, the transformation can easily be achieved without structural changes.

In key areas like the F&A Division, some "leftovers" of the previous autocratic management style can still be identified. A high priority for the ED is to achieve a different corporate culture through a systematic teamwork approach with good vertical and horizontal communications. The strategy to bring about the management and model consists primarily of:

- The ED together with the 4 divisional Directors form the Executive Technical Committee (EC). Jointly they bear the burden of overall operational responsibility. They are the operational decision makers within the Board-approved policies, plans and budgets. The EC-weekly meetings will ensure maximum integration between program activities and finance/administration. A

successful integration process is synonymous with institutional strengthening.

- The ED, the 4 divisional Directors and all the Managers of Departments form the "Senior Staff Group". This is not a decision making body, but, it is the ideal vehicle for internal communication and to obtain planning and budgeting input. One of its major responsibilities will consist of timely and comprehensive follow-up on WP/B implementation which is not yet at a desirable level. This extended managerial committee also pursues a motivational objective by bringing staff together periodically. All executive staff will be more committed to successfully implementing a policy or program that they have participated in creating, as opposed to simply carrying out top-level decisions.

SDA Internal Audits (IA) with direct access to the Board are a one-man operation, consisting of the classical compliance-oriented financial audit. Contrary to the External Audit function which must report to the board, IA is considered a line-independent operational control mechanism. It should preferably be linked to the CEO'S office. The expected organizational growth in programmatic terms, as well as in a geographical sense, calls for a fundamental shift towards an operation-oriented Management Audit System (MA) which would include risk assessment as well as the cost effectiveness of operational systems and controls. A well staffed MA-unit (with 2 to 3 recently graduated MBAs with executive potential) would allow achievement of the following objectives:

- The ED would obtain a periodic analysis covering all units showing the degree of organizational efficiency; and
- MA would become the ideal training ground for future mid-level executives, thus correcting SDA's most urgent problem of a managerial vacuum, especially acute in the F&A Division.

The success of the new structural and management model depends in part primarily on the following factors:

- the full support of the Board;
- the appointments/reconfirmations of qualified professionals for the F&A-Division down to the third level with clearly spelled out responsibilities and authority;
- maximum horizontal integration at the third level which must encourage interdepartmental problem-solving and stimulate decision making by the department managers in daily routine operations, and

- the extent to which valuable top executive time can be allocated for (1) forward looking activities, like creating and developing new ideas and lines of actions; and (2) managing the Association as a whole.

c. Finance and Administration Division (F&A)

The new F&A Division structure has four Departments reporting to the Division director: (1) Accounting, (2) Human Resource Administration (newly created function); (3) Maintenance and General Services, and (4) Purchases and Supply (which includes Central Warehouse). Before the reorganization, this unit reported directly to the Director of the Division.

The Director of F&A had suffered an accident and was hospitalized during this evaluation and could not be interviewed. His prolonged absence has revealed one of the division's major weaknesses: the lack of adequate delegation by the incumbent to the Department Managers. This made the appointment of one departmental manager as a stand-in director meaningless, since none of the Department Managers has any idea of the divisional structure (overall aspects) and operational responsibilities. Therefore, sufficiently developed and proven executive capacity could not be identified at the second nor much less at the third levels. This indicates a dependence on one executive. Consequently, it cannot come as a surprise that the retrieval of overall data and information was cumbersome and time consuming; however, it also must be clearly stated and recognized that during the whole exercise, the SDA staff on all levels were unconditionally collaborative and supportive of the evaluation efforts to the best of their abilities. All requested materials/documents were made available without hesitation.

The workload in the Division is continuously increasing without simultaneously ensuring the necessary increase in absorptive capacity. The increased workload has resulted in major delays, and, at times has led to incomplete and/or low-standard fulfillment of the terms and conditions agreed up on with the Donors. For example, late and incomplete submissions of required financial information has resulted in substantial delays in receiving the requested advances from USAID. To still ensure prompt project implementation, other funds especially from IPPF have to be used as a bridge over extended periods of time.

The Executive Director, fully supported by the President of the Board, has recognized the basic weaknesses in the financial and the accounting areas. Various alternatives are being conceptualized by the ED to systematically overcome these serious limitations, starting evidently at the top of the Division. The USAID Project No. 519-0363 will place additional and substantial demands on the managerial capacity of the F&A Division. A redefinition of the F&A Director's profile and qualifications will be needed to provide direction for a top-rated Executive

Search firm to test and screen in-house and other candidates for a proposed new Financial Controller position.

The advantages of creating the office of the Financial Controller are as follows:

- A clear separation already at the crucial 3rd level between the Financial Management (= the most dynamic area within F&A's - realm) and Accounting Department.
- A more seasoned and high-caliber Finance/MIS professional with a proven track record in executive positions, could fill the missing link in financial management and can at the same time act as F&A Director's stand-in.
- The Financial Controller's Department would be fully responsible for a timely and correct implementation of all external financial reporting components especially including the "Procedures" recently established with USAID to ensure prompt and full compliance with the Project No. 519-0363 requirements.
- The organizational 3-level principle would be fully respected as well as compatible with the possible long-range structure.
- The Director of F&A will be able to practice sound time management. Up to now, the incumbent has been fully absorbed with purely routine work with no clear identification of priorities. In part, this is due to insufficient executive and support capacity at the third level. The divisional Director must start to delegate systematically to the Department Managers bringing about the necessary changes to achieve management efficiency in this important service center.

A possible major drawback of this model consists of the increase in one more reporting lines to the Division Manager. However, a total of 5 reporting units is still considered a reasonable and manageable number.

As outlined, the suggested transformation of the IA-unit into a Management Audit Group with young qualified MBAs with executive potential will ideally provide on-going management training. Successful MA-executives can subsequently be placed in the F&A Division to strengthen the middle management level.

In stark contrast to the unsatisfactory situation in the financial and accounting areas, the Maintenance and Logistic&Supply Departments are fully supportive with a service-oriented attitude, as recognized by the two Directors of the Program Divisions.

The overall objective of a well managed centralized support center like the F&A Division, should surely provide high quality and timely management information and administrative service at the lowest possible cost to Operations and the ED. Such an ambitious target requires a sharp separation between needed services provided to users and those that are merely desirable, with the latter immediately discarded. The needs assessment process has to be undertaken within the Technical Committee and must result in a more "user-friendly" MIS which will provide the quantitative information with emphasis on differences/variances from approved budgets. Key to a successful monitoring of WP/B implementation leading to corrective actions depends on the speed with which the F&A Division provides the data.

In April 1989, USAID appointed Price Waterhouse to undertake an audit of Project No. 519-0275 covering the period from January 1, 1984 to September 30, 1988. The External Auditors issued their draft report on July 10, 1990. SDA has responded on all issues/problem raised and informed USAID in writing. In as much as the auditors' draft report is still under discussion by all parties, it would be premature to comment on the findings. Issues and areas dealt with by the auditors were therefore not examined specifically by this evaluation.

However, one of the problems identified by Price Waterhouse concerns the organization manuals and procedures. Indeed, the ones that existed were not up-dated and therefore not applied. Standard operational procedures were replaced with "Management by Memos." To put the house in order, SDA supported by USAID signed a contract with IBC Asociados, a management consultancy firm, to implement the task through a 3-step process. The first phase, called Diagnosis, has just recently been concluded. The entire management team, under the leadership of the ED, is fully engaged with IBC Asociados in the development and design stages. Somewhat optimistically, the consultants, had planned to finish in 10 weeks, but analyzing the present state of work, a considerable extension must be expected. Nevertheless, it is, advisable to invest the necessary additional time to obtain a quality product. The Terms of Reference are complete and the SDA can thus expect to anchor the whole organization on solid ground within the framework of comprehensive policies and guidelines; all relevant and administrative routine matters will be covered by formalized system procedures. The standard practice procedures (SPPs) must replace to a large extent the currently prevailing "flood of memos." SPPs are intended to substantially reduce the existing over-commitment of valuable staff time in routine administrative tasks, the direct result of having to comply with overly complex and time consuming ad-hoc procedures.

The last step for IBC Asociados must surely consist of providing hands-on support and training to SDA's "Senior Staff" when the SPPs are implemented. After a prudent time-span, it would be advisable to assess the system package and implement needed adjustments.

d. Financial Support

The Association continues to be supported to a large extent by international donors. Since the 1986 mid-term evaluation, the foreign dependency has become even more drastic. In 1985, the base year for the 1986 evaluation, total SDA income was broken down as follows:

TABLE 8: SDA FUNDING SOURCES 1985

	In Colones	Percent
USAID	4,844,000	51.1%
IPPF	1,767,000	18.6%
Other International Donors	1,130,000	11.9%
Total Foreign Funds	7,741,000	81.6%
Host Country Funds	1,740,000	18.4%
TOTAL INCOME	9,481,000	100.0%

As can be observed from Table 9 below, projections covering a 6-year span to 1993 show a strong trend towards an even more pronounced reliance on foreign income, making SDA's challenge to reverse the trend a much larger task. The financial impact of Project No. 519-0363 over its five year live span should rather be interpreted and treated as a medium-term investment (i.e., seed money), which will facilitate SDA projects aimed at becoming more self-sufficient.

TABLE 9. SDA PROJECTED SOURCE OF FUNDING 1988-1993

SOURCE	ACTUAL 1988	%	ACTUAL 1989	%	WP/B 1990	%	3YP 1991	%	3YP 1992	%	3YP 1993	%
A.I.D.	11,691,991	68.39	10,506,536	57.33	13,934,600	64.17	40,250,000	83.38	22,862,500	71.91	25,193,600	71.9
IPPF	2,221,000	12.99	2,210,550	12.06	3,097,600	14.27	3,261,600	6.76	3,346,400	10.53	3,433,50	9.81
OTHERS	873,202	5.11	835,839	4.56	1,266,400	5.83	797,200	1.65	773,900	2.43	701,400	2.00
SUB-T	14,786,193	86.49	13,552,925	73.95	18,298,600	84.27	44,308,800	91.79	26,982,800	84.87	29,328,500	83.8
LOCAL INCOME	2,310,300	13.51	4,772,280	26.05	3,416,000	15.73	3,963,400	8.21	4,811,100	15.13	5,678,000	16.2
TOTAL	17,096,493	100.0	18,325,205	100.0	21,714,600	100.0	48,272,200	100.0	31,793,900	100.0	35,006,500	100
EX CHANGE RATE	5 colones U.S. \$1.00		5 colones U.S. \$1.00		8 colones U.S. \$1.00		8.5 colones U.S. \$1.00		9 colones U.S. \$1.00		9 colones U.S. \$1.00	

3YP INCLUDES USAID PROJECT No. 519-0363.

During the next five years it appears that the proportion of A.I.D. provided income will hover around 70% while IPPF's core funding will be approximately 10%. The 20% difference should be made up by SDA efforts towards achieving self-reliance.

The reason(s) preventing the Association from increasing funds from local sources during the period 1985-88, could not be identified; nor that matter, nor could specific strategies be pinpointed that would at least express the will to gradually reverse this unfavorable trend. Although the political/economic conditions may impact on fund-raising capacity, other factors specific to the SDA may play a greater role. In 1989 the situation improved substantially; even calculating in constant-value terms, SDA genuinely doubled its local income. However, in the approved Work Program/Budget 1990 (WP/B90) and 3-year Plan 1991-1993 (3YP 91/93), the target-setting for local income generation is rather disappointing. Even in absolute terms, SDA expects significant drops in local funds for 90/91 versus the achieved 1989 result. Only from 1992 onward would the level of 1989 be surpassed. A more ambitious and realistic target setting is definitely needed. During the discussion with the ED, it was noted that Project No. 519-0363 offers ample opportunities to develop, design and execute comprehensive income-generating projects in the areas of Social Marketing and Medical Services. This activity will be assigned high priority and will be accordingly incorporated in the forthcoming WP/B 91.

2. Actions on 1986 Evaluation Recommendations

Recommendations covering the administrative and financial areas are basically intended to support and complement the grantee's ongoing efforts towards a more efficiently run and better controlled operation which would then result in a higher productivity at a lower unit cost. These intentions, however, can only be realized to the extent that the recommendations are known to the operational management and are subsequently and successfully implemented. The efforts to determine the status quo of implementation were somewhat hampered by the fact that neither the ED nor the Division Directors and much less likely the Department Managers had ever seen this report. The current ED is the third incumbent since the 1986 evaluation was carried out. This somewhat high "turn-over" in CEO's must certainly have contributed to the fact that the reports did not find its way to the interested parties.

The heavy reliance on a single foreign donor for much of its funding could put the SDA in a vulnerable position if funding should be lessened or ceased. The organization should undertake studies to determine the feasibility of increasing internal revenue generation and to develop a plan for attracting other potential donors.

The recommendation has been partially implemented. The efforts to increase IPPF's core funding have produced only a limited success. IPPF's 1990 grant will climb to U.S.\$484,000, up 10% over the 88/89 period. Due to IPPF's stagnating income level, the FPA cannot expect any increases over the next three years. In fact, according to the Indicative Planning Figures,

underlying the approved 3YP, the annual grant is likely to remain virtually unchanged over the whole planning period.

It could not be established if SDA has made specific efforts to obtain funds from international donors other than USAID funded organizations. To do so would require the SDA to develop innovative projects to be marketed to donors. SDA only recently has begun installing the necessary professional capacity within the new P&E Division to move in that direction. The real opportunities and certainly the ones with the most promising medium-term potential lie in making use of modern marketing techniques for the Social Marketing and Medical/Clinical Services.

Better communication, both vertically and horizontally, among management personnel of the SDA is needed, and the responsibilities of the board of directors, executive director, and department directors must be clarified. This can be accomplished through technical assistance to the organization provided by specialists in organizational administration.

The recommendation has been partially implemented and the implementation of this 3-component recommendation has and is still receiving priority attention from the ED., with full support from the Board.

Communications: Since occupying the position the ED has developed and implemented specific projects/actions to achieve strong vertical and horizontal communications at the crucial 2nd and 3rd supervisory levels. The concrete steps include: (1) the new streamlined organizational structure, and (2) the formation of the Technical Committee and Senior Staff Group as ideal vehicles of promoting interdivisional and interdepartmental communications. Both steps are fully implemented and the results achieved so far are very promising indeed. Only in the F&A Division have the efforts produced little tangible results. While a slight improvement of better communications between Directors of Divisions can be observed; the division's internal situation has remained virtually unchanged. The only communication that appears to be functioning well is in the top-down direction.

Responsibilities: This component is fully implemented. With the support of a local consultancy firm all executive positions within SDA (level 1 to 3) have recently developed or updated job descriptions with clearly spelled out responsibilities.

The Board's functions as a corporate body and the responsibilities assigned to each member (according to his/her position) are specifically defined in the by-laws.

Technical Assistance: The necessary professional support could be locally obtained.

In the area of accounting, good business practice suggests that the SDA should develop an accounting manual, provide fidelity bonds to those employees handling checks, and report fixed assets and relevant depreciation or amortization on these assets in financial statements.

The recommendation is being implemented. A local consultant firm is currently assisting the Association to develop/update the complete range of manuals, policies and procedures which includes all the components mentioned in the recommendation. The incorporation of assets and depreciation in SDA's accounting system should be cleared with IPPF/WHR, so that a single model can be designed that meets the requirements of all donors.

As most SDA management personnel have learned, they could profit from training in business management techniques. This training could take the form of courses, seminars, or short-term technical assistance in the areas of operations management, organizational structuring, management information system design and utilization, and personnel management.

The recommendation has not been implemented. As far as could be ascertained, since the mid-term evaluation in 1986, no technical assistance in the field of management techniques and leadership skills has been provided. The only course somewhat related to the subject provided was the recently started 3-phase seminar in strategic planning. The training need certainly exists. In the new structure the "Staff Training" component was detached from the IEC-unit and incorporated in the Department of Human Resource Administration. The development of an integral project designed to train executives has been made a top priority for this department.

A more flexible computer system, such as an IBM-XT or AT, should be obtained and appropriate software, manuals and training of personnel should be sought so that the system can be fully utilized.

The implementation has started. Some computer equipment has been acquired, but the recommendation as a whole is still valid. For more information please consult the answer to the question h.

Commodities projections can be improved through seasonal adjustment analysis, least squares analysis, and growth factor considerations. More complex statistical analyses such as demand models and multiple equation models might be considered at a later date.

The recommendation has been partially implemented. Not one of the many multi-faceted and important aspects concerning commodities have so far been "touched" by computerization.

However, the manually carried out process from ordering (import and local), stocking to distributing to all outlets has constantly been improved and is functioning without major obstacles. The service receivers are satisfied. Their orders are executed in a timely fashion. Stock-out situations do not occur. The central warehouse is well managed, but at present, SDA has a space problem in its central warehouse which can be partially solved by "double stocking." AID is supporting this project. This intermediate solution gives SDA sufficient breathing time to develop long-term warehouse policies.

The need for warehousing security, computerization of inventories, and the establishment of well equipped maintenance facilities suggests that technical assistance of potential problems.

The implementation has been initiated. The technician who will be in charge of the computerized inventory systems is already on-board. The staff is currently undergoing training, the complex diagnostic phase is completed, and the System Department has implementation scheduled for 1991.

Storage of inactive files from the clinics should be for a set period of time established by the SDA. The ideal location would be a secure area of the new Santa Tecla warehouse. Consideration should also be given to microfiche copies of these records if storage space becomes a problem in the future.

The recommendation has not been implemented. Up to now all current and inactive patient files are kept in each clinic. Inactive files are stored for 5 years and subsequently destroyed by burning. In view of the future growth expected especially in the medical/clinical services, it certainly would be advisable to explore the possibility of centralizing the storage of all inactive files at a suitable location.

A list of all equipment, as well as basic parts used and relevant cost information, should be maintained by the vehicle repair shop. This will help to anticipate parts requirements since vehicles age at different rates. A study should be made of vehicle allocation to determine if the best use possible is being made of existing vehicles.

This recommendation has been fully and successfully implemented. The old NCR computer has finally been put to good use. A good program provides information on a monthly basis on the maintenance cost per vehicle. Inventories of parts are well kept. Finally, a distribution survey permitted a fair allocation of the vehicles to the (project) units to ensure the best usage.

Consideration should be given to establishing an adequate biomedical workshop in the new Santa Tecla warehouse.

This recommendation has not been implemented. At present a team of 3 technicians, based at Headquarters, are sufficient to guarantee a good maintenance service of the medical/surgical equipment located in all clinics. A transfer to the Santa Tecla warehouse was apparently never justified. In retrospect this has turned out to be a wise decision, since SDA is already facing an acute storage-space problem.

3. Responses to Specific Questions in SOW

- a. Are the current staffing patterns and project supported personnel sufficient and qualified to accomplish the expected outputs?

The answer at this point in time can only be a conditional yes. Almost up to the very end of the Project period, neither the internal structure of the F&A Division nor the available executive capacity in the financial/accounting area were compatible with and sufficient to meet the requirements demanded by the Project No. 519-0275.

One factor that accounts for this is the insufficient executive capacity at the managerial level within the division. Unless this situation is corrected little can be done to bring about the basic changes necessary throughout the division. All actions would only be of a cosmetic nature rather than offer genuine solutions to fundamental problems.

The absence of a meaningful delegation of authority has also blocked out the opportunity for gradual introduction of professionals willing and qualified to accept the operational responsibility at the department level. As a direct consequence, the financial/accounting branch of the F&A Division has experienced difficulties in providing a quality and timely service to support the implementation of project No. 519-0275. Nonexisting, outdated or simply not respected organizational manuals and procedures paved the way for "management by memos," a method which is not cost-efficient, but is time consuming and disrespectful of "corporate discipline." Incomplete or unused internal control systems make effective supervision difficult. Finally and all too often, the F&A division has not fully and correctly complied with the financial/accounting terms and conditions of Project No. 519-0275 or the timely submission of required documentation. The lack of periodic financial consolidations between USAID and SDA has also contributed to, at times, painful and prolonged delays in receiving the requested funds.

The ED has not only recognized these weaknesses but is committed to correcting them. The Board is informed and supports the CEO. During the evaluation different options of how best to

handle this important but delicate matter were discussed. Agreement in principle was reached to redefine the profile and qualifications required for the F&A Director's position.

Up to now, all external financial reporting is done by the Accounting Department. Their workload is enormous and increasing. Also, from an accountability point of view, a "division of labor" between general accounting and the compliance-related reporting activity is warranted. The necessary separation of these functions would also allow a more precise allocation of responsibilities at the right executive levels. For SDA, it is of fundamental importance to create a Financial Controllers Office (FCO) on par with accounting. This office must assume, as a priority, the responsibility to meet all external financial/administrative reporting requirements agreed upon in writing with the donors in a full and timely manner. The profile and qualifications of the position of FC must be carefully developed. A financial/MIS-oriented professional (e.g. Administrador de Empresas) with a proven track record in executive positions should be minimum requirements. With a financial controller on board, SDA will finally be in a position to appoint a suitable "stand-in" for the manager of the Division. The FC's office must be staffed with young professionals and a small support group. All these new positions should preferably be filled with in-house candidates. However, if they do not meet the established criteria, outside recruiting has to be done. Under no circumstances should concessions in quality and other requirements be made just to accommodate in-house applicants. Overall, this unit is presently also absorbing too much of CEO's time.

Quite a different and positive image can be perceived in other F&A departments. The Division's two Centralized Service Components, Maintenance and Logistic/Supply have undergone steady improvements during the whole duration of the project and have always been in a position to respond well to the project-related requirements, thus, providing good support to the Program Divisions. The new organizational structure is flexible enough, and both service branches can expand on a strict "per need" basis in order to maintain quality services during the expected expansion in program activities. The executive capacity at the departmental level is good but can and should be further upgraded through training in management techniques.

What still has to be done is to identify and train qualified stand-in candidates for the two department Managers. Both areas are critically important for project implementation and an assured continuity of service is mandatory. After a successful project launch and before increasing the number of support personnel, it might be advisable to solve the question of "successors." If no suitable in-house candidates are available, outside recruiting must be contemplated. Evidently the ideal professional/technician candidates should have or come as close as possible to the qualifications applicable for the incumbent Department Managers.

Time constraints did not allow for a systematic workload analysis covering all support staff throughout the F&A division. It is, therefore, not possible to fully assess the future overall and real need of this staff category. However, what can be confirmed is that the support positions are numerically sufficient for the current needs and, as far as could be ascertained, are filled with qualified and motivated employees. The expected organizational growth will obviously be gradual. And in as much as SDA has presently good and adequate support staff, it can be assumed that the necessary expansion will take place on a strict "as needed" basis. To exemplify the above, the Managers of the Departments Maintenance and Logistic/Supply are already in the process of coming to grips with the expected additional manpower requirements. As managers, they are concerned with having increased capacity in place on time and fully trained in order to maintain the quality of their service.

The priority and firm commitment the Board and ED have made to USAID Project No. 519-0363 should ensure that the necessary decisions and actions regarding the F&A Division will be forthcoming soon. Once this stumbling block is removed, it should be smooth sailing for a strong service-focussed F&A Division to make contributions towards successful project implementation.

- b. To what extent were the mid term evaluation recommendations implemented? Explain any that were not carried out fully.

Section 2 contains a detailed status report on each of the recommendations dealing with financial/administrative issues.

- c. Do the positions in the organization, such as the department managers, have enough authority to carry out their functions?

Theoretically the answer is yes. The professionally developed job descriptions for all three executive levels (ED, Divisional Directors and Departmental Managers) do provide for adequate authority for the executives to assume full responsibility for their operational units, within the framework of the Board-approved plans and budgets. As can be expected, however, in practice the picture is somewhat different. For example, the ED's job description explicitly gives him authority to act as CEO. Nevertheless, during its twice-monthly meetings, a dedicated Board all too often falls prey to temptation and oversteps the boundary between Overall Supervision and Operation. The Board should make it a point to step back and leave the operational management to the professional executive recruited specifically for that purpose. Only in this way can a meaningful appraisal of the ED's performance be carried out.

The ED is delegating fully and consistently to his EC - members, thus setting the example for the Division Directors to

proceed likewise with their Department managers. Unfortunately, this is not done within the F&A Division. No meaningful delegation can be identified. Even in the areas of Maintenance and Supply/Logistic where a good executive capacity exists, the incumbents' scope of operational management authority is very limited. Simple and routine nitty gritty matters have to be delegated to a higher level for decisions. Finally, the periodic data and information also flows in the upward direction but without feedback. The two Managers are in no position to put their executive capacity to the test, in turn preventing these service units from becoming even more flexible and supportive towards their users.

- d. Is the current personnel structure too hierarchical for the project?

One of the major objectives of the new organizational structure was precisely to limit the supervisory levels to three, a sound decision making sense not only for the present size and volume but sufficing, in principle, also for the expected increasing outputs. Currently, levels I and II are full-blown executive positions, while the Managers of Departments understandably still present a mixture with varied degrees of executive versus technical requirements. However, in view of the expected growth the departments, the organization will eventually turn into classical cost centers. This implies that the incumbents must be managerially trained to succeed in this important transformation. Finally, the three supervision levels should permit the SDA to remain a dynamic and flexible organization during the growth period and programmatic diversification.

- e. Is the SDA responding to the challenge of implementing its financial responsibilities to disburse funds, report expenses and obtain advantages?

The answer is yes, provided the new manuals and norms, scheduled to be introduced before the end of 1990, will be consistently enforced. The organizational manuals and procedures specifically deal with all phases and components of sound financial management. These future standard operational procedures will also introduce the system of multi-level financial authority throughout the organization, complemented with a transparent approval level of expenditure.

- f. Is the present administrative apparatus sufficient for the follow-on project (Family Health Services)?

In principle, the projected expansion into other and new fields of program activities should not pose any major hurdles or difficulties for a service-oriented F&A Division. If, indeed, the proposed process of strengthening the executive capacity at the level of (1) the divisional director and (2) also in the area

of accounting are brought up to the required standard and with the creation of the Financial Controller's Office, the F&A Division should certainly be qualified to provide full support to the program operation. An additional, but most interesting, challenge would arise if for reasons of organizational and cost efficiency, the SDA management structure should be regionalized.

- g. How well is this department handling the local procurement? How might the local procurement be improved?

Probably the most complex component in the forthcoming organization manual deals with supply and logistics. It is not so much the mechanics of the purchasing that cause concern. Rather, it is the structural concept of the supply function that requires a step by step process, with clear-cut separation of tasks. The delicate nature of buying is what preoccupies top management. A well-conceived function of purchasing requires that a series of elaborate safeguards on different hierarchical levels be built into the system. With the support of the management consultancy firm, SDA is already in the designing stage of such a structured purchasing function. The diagnostic part reveals that all the above mentioned critical points have been covered. Therefore, it can be assumed that SDA will formulate comprehensive guidelines and effective procedures to ensure proper handling of purchasing.

- h. Is the SDA sufficiently automated for the complexity of functions which they are expected to report on (i.e. financial, administrative, and physical inventories)? What ways can be devised to improve the SDA MIS so that it is responsive to the reporting needs of the USAID?

The MIS system for the SDA, according to the Systems department manager, is being developed. In the area of administration, the system is almost complete. In other divisions, the system is either partially designed, partially implemented or non-existent. In the medical services component, only data from two clinics is presently available through the system. Other departments have neither equipment nor personnel familiar with the automated processing of information.

There is a current need to establish priorities in the use of the MIS. All secretaries must be trained to use the system. Additionally, use and formatting of the MIS must be standardized. Formatting and programming language must be compatible with that presently used by IPPF, and the in-country family planning units. For example, the MIS system for the family planning organization (MOH/ANTEL/ISSS) is not compatible with that of IPPF. However, there are written in standard languages that can be read by programming languages such as INFOTEL.

Automation priorities must also be established to manage the existing need. For example, priority must be given to those areas that are least automated and generating the most data. These would be the IE&C division which has the least equipment, least personnel and needs most of the training. This would be followed by the Medical Division. Since the Santa Tecla, San Salvador clinics are already automated, the San Miguel and Santa Ana clinics, need computer automation.

The reporting capabilities of the SDA at present are good. Information can be obtained quickly and efficiently by the SMP and the R&E departmental staffs. The reporting formats provide data useful for internal management purposes. Some can be readily applied to the reporting requirements of USAID (CYP, CYP costs, activities planned and accomplished), but more in-depth data (LOP achievements, training activities) are more difficult to obtain. Identification of USAID data needs can facilitate the adaptation of the reporting formats to provide such information.

Presently, the SDA has one local area network using Novell 2.0. There are four work-stations with a 80 MB hard disk. The disk is almost full, and the Novell System is limited to those four work-stations.

The IE&C Division has one PC with its own printer. No other departments have computer equipment.

Given the new agreement and the new tasks, the SDA will be needing a LAN System with at least a 300 MB. hard disk. It will also be needing advanced software and hardware allowing use by more work-stations. IEC and training may be able to have 1 PC that can be shared with the Public Relations department. However, the library may require one PC for automating the catalogue. The Communications and Production department may require its own PC with advanced graphics capabilities, plotters and related equipment.

- i. What is the SDA's position on improving the administrative functions? Does the USAID Controller's office have certain recommendations for the immediate improvement of the project financial management?

Key to an efficient F&A Division are, in addition to the proposed strengthening of the executive capacity, the formation of a Financial Controller's Office the Board-approved organization manuals and procedures. It can be expected that before the end of 1990 SDA Administration will be supported and guided by new and/or revised manuals with the respective standard practice procedures. Once implemented, this "corporate legislation" must be consistently applied and enforced. A periodic assessment of the entire system package as to its validity and cost-efficiency is mandatory so that both manuals and procedures can always be up-dated.

In order to define the financial reporting requirements as outlined in the new project, a meeting was recently held with USAID Controller's Office. A representative of the HPN Division, the manager of SDA's recently appointed External Auditors and a member of the evaluation team attended. All doubts were clarified, and every recommendation made by the USAID Controller's Office was accepted by SDA.

- j. How do the SDA subcontractors feel about the performance of the SDA as a channel for funding their activities?

One major subcontractor was identified by the evaluation team as having the majority of its financing provided through the SDA. This was the Centro de Apoyo de Lactancia Materna (CALMA).

Under the most recent amendment to the Cooperative Agreement, the SDA began to serve as the channel for funds for CALMA. The Executive Director of CALMA expressed satisfaction in the manner in which funds were disbursed. Only one problem had occurred during the administering of funds through the SDA, and that had been due to a delay on organization's part in submitting financial reports. Initially, though there was no delay in the receipt of funds, much time was spent in altering CALMA's reporting requirements to meet the criteria set by the SDA. CALMA's Executive Director felt that too many resources were wasted in terms of labor, as they already had a system that was acceptable to USAID. This simply created another layer of paperwork for her staff.

CALMA's Executive Director stated that the organization has the internal capability to account for funds, and her preference was that she receive funds directly from USAID. However, as no problems had occurred with the existing manner of administering funds, such a system could be continued.

- k. Is the SDA administrator dedicating sufficient interest and time to the Project so that the work is completed in a timely fashion?

In the answer to question a., it was stressed that the Board and ED are giving maximum importance and attention to the new Project. During this evaluation, it also became quite evident that the Executive Director's full involvement ensured that the necessary human resources are available, and a suitable organizational structure is in place to meet Project requirements. Furthermore, he is in the control to proceed with the complex preparatory tasks indispensable for a timely and successful launch of the implementation phase.

1. Has the SDA received sufficient technical assistance in management and administration? If so, how much? If not, why not?

The executives of all three levels have taken part in the USAID-sponsored seminar for strategic planning with the 3rd. and last part scheduled for October 1990. In addition, numerous extensive courses/workshops, covering various areas of the data processing field were held for all SDA managers.

No other technical assistance in management techniques and leadership skills was identified by the ED and F&A executives. But what did come out clearly and conclusively is an acute training need for these two basic management disciplines.

The ED, recognizing the importance and urgency, will develop an integral short- and medium-term training program to gradually improve SDA executive capacity on all three levels. The manpower development plan, to be finalized still in 1990, will subsequently be submitted to USAID and IPPF/WHR to arrange for timely implementation.

In addition to the general management upgrading, technical assistance in modern logistic and warehousing operations and as a refresher course in maintenance of medical/surgical equipment are required.

C. Social Marketing Department

1. Overview of the Program

The Social Marketing Program (SMP) was initiated in 1976 under a new agreement with USAID. Commercial activities, per se, were started in 1978 with the launch of the program's first product in the marketplace. The purpose of the program was to make contraceptive products accessible to the low-income inhabitants of El Salvador. The department carries out two primary activities to meet its purpose. One activity involves the sales of contraceptive products through pharmacies, stores and some nontraditional outlets such as motels and dispensing machines. The other activity is to disseminate information about the methods and products. To facilitate administration of the program, it is divided into two components: a) Social Marketing and b) Commercialization of Contraceptive products.

Amendment 3 of the Cooperative Agreement between USAID and the SDA sets specific goals for the SMP as well as expanded the time frame within which these were to be accomplished. Table 10 below provides a comparison of goals and accomplishments.

TABLE 10: SMP GOALS VS. ACCOMPLISHMENTS (*)

ITEM	GOAL	ACHIEVEMENT
CYP over life of proj.	178,000	215,618
Achieve annual CYP	40,000	40,728
Number of Pharmacies	900	878
Condoms sold	10,800,000 units	9,624,333 units
Total Revenues	C. 5,400,000	5,120,056
Stores, others	1000	1092

* Data are based on information provided in annual reports. September, 1990 CYP data included in the LOP statistics are projections.

According to the manager of the SMP, the goal of outreach in rural posts was relegated to the RCD component; that of outreach to the private clinics was left to the medical services component. To accomplish the remaining goals, the SMP undertakes a number of activities related to product, pricing, distribution and advertising and promotion. The latter activity involves traditional promotional endeavors as well as promotional activities such as educational workshops for pharmacy personnel. The goals have been surpassed in CYP objectives and come very close to being met in the sales of condoms. This section of the report provides an overview of these aspects of the program.

a. Products

The SMP introduced its first product in 1978 with the launch of Condor condoms. Since then, it has expanded its product line to include several other condoms and oral contraceptives (OC). Presently its contraceptive line consists of

CONDOMS: Condor, Panther, Rough Rider, Prime, Prime Spermicide, Prime SuperThin, Prime Textured, and Blue Gold

OC's: Noriday 1+50fe (Perla)
Minigynon (Schering)
Norquest

All products are distributed by the four pharmacy salesmen and the two stores sales personnel that work in the SMP.

Products that have been discontinued include Sweetheart condoms and Suave (Neo-sampoo) vaginal tablets. Sales for these were low and presented no long-term income potential. No studies, however, were done to establish the demand for such products or the size of the potential market before product launch. Blue Gold condoms will no longer be provided through the SMP, but will be made available through the SDA clinics. Blue Gold condoms were distributed through dispensing machines which are being withdrawn in a gradual process.

New product introduction has recently been guided by market research. Previously, no study was done for the introduction of Sweetheart condoms and Suave vaginal tablets. Thus, products were launched targeting segments where, indeed, there was no demand created (Sweetheart: young couples recently married who sought to wait to have their first child; Suave: no market). A feasibility study to identify demand for specific categories of products has been undertaken and new product categories have been identified as those most feasible to incorporate into the product line (surgical gloves; sterile cotton; vitamins). This study must be followed-up with one to establish the market for such products and the existing competition within those categories.

Other studies conducted are at a more informal level. For example, before the introduction of Norquest, a probing of the market with doctors, pharmacists and potential users was undertaken by the manager to establish demand for a low-dose contraceptive. No mention was made of considerations of the competition in such a probe. However, the 1986 market plan incorporated an analysis of the competition within this product line.

b. Pricing Strategies

To establish prices for the products, the SMP follows a standard method of establishing costs (labor, etc.) adding a fee and probing the market (competition's prices; doctors and pharmacists opinions; consumers opinions; opinion of the sales force). The products they purchase from private manufacturers are easier to cost out than those obtained through donations from USAID according to the manager, because he does not know some of the costs for the latter (cost of purchase of the commodities). Two donated condoms, Condor and Blue Gold, sell at a loss of C .99 and C .66 respectively. As these are aimed at the low-income segments, the pricing structure must be kept low to make them affordable for the target consumer. Panther, however, is targeted at the upper-lower and lower-middle classes and therefore is higher priced.

Price increases are consulted with the Executive Director followed by the Board of Directors and then USAID. Approval for price increases must come from all three levels.

Presently, an analysis of the department's August, 1990 report demonstrates that although OC sales have increased, a drop has occurred in condom sales since the beginning of 1990.

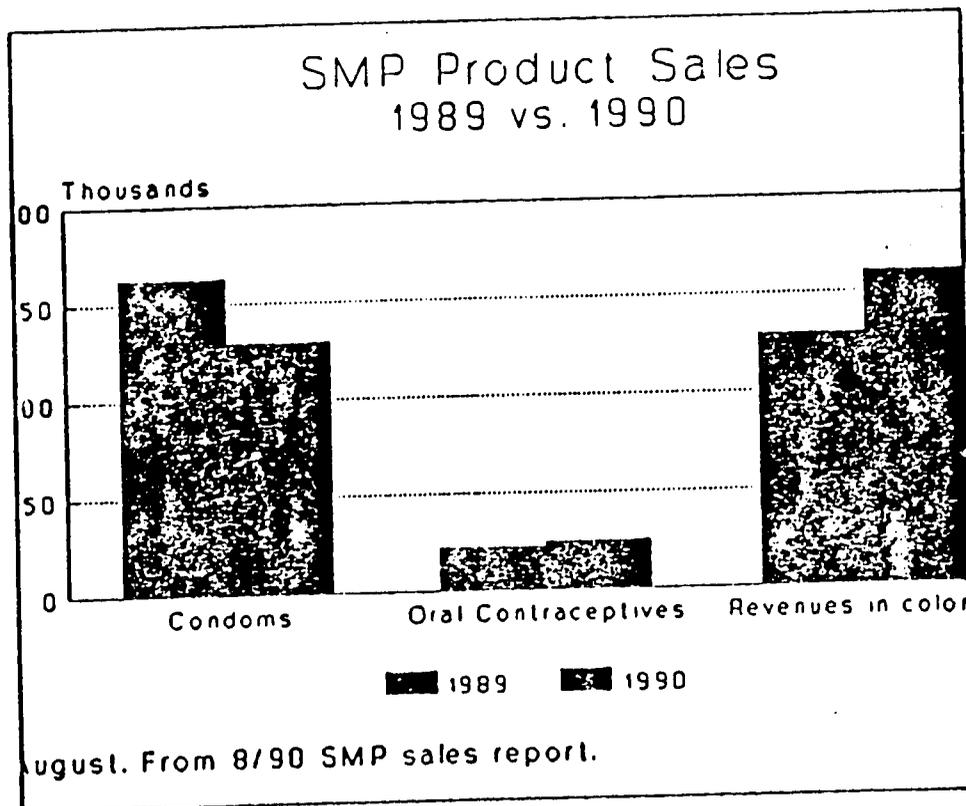


Figure 1

This may be due to a price increase for all products that went into effect at that time. While a probe of the market was

conducted prior to raising prices, no formal study of price elasticity was carried out to establish what the market could bear in terms of a price increase. Given the economic instability in the country, however, it is unlikely, that such a study would provide guidance for mid- or long-range planning.

c. Advertising and Promotion

Mass media campaigns have been developed for the promotion of Condor, Panther and Sweetheart condoms. These were television and radio ads focused on selling the concept of family planning followed by those focused on the benefits of the brand (quality, security and tranquility). Briefs were prepared by SDA personnel to guide the advertising agencies in the development of the commercials. Strategies for the positioning of products were based on those briefs, and ad agencies followed the guidance of the SDA as well as that of the technical assistance advisor in IE&C for the development of concepts and copy. Pretesting of all material was carried out through focus groups and, except for the last series of ads developed by APEX, pretesting was done on storyboards or animated visuals. A review of the pretest report findings demonstrate that recommendations of major importance were incorporated into the ads.

In the case of APEX, ads tested were those already in finished form. Thus, it undertook a big risk in that the messages as well as their presentation might have been rejected. Executives stated that the risk was minimal given all the preparations they undertook before developing the ads. These preparations included visits to rural areas, the duplication of campesino scenes for the ads, and the study of the campesino dialect. The Division Director, manager, and one ad executive also stated that the TA in IE&C had been very helpful in the development of the advertisements. An impact evaluation of the campaign was conducted, however, the final report of the study has not been available.

Promotional activities have been focused primarily on pharmacy owners and clerks and doctors. These are geared toward pushing product brands by placing logos or brand names on articles given as gifts. Among the activities have been the distribution of key chains, T-shirts, posters, stickers, pens, pencils and paper trays. The articles carry either the Condor, Panther, or Prime logos. Another type of promotional activity is directly related to promoting sales of the brand. This involves the payment of a set incentive to the pharmacy clerk for every package theoretically sold by him/her. Occasionally, they have offered specials such as the receipt of two regular Prime packages with the purchase of a package of Prime Spermicidal condoms. One drawback to this, however, is that pharmacists may not provide the special to the consumer, instead separating them and selling all three packages.

Finally, a third type of activity is the training provided to pharmacy owners and clerks. In these seminars, a presentation of family planning methods and the benefits of the brands is presented. Other topics may also be covered such as human relations in sales. The sessions are evaluated by the participants at the end of the seminar, and they are provided with a diploma for attending the session.

d. Distribution

The SMP products are distributed via pharmacies, motels, and stores. Four salesmen cover the majority of Pharmacy class A and B with coverage of some C-class pharmacies in San Salvador and other major urban areas. Two salesmen using SDA-provided jeeps cover the stores in outlying urban-marginal zones and the rural areas as well as the majority of C-class pharmacies. The salesmen distribute Condor, Panther, Perla, all Prime lines, Norquest, and some IUD's. The manager saw the sales team as an excellent group who, by virtue of having worked together for five years, has obtained a high level of cohesiveness and a "mistica" of the work.

Blue Gold condoms are sold through dispensing machines that are located in gasoline stations, public baths, and some private businesses. The dispensing machine component is not working out and is being gradually phased out by the SDA. A big problem with the endeavor is finding replacement parts for repairing the machines as well as the appropriate coins to use with the machines.

e. Other Marketing Factors

The SDA drafted a marketing plan for 1986 with the assistance of a consultant. The draft plan was a good initial effort to focus the energies of the department on the commercial nature of the SMP. The weakness in the plan was a failure to address integrated strategies for reaching goals by product. The plan did not address the weaknesses of each product. For example, it is widely recognized that the condom is rejected because it interferes with sensitivity during the sexual act. Oral contraceptives are closely associated in the mind of the consumer with causing cancer. Yet nowhere in the plan are strategies elaborated to counter these potential barriers to use. No follow-up has been given to the plan, and it has not been updated. A yearly plan with sales goals is provided for planning purposes. This yearly plan, however, does not include an analysis of market forces, competition, the economic situation, labor costs, etc. It also does not define what combination of strategies will be pursued to meet CYP or product sales goals.

2. Actions of 1986 Evaluation Recommendations

In 1985, Social Marketing for Change (SOMARC) conducted a management audit of the SMP. Overall the SMP was found to be following standard marketing procedures in its operations. This section of the report presents findings with regard to follow-up of recommendations provided in final report resulting from that evaluation.

- a. USAID should provide technical assistance to the SMP in the development of a marketing plan by the end of the third quarter, 1986.

A consultant was contracted by the Mission to provide technical assistance in the development of a market plan. A draft plan was developed by October 1, 1986. However, no follow-up to the plan has been carried out.

Both the Division Director and the Manager were pleased with the work provided by the consultant. The manager gained computer skills working alongside the consultant and is now able to manipulate spreadsheets. However, the assistance was abruptly terminated in the midst of the project and no assistance in this area has been forthcoming. The assistance was terminated at the request of the SDA Board.

- b. Incorporation of an automated management information system by the end of the third quarter, 1986.

Computer equipment has been provided to the SMP and record keeping is automated. Information is quickly and efficiently retrieved by the manager. However, no MIS presently exists for the department.

- c. Study the feasibility of spinning off the SMP as an independent entity. Conduct the study by December 1, 1986. This section of the report also covers the recommendations provided in the feasibility report of 1987.

The study was conducted by Juárez and Associates in February, 1987 and five options were submitted for consideration by USAID. Three options were found not to be viable options for the SMP program. The two viable options included a) continuing the SMP within the SDA although having the program expand its existing product line and b) founding a Social Marketing foundation with the SMP establishing links with private sector businesses in the country. Product line diversification was to focus primarily in the acquisition and launch of a low-dose oral contraceptive by the SMP.

Product line diversification has taken place within the SMP. The project has acquired the Prime line of condoms from Ansell Americas, Inc. and the Minigynon low-dose OC product from Schering. Also, Norquest, a new low-dose OC has recently been introduced into the market by the program.

Progress in the founding of a Social Marketing Foundation has not occurred. No action has been taken on designing and implementing a study to establish a foundation. Business leaders have been incorporated into the SDA institutional activities but not in SMP's. Technical assistance did not aid in building links with the business community. Thus, most recommendations posed in the 1987 evaluation have not been addressed.

- d. Assessing whether the SMP can realistically increase its product line to include non-contraceptive, non-ORT items of a health, pharmaceutical or biomedical nature.

A feasibility study was conducted for the SMP with the purpose of investigating the diversification of product lines. The study examined product categories in health area at the national level and the pricing structure for such items as surgical gloves. At the same time, contact was established with Ansell America, Inc., manufacturers of Condor and Panther. The latter made available the Prime line of condoms thus facilitating an expansion of product line rather than diversification of products into related areas. With this in place, the SMP concentrated on extending the lines of contraceptive products (Norquest; Minigynon) rather than introducing new product categories. Given the knowledge and experience with this product category, the decision was a wise one.

- e. Regular (annual) marketing audits similar to that performed as a complement to this report.

No action has been taken on this recommendation. However, a series of controls have been developed by the present manager that parallel those that could be provided through a market audit. Forms for tracking sales by region and by salesman have been developed and are utilized for monitoring project sales status.

- f. Provide a permanent resident advisor.

The SMP was not assigned a permanent resident advisor. However, technical assistance was provided through a series of short term consultancies. One consultant provided short-term assistance in monitoring the sales force; another provided short-term assistance in market planning; and a third provided longer-term technical assistance (TA) in IE&C. Technical assistance was rated as good in all instances. Each advisor was able to provide the staff with some element missing from the organization or

brought in new ideas or new approaches to getting across the family planning message. One negative about the technical assistance, however, was that there seemed to be too much informality associated with the TA. In the cases of the first two advisors, they were removed from the project without notification to the SMP staff. In the case of the latest advisor, the staff was not sure as to the scope of assistance that the SDA was to receive. No notification of the allocation of resources for TA (days and hours) was provided to the SMP.

- g. Provide sales techniques and human relations training to the sales force.

Salesman are provided with training in sales twice a year through seminars paid for by the SDA. The training is focused as much on imparting sales techniques as on motivating the sales force. Private sector Salvadoran firms or individuals have been contracted for this work.

- h. MIS training in computerization for the core staff.

There presently is no MIS for the department. Development of an MIS system is underway for the SDA as a whole. The Planning and Development Division is undertaking this activity.

- i. Observation visits by the Director/Manager to the SMP projects in Colombia, Costa Rica, Guatemala, Honduras, and Jamaica.

The manager has visited the SMP project in Colombia. The purpose of his trip, however, was to receive a course in logistics and commodities from the Profamilia organization. No other trips have been planned.

- j. Public relations training for the technical assistant and the Director/Manager.

The SDA has conducted training sessions in public relations with all staff. The Division Director as well as the present manager attended those sessions. In addition, the Division Director has received additional training in Public Relations.

- k. Training in business management for core staff.

The manager has received training in sales, logistics management and marketing. However, he senses that he still needs to upgrade his knowledge in sales, marketing and the conduct of market research.

- l. Assign three additional vehicles to the SMP.

No additional vehicles were assigned to the SMP. In fact, the department only has two vehicles used by the sales force in their sales efforts to stores and class-C pharmacies.

- m. Increase pharmacy coverage by 12 percent to reach 95 percent coverage by 1/1/87.

The coverage of pharmacies is good given the conditions in the country. The SMP presently has 878 of 900 pharmacies. The latter remaining may be those pharmacies that have bad credit histories, are not interested in selling contraceptives or have too small a clientele.

- o. Design and place three-sided hanging posters in stores.

The SMP designed several posters to use as promotional material at the pharmacies and stores. However, given the reluctance of some establishments to allow posters in the locale, the manager developed sticker posters that are small enough to locate in point of purchase. The 18"x18" stickers are self-adhesive mini-posters advertising one of the SMP brand of condoms.

- p. Obtain a first shipment of Norquest. USAID, the SMP and the ADS should try to obtain approval by the MOH for the sale of Norquest by 9/1/86.

The Norquest shipment was obtained although the deadline was not met. All documentation for registering the product with the MOH has been received and is already being offered to pharmacies.

- q. The SMP should initiate the process for obtaining approval of Conceptrol (vaginal tablet) by the MOH.

While the SMP waited for the documentation to be sent by the manufacturer thus allowing product registration, a study was conducted to examine the demand for the product. It was found that the product indeed has little to no demand, thus it was discarded as an option for the SMP project.

- r. The SMP should consider ORS as a option for its product line.

Another study was conducted to assess the market for ORS. It was found that there was no demand for a new product in the category as several existed in the market. Consumer preference was strong for the market leader given its formula which appealed to children. This product was also discarded as an option.

- s. Purchase of a computer system.

The SMP has a personal computer system for the division. The manager uses the system to track sales, inventories, stock rotation, accounts payable, and daily reports from the sales staff.

- t. Develop an improved incentives plan for the sales force and implement it no later than 6/86.

Several incentive plans for the sales force have been developed since 1986. A first plan offered sales staff a 10 percent commission on sales and a 10 percent commission on collections. This was replaced by one that pro-rated the commissions based on sales with the goal of increasing sales. Presently, the system is back to the original 10 and 10. An IBC auditing team is studying the issue and will provide recommendations in their final report.

- u. Follow up on the impact report that print ads should be in color. Follow-up on the recommendation for a portable display kit for use in seminars.

The newspaper ads have been printed in color to make these more attractive. However, less and less print ads have been used given the change in focus toward interpersonal relations as the strategy for promoting the products and family planning.

No action has been taken on the portable display kit.

- v. Change the bonus system gradually toward lowering the rewarding of free product.

The bonus system has been changed as recommended. One dispenser is provided free with every purchase of six of Condor, or ten dispensers of Panther.

- w. Improve the core marketing strategy by defining the objectives, writing a marketing plan, developing contingency plans and making greater use of market research studies.

A draft marketing plan was developed in 1986. This draft plan was a good initial start but was never terminated. The exercise in developing the plan will help the staff in terms of thinking strategically about its mission, its objectives and the strategies for accomplishing the goals in the context of a commercial venture.

As can be noted in previous sections, market research has played a critical role in the SMP. It has given guidance to mass

media campaigns as well as in the selection or rejection of new products for incorporation into the product line.

- x. Carry out regular assessments or evaluations concerning cost-effectiveness, CYP coverage, cost-per-CYP and the SMP's contribution to contraceptive prevalence surveys.

A new restructuring of the SDA and a new reporting system has been developed that will assist in these areas. The Research and Evaluation department will receive statistics from all departments and is expected to provide feedback on critical aspects of the activities undertaken. Costs are readily available from the departmental manager although few requests are made for such information.

- y. Add a visitador médico to the staff.

The SMP presently has three visitadoras médicas. They have been critical in promoting the sales of Perla and Norquest. However, the last few months have been fruitless in this regard as all three have not been available to the program. All three were out on medical leave. On September 1, 1990, one of them turned in her resignation for medical reasons.

3. Responses to Specific Questions in SOW.

- a. Are marketing plans prepared with sufficient administrative and technical criteria to reach the yearly goals of the SMP?

A marketing plan was developed in 1986. Technical assistance was provided by an independent consultant provided by USAID for that purpose. The consultant was withdrawn from the project and no follow-up has been done on the market plan.

Yearly plans are prepared by the SMP. Goals are set per product. However, there is no discussion of marketing factors that have been taken into account in the preparation of the plan. In fact, plans seem to repeat the verbiage from early ones changing only figures for new sales goals and some strategies for reaching these. For example, in the Annual reports for 1988 and 1989, the tactics for accomplishing the goals in 1989 are identical to those in 1988. Additionally, there is some confusion as to objective and strategy with the purpose of the activity at times listed as the objective.

Goals, however, are met and in some cases surpassed using the strategies and tactics identified in the yearly plans. More systematic market planning, however, may help the executive staff to learn to think strategically with regard to product. In that way, longer term visions for advertising, product positioning, product line expansion and other such aspects of the marketing efforts may result.

- b. Are the goals and objectives of the SMP appropriate or should they be higher or lower? If they should be adjusted, please provide reasons why.

The sales goals of the SMP have consistently been surpassed by the staff. This indicates either a good incentive program, the need for more systematic approaches to the setting of sales goals or a combination of both. Given the lucrative nature of the incentives program, this may serve as a system to motivate sales staff to surpass the quota.

However, it is also the case that the sales forecast has not been conducted in a rigorous manner. Forecasts are set using historical sales data, consultations with sales staff, market conditions such as presence or absence of competition, regional differences and holidays. More data, however, could be included in the equation but it requires the incorporation of population data. For example, target segments could be defined more precisely in demographic terms to identify their size in the population. These could then also be factored into the process for setting sales forecasts. Concretely, this would imply that the objective of "reaching young women in fertile age" be replaced by specifying the target such as follows:

Young women between the ages of 19 and 24; married; who have had their first child and desire to space births.
--

In that way, demographic statistics can be used to segment the market, set a sales goal more in line with the need in the market place and better target other marketing efforts (advertising; promotions; prices; distribution points) to support the goal. Additionally, it will assist in establishing market sizes. Thus, in conducting an evaluation of the sales program, it can be determined whether sales are reaching the target group or whether the product is being purchased by other consumers (e.g., another segment of the population; bound for other countries; etc.).

- c. Do the action plans for the SMP diversify or disperse the program thereby stretching the people who are working there or should they continue to diversify the product line and increase profits and coverage?

Under no circumstances will the expansion of product line dilute the efforts of the sales force or the administrative staff. Historically, the project has incorporated a new product into its existing line almost every year. It has introduced either new condoms or new oral contraceptives. Sales have continued to increase and CYP has also increased. This indicates that no dispersal of energy has occurred. The line extension

also translates into an overall increase in the volume of sales for the project and staff as new products will mean increased sales and result in revenue enhancement. Thus, both the Association and staff benefit from undertaking such an effort.

- d. Did the technical assistance prove to be of assistance to the program as contemplated?

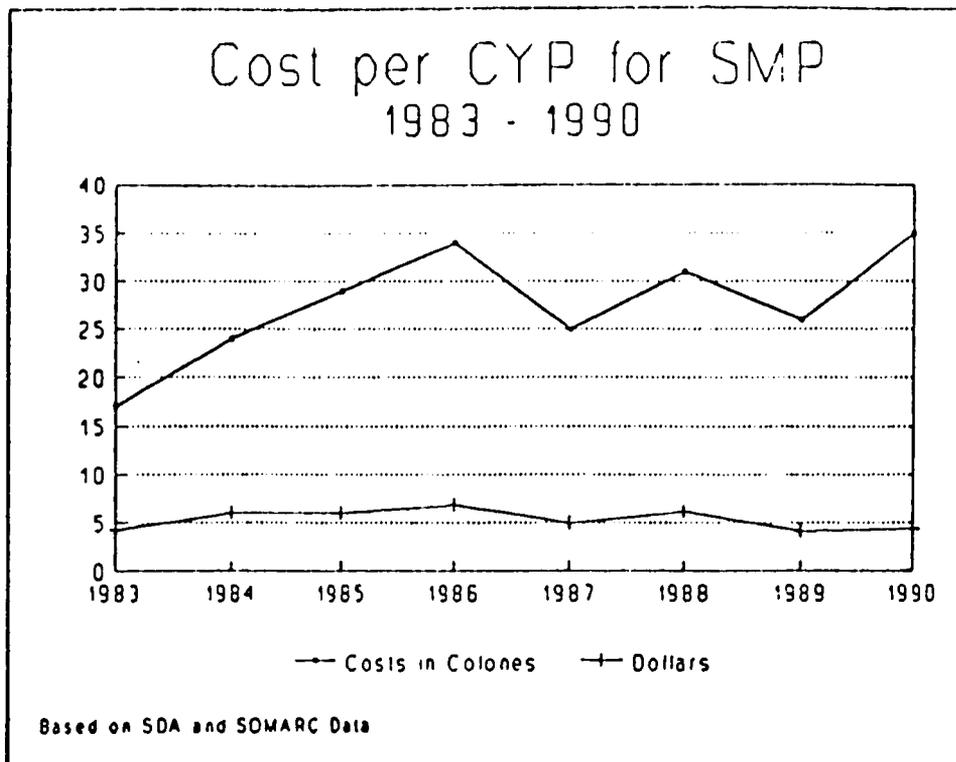
Technical assistance was provided to the project on a short-term basis. Several distinct consultants were made available in the areas of sales and salesmanship, marketing and market planning, and information, education and communication. Staff found the technical assistance useful. They can point to specific benefits from the TA including the improvement of their sales force as a result of training in salesmanship, the stimulation of new ideas and new approaches to mass media and marketing provided by through the consultants.

One drawback, as indicated earlier, was the lack of a fixed format for providing the technical assistance. Two consultants, according to them, were abruptly taken off the project. The two had provided valuable assistance to the project. No one in the SMP was consulted with regard to their being taken pulled off the project. In the more recent instance, the advisor's role and structure for providing TA was not established. This created problems until it was formally defined.

Another drawback was that follow-up in formal market planning did not continue once the technical assistance was withdrawn. This indicates a lack of institutional capacity building by the technical assistance component in the area of planning.

- e. Calculate the cost per CYP provided by the program. How does this cost compare to previous years and other similar programs in the region?

As the graph below demonstrates, the costs per CYP over the life of the project has been somewhat consistent. Historically, CYP costs for SMP projects has been high initially as start-up costs require much investment. There is a tendency for the CYP costs to level off after the third to fourth year of the project.



The above graph shows that the El Salvador project is no exception.

Contacts made with Johns Hopkins staff and CDC indicate that recent costs per CYP for programs in the region are not made available to them. There is however a danger in comparing such programs in that such comparisons are not necessarily valid. Programs differ much in their emphasis, stage in the life cycle, socio-cultural context and geographic coverage as to make such comparisons invalid. For example, a program that is to focus on rural areas with a heavy emphasis in education among a population sector that is illiterate is going to be extremely costly for several years. A program in its 25th year aimed at a literate population and incorporating solely one media channel in a relatively peaceful political context will not be as costly.

- f. What aspects of the SMP show strengths and should be expanded and what aspects of the program show weaknesses and should either be reinforced or eliminated.

The SMP in the SDA has several aspects that represent a strong foundation. The Division Director has extensive experience in the area of program management, IE&C, and family planning. She has cultivated direct contacts with the product manufacturers that has enabled negotiation of product purchases on favorable terms to the project. The manager is an accountant by profession. His close scrutiny is evident in the creation of

a series of controls to monitor project progress. They both sense a need to reinforce their knowledge in the area of marketing. While they have extensive experience in the area of family planning, practice in marketing is limited. Both have been working in a nonprofit setting for years. This, they feel, may have kept them from learning the latest techniques in marketing.

The sales force of the SMP has been together as one team for five years. As a whole it has grown to be a cohesive unit knowledgeable about its market and its products. They have managed the introduction of new products into the product line in a manner that has not affected sales of contraceptives. It would seem that they would have no problems in managing the diversification of product line.

Forecasting and market planning have not been conducted in a systematic manner. While market forces have been taken into account in the setting of goals, these have not been analyzed rigorously so as to allow the setting of mid- and long-term goals in terms of product positioning, pricing policies, advertising strategies, and in identifying new distribution channels, all of which can contribute to the accomplishment of long-term goals. The staff, and the managers in particular, can benefit by technical assistance in this area. The assistance, however, must be oriented toward developing local capability in these areas within the SMP.

One distribution channel, dispensing machines, remains a weak link in the SMP. Sales are poor. Replacement parts for the machines are difficult to find. The product distributed through this channel will soon be offered through the clinics. Thus, there is a likelihood that the new channel will cannibalize the sales through the dispensers. Given all these factors, it would seem that this aspect of the SMP should be eliminated.

D. Information, Education, Communication, and Training

The Division of Information, Education and Communication (IEC) consists of four departments: Public Relations and Resource Development, Education and Training, Social Marketing, and Communication and Educational Production. The Division has a director, an accountant, four Department managers, four technical assistants, a social marketing supervisor, four pharmacy salesmen, two general salesmen, two visitadoras m3dicas, a graphic artist/photographer, a librarian, three library assistants, four secretaries, and a messenger (refer to the organizational chart in Appendix C for distribution of departmental personnel). According to the 1989 Action Plan, there are a total of 14 projects distributed among the four Departments and the Division director's office. Each project is handled by a single Department and has a specific source of funding, but projects that involve mass media and other forms of publicity such as printed material, posters, and billboard, and interpersonal communication necessitates a coordination of efforts between the relevant Departments and the Division director.

The project descriptions below have been limited to those funded by the 0275 cooperative agreement, but at times it was difficult to separate specific activities by funding source, especially in the cases of 0210 and 0275. For example, the Training of Change Agents for Reproductive Behavior of the General Population was originally funded through 0210 but was changed to 0275 in 1989.

1. Information and Communication

The general goal of the communication and information projects is to create a consciousness in the general population and national leaders in both public and private sectors concerning population problems, sex education, and the benefits of family planning. These goals are being addressed by two projects: the oldest which began in 1968 is a mass media campaign in demography and population problems (85/03), and the second, started in 1986, uses a combination of mass media campaigns and visits to rural communities (86/03) and is financed through 0210.

The mass media campaigns have been designed to reach 99 percent of the target populations and were to be supported and supplemented by efforts to develop and stimulate channels of interpersonal communication. The idea is that multichannel approaches are needed to successfully reach the population and to generate increased knowledge, understanding, and subsequent behavioral changes.

a. Overview of the Program

Project 85/03--Mass Media Communication in Population--is designed to educate the population, especially in rural areas, about demographic problems such effects of high population growth, the importance for all Salvadorans to work together in the search of solutions, and to promote the use of family planning services and products by the cohorts of fertile age. In addition, the project sought to increase private sector support to enhance the institutional capabilities and financial resources of the SDA.

It was decided that to accomplish the project goals, the Audio-visual Department would have to be improved and modernized and staffed by a Department manager and a production assistant. Furthermore, the communication plan designed in 1988 would continue in 1989 and consisted of one institutional and two programmatic components. The financial investment in media would be oriented towards the target population with the maximum use of project resources. To this end the strategy was designed to contain a mix of mass media, printed material, and promotional products.

More specifically, the planned project outputs for 1989 included the following:

1,200	TV spots
50,000	radio messages
50	print media announcements
20	billboards
200,000	educational booklets
40,000	calendars
10,000	key chains
20,000	ball-point pens
8,000	informative letters and other printed matter

To accomplish the mass media objective, the SDA contracted the services of APEX, a local advertising agency, to formulate the media strategy and to design and produce messages and TV spots.

The focus of the institutional component of the project was to publicize the function and activities of the SDA, and the target group was the members of the middle and upper classes with the financial resources to support the SDA. The primary medium for this campaign was TV, to be supported by newspaper announcements, booklets and other print media. All material would be validated and tested for effectiveness and penetration; the result would be used to make corrections and changes in the media strategies.

The programmatic component was designed to publicize SDA services and to increase contraceptive use; the primary target population were rural and marginal urban residents, particularly young women at risk of becoming pregnant and secondly, the fertile lower and middle class urban population. The main media

used was radio supported by printed materials and to a lesser degree TV, announcement in movie theaters, billboards, posters, and calendars. All the materials and methods used were scheduled to undergo pre- and post-testing.

The person in charge of the project was to be the Director of the Division to be supported by international technical assistance in information, education, and communication, the Department of Planning, Evaluation and Program Development, and the Research and Evaluation Unit.

The publicity campaign was designed to be continually checked by monitoring radio, TV and print media to assure the compliance with contracts stipulating time/space purchased. An impact evaluation of each of the campaign components was begun in 1988 and was scheduled to be completed during the first part of 1989.

b. Actions on 1986 Evaluation Recommendations

Conclusions:

The 1986 Evaluation concluded that the IEC Division is staffed by dedicated individuals who have appropriate training and knowledge for their positions, but knowledge and interest in mass media is limited to the director. IEC personnel have well defined tasks and open communication. The community education project, teenage sex education project, and the documentation center have all increased outputs over the two years of the project, but those involved in community education feel they need additional staff, and that they could be more effective with training in curriculum development and instructional techniques.

There was a need for training in project planning and goals projections. As a consequence of better understanding of social aspects of advertising campaigns, campaign materials improved, but knowledge of objectives of the IEC campaigns on the part of the ad agencies was quite general, but nevertheless the IEC campaigns were well developed and reflect campaign objectives; pacing and the campaign calendar were inadequate. The outputs of the mass media campaign were well ahead of the other components, and reflects the emphasis placed on broadcasting. Delays were caused by the informal procedures used in developing concepts and briefs, delays in fund allocations, and slow reviews of production materials. The SDA Evaluation Unit has been unable to do the impact evaluations of media campaigns because of a heavy workload and inadequate staffing.

Recommendations:

As a consequence of these findings, it was recommended that to develop more efficient campaigns and to coordinate activities with the multiple media being used, the IEC needs more personnel trained in communication and mass media. Minimally, a technical assistant in communications should be

recruited to fill an existing but vacant slot and to aid the division director.

IEC staff should become more aware of other components in the division and could benefit from technical assistance in communications and mass media. Also, there is a need for courses in curriculum development and instructional techniques for staff working in education, and the director could benefit from training in project management and monitoring.

Formal ties for the exchange of information should be established and maintained with other national and international institutions involved in mass media family planning campaigns.

Communication between technical staff and decision makers regarding technical adequacy of mass media materials should be improved with better documentation on products, involvement of the technical staff in the ad agency selection process, or by technical assistance in organizational administration.

Studies should be done on media penetration and consumer satisfaction; surveys could be done with volunteers who interact with clinic visitors or by interviewing pharmacists. The SDA should explore the possibility of contracting an outside firm to do the studies that the Evaluation Unit is unable to perform. All research data to improve mass media campaigns should be immediately available. An overall evaluation of program impact should be done, and a baseline survey would be useful in designing the mass media campaigns.

Responses to Recommendations:

Most of the recommendations were implemented. The impact studies were contracted to outside firms and the result of the 1987 survey was used to reorient the mass media campaign. Technical assistance has significantly improved the operation of the Division in terms of mass media; other areas still need assistance. The personnel shortage for communication and mass media was belatedly addressed by the transfer of one technical assistant from Education and Training, but that Department is now more understaffed than before.

c. Responses to Specific Questions in BOW

- 1.. Has the technical assistance in this area been fully utilized?

The overall picture that emerges is that technical assistance has been uneven with periods of intense activity followed by varying lengths of time when the IEC was on its own. In general, however, the assistance provided has been considered to be of high quality but focused primarily on the design of mass

media campaigns; virtually all print-media materials have been designed and implemented exclusively by IEC staff.

Other areas where technical assistance has been provided included the design of a series of studies to identify and measure the knowledge, attitudes and perceptions of the target population, both urban and rural. The results of these studies were intended to be used in the design of messages for the various media used in the publicity campaigns, but it is not clear to what extent these data were used. A review of the results and recommendations of preliminary qualitative studies and a larger baseline study done during 1986 and 1987 does indicate extensive input for the design of detailed briefs provided ad agencies for the mass media campaigns in 1988 and 1989.

Reviewing the levels of effort, and the reports written by the consultants contracted to do the pre-campaign studies, it appears that their scopes of work were not fully completed. For example, a final report of the 1987 baseline study was not written, and only preliminary and partial results are available at the SDA. Therefore, a possibility exists that the data were not fully used. More details on the methodology and results are discussed in question 7 below.

2. Did the advertising agencies respond to the needs of the SDA, and did they conduct their campaigns using the best communication methods and techniques available?

Since the accounts for social marketing and the IEC mass media campaigns were given to two different agencies, Publicidad Comercial and APEX--respectively, this discussion is limited to the responsiveness of APEX.

APEX appears to have been very sensitive and cognizant of the needs and objectives of the SDA. The creative director and account executives felt that the highly detailed brief written by the SDA and the subsequent collaboration with IEC personnel resulted in a creative platform which closely reflected the current needs of SDA. As the SDA objectives changed so did the APEX response as in the case of shifting the 1987-88 largely urban emphasis to a more rural one for the 1989 campaign.

The methods and techniques followed by APEX are relatively standard in advertising with pre-testing concepts prior to message design, periodic measurements of media penetration, and message adjustments according to the results of monitoring studies. A review of documents detailing the 1988 programmatic and institutional media campaigns provided insight into how APEX designed both TV spots and Radio messages, where and when spots and messages were broadcast, and the corresponding ratings for each.

It is important to note that before deciding on the form of the creative platform, the marketing study done by APEX showed that half of those interviewed did not have a clear idea of what SDA is or what kinds of services they offer. As a result, it was decided to concentrate on projecting an image of SDA as encouraging the practice of family planning which contributes to better personal, family, and social development. Furthermore, family planning is a basic right leading to better personal mental and physical health which can be provided by SDA clinics and distribution posts. Consequently, the creative platform was designed to promote the idea of service by inviting the target population to make an immediate visit. The language and tone of the messages were, as much as possible, a reflection of the vernacular spoken by intended audience, and the situational settings were designed to immediately capture the viewer or listener's attention.

The overall design of the media campaigns did not appear to be contrary to any of the findings of the studies performed by SDA or any of its contractors, reflecting good communication between SDA and the ad agency. It is, however, difficult to determine the validity of the in-house studies done by APEX, but in very broad terms, there do not appear to have been any contradictions. These circumstances have therefore contributed in varying degrees to the positive responsiveness of APEX and the collegial relations with SDA. The concentration of technical assistance in this area was most certainly a contributing factor.

3. Were the campaigns in mass media well designed and implemented to generate demand for family planning services?

The mass media campaigns were designed to make the target audiences aware of the SDA and its services by using a number of well-focused story boards aimed at creating a market for family planning services and products. The length of time between the campaigns, the effects on the target audiences, and actual translation into behavior change is influenced by a series of factors beyond the scope of this evaluation. However, the design and technical adequacy of the ads was generally quite good.

The Evaluation of the 1989 Communication Campaign appears to indicate success in reaching large portions of the Salvadoran population, and the demographic groups exposed to the campaign had better knowledge and more positive attitudes about family planning than those not exposed to the campaign. In addition, the results show that the 1989 campaign was most successful in reaching middle aged women in urban areas but much less so in the case of illiterate rural men and young women. Radio and printed materials were best in reaching rural populations but at lower levels than in urban areas.

4. Are the mass media and interpersonal message campaigns synchronized and functioning in a balanced fashion?

The mass media campaigns have not formed part of a continuous and coordinated effort over the life of the project while the training of a wide range of personnel to work as multiplier has been sustained. As a result, the interpersonal message campaigns achieved through the multiplier efforts undertaken by trained school teachers, medical personnel, agricultural and social promoters, teenage promoters, all ADS personnel, and the voluntary contraceptive distributors have been part of a continuous endeavor. Of course, not all who have been trained will perform their mission, but studies have shown that a significant number do, in fact, actively work to promote the SDA and its services. Needless to say, promotional work of the trained multiplier is greatly facilitated by greater public awareness through the media of what SDA is and what kinds of services are provided.

The most sporadic efforts have been with TV, but radio announcements and a 100 episode serial drama have been more continuous. Market studies have shown that large segments of the public, both rural and urban, do recall hearing the messages thus facilitating interpersonal communication by providing support and enhanced credibility. There are, however, no data to indicate the coverage of interpersonal communication campaigns.

The serial radio program, Cuando Amar es un Peligro, which is currently being broadcast by two radio networks with national coverage (Radio Cadena Central and Circuito YSR) covers themes closely approximating areas of family planning, contraceptive methods, and the services of the SDA that the interpersonal campaigns are designed to promote. Again, it is difficult to venture a guess as to the effect of such a communication mix, but data from SDA patient records, as tabulated by R&E, indicate that nearly one-third of new users were referred to SDA by trained promotional personnel, and fully one-third came because of the advice given by satisfied users, and radio and TV combined was given as a reason by 13.5% of SDA contraceptive users in the period between 1988 and 1990.

The above data point to the importance of interpersonal communication as the most important reason why people seek the services of SDA; radio and TV are also important, but as a coordinated and synchronized supplement to direct interpersonal communication.

5. Do print media reinforce mass media and interpersonal campaigns so that the target audience understands?

The IEC Division is currently producing 15 different kinds of booklets and folders describing human reproduction, the work of SDA, the different types of contraceptive methods, family health, etc. A number of the folders are exclusively pictorial for the use of illiterates. These materials are available in all SDA clinics and distribution posts as well as from trained promotional personnel. The current strategy is for people to

hear about SDA and its services from the mass media (radio, TV, and newspapers) and then get more detailed information from the printed media. In other words, the printed media is designed to be complementary to the much shorter and less detailed information provided by the mass media.

The print media examined was of high quality and available at every site visited. The information was clearly presented by thematic area and reinforces quite well the kind of messages produced for radio and TV. Furthermore, recent data from the evaluation of the 1989 campaign (Jara, 1990) showed that 59 percent of both urban and rural respondents recalled printed materials; in contrast, radio and TV messages reached 33 and 47 percent, respectively. Such results clearly reinforce the continued importance of print media as an effective means of educating the public about reproductive health and family planning.

6. Are the SDA staff assigned to the functional areas of IEC and Training qualified and sufficient for administering all of the required activities?

The staff in the Division of Information, Education and Communication who have worked on 0275 project activities are all well qualified to perform their assigned activities. From the Division director to the technical assistant, all have had extensive experience either through many years with SDA or in their previous employment. For instance, the manager of the Department of Communication and Production of Educational Materials came to SDA after 8 years of experience at the MOH where he was involved with the training of community volunteers, health communication, and curricular design as part of the Division of Human Resources. When he joined SDA in 1986, he worked in Education and Training and then moved to Communication in January of 1990.

The educational background of IEC personnel as evidenced by curriculum vitae and other data from SDA personnel files is also quite appropriate. Many have also had additional training both in El Salvador and abroad. Two individuals expressed a desire to receive additional training in interpersonal communication and the latest in curriculum design.

The current staffing for mass media continues to be insufficient in that the Division director has continued to do virtually all of the work. Her load has been somewhat reduced with the transfer of the individual discussed above from Training to Communication where he will assume additional responsibilities when full-scale mass media campaigns are resumed; currently he is handling all the radio and print media activities. The Education and Training Department is severely understaffed due to the illness of one of the technical assistants.

7. Is SDA providing clear guidance to the ad agencies involved?

SDA briefs to the ad agencies are clear and comprehensive and are followed-up by frequent meetings to expand and clarify potential problem areas. One concern expressed by a number of Department managers at SDA is that personnel from outside agencies, both private and public, must spend some time at SDA to internalize the objectives and goals of the organization.

On the whole, SDA personnel have gone to extraordinary lengths to provide guidance to APEX in the design of both the TV and radio campaigns. A good example was the response of the APEX creative team in searching for the appropriate voices and vernacular expressions used in dialogue intended for rural residents. Care had to be exercised to make sure that regional accents and rural styles of speech were not exaggerated so as to sound stereotypical and open to ridicule. Nevertheless, there was some criticism suggesting that the campesino voices did not sound genuine, but overall the collaboration in the production of rural scenes resulted in generally genuine sounding and appearing messages and spots. Without clear guidance, this would not have been possible, especially in view of the enormous class differences between Salvadoran rural residents and advertising executives whose experience has, for the most part, been to produce commercials for middle and upper class urbanites.

8. What monitoring and testing schemes are used to assure messages are of high quality and appropriate for the target audience?

Prior to the mass media campaigns in 1987 and subsequent years, a number of studies were done to gather data for the purpose of message design. A small preliminary survey of rural women and their husbands was done in 1986 to elicit opinions and attitudes toward family planning, small families, and clinic facilities. The verbatim expressions and vocabulary of the respondents was used to construct more precise quantitative instruments for use in a larger baseline study. The purpose of the baseline study was to help in developing more efficient messages for the communication campaign and provide a basis for subsequent impact evaluations. It is unclear what role the data served in the design of the communication plan and the media campaigns.

A more important study⁶ to determine the impact and penetration of the mass media campaigns in 1985 and 1986 to be used for adjusting and possible redesign of subsequent campaigns

⁶ Investigación de Mercado Sobre la Penetración e Impacto de la Campaña de Comunicaciones Masivas. DC & Associates, Julio 1987.

was completed in the first half of 1987. The sample consisted of 1,021 interviews of both men and women between the ages of 18 and 45 who lived in both rural and urban areas. The research had the following objectives:

- determine the degree of penetration of the publicity campaigns using spontaneous recall of the respondents
- measurements of the respondents' identification and association with specific elements and products of the campaign
- amount of understanding of the overall messages and the identification of parts that were of questionable credibility
- evaluate the campaign in terms of both favorable and unfavorable characteristics and the degree of acceptance or rejection
- determine contraceptive knowledge, attitudes and practices generated in the target audience by the campaign
- measure the level of knowledge of SDA and the services provided
- identify the main sources of information about the products and services offered by SDA

In very general terms, the study found that the campaign did not produce negative reactions, but at the same time a large portion of the target audience was confused by the messages from different publicity platforms, especially when it came to family planning. The net result was that people did not understand and differentiate the various aspects of the campaign, leading to a reduced perception of the services offered by SDA. A major recommendation was to reduce the number of different message themes about family planning. The principal objective should be to develop knowledge about the SDA and its services, and this should be communicated in a clear and unambiguous manner.

The structure and content of the institutional and programmatic mass media campaigns which followed in 1988 and 1989 appear to have taken to heart the recommendations of this impact study. The most recent campaigns reduced the number of themes and redirected part of the messages and spots to more rural audiences. A follow-up survey has been completed to measure the effects of these changes, and a draft report of the results was made available during the final stages of the evaluation.

The evaluation of the 1989 communication campaign showed that 80 percent of the population was exposed to messages by one media or the other, as divided into the following percentages: 47.4 for TV, 33 for radio, and 59 for print media. To measure the level of understanding and acceptance of the messages, respondents were asked about perceived advantages of family planning, the possibility of limiting the number of children, and the trust-worthiness of advocates of family planning. The study found that knowledge was highest in metropolitan San Salvador, followed by other urban areas, and lowest amongst rural residents. As expected, knowledge increased with educational

levels. Even more significant, it was found that 90 percent of the rural population approved of family planning, and that 63 percent of the non-using respondents, both urban and rural, intended to use contraceptive methods in the near future.

The evaluation of the 1989 media strategy showed that TV was most effective in reaching urban populations but low in rural areas. Radio is also effective in reaching urban residents, but appears to be more efficient in rural regions. For instance, rural residents had higher message recall rates than either urban or metropolitan San Salvador respondents.

The Communication Department's ongoing radio campaign which is being implemented without an ad agency consists of 8 basic themes and is broadcast on two stations with nation-wide coverage. Monitoring of the message broadcasts is being done by an independent company, Monitores Publicitaria. All Salvadoran radio and TV stations are monitored and a weekly list is published showing what messages were broadcast at what times by the various stations; interested parties purchase the list and check to see if their messages were transmitted at the contracted times. No data are provided on content or the quality of the broadcasts.

2. Training

The Training Department, established in 1982, was originally designed to educate and upgrade SDA personnel and to train the participants in the Community Based Distribution Program (CDP) which was terminated in 1985. As described below, the educational and training activities have expanded significantly over the past 8 years to include courses for a wide range of medical and paramedical personnel from many public and private institutions as well as numerous business organizations.

a. Overview of the Program

The general objectives of the Training and Education Section for 1989 were to devise, organize and implement 125 courses in family planning, population dynamics, sex education, and reproductive health. The courses were designed to train 3,400 professionals and change agents from both the public and private sectors who, in turn, would act as multipliers providing information and education to 34,000 others. Furthermore and in cooperation with the Technical Education Unit of the Ministry of Education (La Dirección de Tecnología Educativa del Ministerio de Educación), the Training Section would sponsor, plan, and participate in 400 courses/workshops to train 22,400 teachers who would then be expected to incorporate Population Education into their curricula for some 1,500,000 students in grades one through nine.

The Training Section works to achieve its general objectives through seven specific projects; three are financed through 0275, three by the IPPF, and one through 0210:

85/10	Training to Strengthen SDA Personnel--0275
86/08	Training of Change Agents for Reproductive Behavior of the General Population--0275
89/08	Educational Services for Sponsoring Organizations--0275
85/02	Center for Demographic Documentation--IPPF
85/04	Training of Adolescent Sex Education Multipliers--IPPF
85/17	Formation and Improvement of Voluntary Support Organizations--IPPF
88/05	Curricular and Teacher Training for Public Schools--0210

The Training to Strengthen SDA Personnel Project is designed to provide systematic training and periodic refresher courses for all levels of SDA personnel. The courses/workshops are intended to reflect the current goals and objective of SDA, recommendations made by the general director, the board, SDA personnel, the donor organizations, and the results of a study performed by Peat and Marwick. Seven courses/workshops, four educational campaigns, and 3 international courses abroad were all scheduled for 1989. The courses/workshops/seminars covered the following areas:

- Human Relations, Public Relations, and Motivational Training--for general staff, technical assistants, and head nurses
- Planning and Staff Evaluation--for general staff, technical assistants, and head nurses
- Training Administration--for Education and Training Section personnel
- Reproductive Health, Family Planning, and Birth Control--for paramedical personnel in SDA clinics
- Editing, Orthography, and Filing--for secretaries
- International courses--for Division Directors and Program Managers
- Product Fairs--for SDA Social Marketing personnel
- Technical assistance for Planning, Organization, Implementation--for personnel in Social Marketing and Communication

Training of Change Agents: This project was started in 1986⁷ and constitutes one of the principal efforts made by SDA to increase the knowledge and use of family planning services in rural areas. The goal is to inform large segments of rural residents about the socio-demographic problems in El Salvador, provide sex education, and to promote the use of contraception. The intent is for those who receive the training courses to act

⁷ This project was originally a part of AID-ADS 0210, but for 1989/1990 activities funds were reprogrammed to 0275.

as multipliers by informing and promoting the objectives and services of SDA and other cooperating institutions providing family planning services. Recipients are selected from many different groups, organizations, and rural agencies such as CENTA, ISTA, DIDECO, Ministerio de Cultura y Comunicación, FESACORA, UCS, INSAFOCOP, and rural community leaders. Some 1,556 change agents were programmed to be trained during 1989 to work not only with the rural population in general, but also those displaced by civil unrest.

The training consists of both basic and refresher courses given to a variety of individuals and groups, but the 1989 plan gives priority to voluntary rural contraceptive distributors who work in the Rural Contraception Distribution Program (Programa de Distribución de Anticonceptivos Rurales--DAR). Courses are structured to meet the social and educational levels of the participants to include the following:

- One 30 hour course to prepare 16 training coordinators
- Four evaluation sessions for 40 teachers contracted by SDA to give basic and refresher courses
- Ten 30-hour basic courses with an average of 30 participants each
- Ten basic 6-hour courses for new voluntary rural contraceptive distributors; 30 participants in each course
- Ten 6-hour follow-up and training sessions for 30 participants each
- Twenty 12-hour mini-courses on multiplier effects for an average of 30 participants each

The content of the training courses are to emphasize contraceptive techniques, sexually transmitted diseases, pre-natal care, basic human reproduction, sources and availability of family planning services. Furthermore, appropriate teaching methods will be used to insure that participants become effective change and multiplier agents; pre- and post-tests as well as course evaluations will be employed to measure teaching effectiveness and proper learning.

Educational Services for Sponsoring Business Organizations began in 1989, and continuation depends on the results of course evaluations and continued sponsorships; there were 25 sponsors in 1988. The main intent of the program is to promote SDA clinics and services and to educate and convince employees to use the contraceptive methods of their choice. Pharmacies have been singled out for special training to improve relations between SDA and pharmacy owners/employees. The goal is to effectively promote the products which are part of the Social Marketing Campaign. The 1989 Plan calls for the following courses being given to 30 sponsoring businesses and 400 pharmacies:

- Six basic courses on reproductive health and family planning for paramedical personnel; each course is to be for 15 hours and an average of 30 participants
- Fifteen informative courses on reproductive health and family planning for paramedical personnel in business

organizations, pharmacy owners and employees; each course is scheduled for 5-10 hours with 30 participants each

- Five informative courses on industrial safety lasting 5-10 hours for 30 participants each
- Seventy-five educational/promotional talks on reproductive health, family planning, and related topics for 40 participants each.

With the cooperation of the Department of Planning and Evaluation, it is hoped that these new activities can be properly evaluated. The Public Relations, Clinical Medicine, and Social Marketing Programs are expected to provide input and support to educational/promotional services for business organizations, pharmacies and other institutions.

b. Actions on 1986 Evaluation Recommendations

Conclusions:

The 1986 Evaluation concluded that the director, two assistants, and one secretary needed additional staff to accomplish the tasks of Projects 0275 and 0210. It was recommended that at least two more technical staff were required to aid in planning and scheduling training activities, developing curricula, and to identify, contract and monitor instructors.

Curricula were felt to be well developed and adequate for the existing needs, and dynamic teaching techniques were being appropriately used. But students' comprehension, course design for different audiences, and new courses would benefit from better specification of both behavioral and attitudinal objectives. There should be increased emphasis in specific skills training and a greater variety in structure and activities to increase effectiveness for different audiences.

It was further concluded that the professional staff was well qualified to conduct courses and has been used according to their corresponding fields of expertise. Although the list of instructors was extensive, it needed to be expanded to meet the needs for training courses in other regions of El Salvador. Students had suggested that instructors could benefit from training in pedagogy.

Recommendations:

As a response to these findings, it was recommended that the quality of training could be improved by providing technical assistance or courses in curricular development, pedagogy, and instructor training. Audio visual equipment and materials should be examined and replaced as needed.

Potential instructors should be identified from among graduates of current courses dealing with the appropriate

subject matter and from qualified professionals living in region outside Metropolitan San Salvador.

Responses to Recommendations:

The staffing shortage still exists, but this is largely due to the illness of one technical assistant. The staff was increased according to the recommendations, but the continued increase in the workload and additional training activities has resulted in conditions similar to those four years ago. The Department has not received the recommended level of technical assistance in curricular development, pedagogy and instructor training. More potential instructors have been identified and a pool of twenty has been established for areas outside of the capital.

c. Responses to Specific Questions in SOW

1. Does the SDA have standard training curricula for each of the courses they administer?

Since the courses given by the Education and Training Department vary extensively in terms of levels of complexity, the individuals receiving instruction, and duration of the training, the curricula also appear to be quite varied. An initial examination of training curricula for courses given in 1989-90 showed wide variation in design, content, and didactic methods, but when the curricular materials were arranged by course type and audience, some standardization became apparent.

The shortest and one of the most frequently given training courses is the Basic Course for Voluntary Distributors of Contraceptives (Curso Básico Sobre Salud Reproductiva Dirigida a Distribuidores Voluntarios de Anticonceptivos). During 1989, ten courses were programmed and given, and used the same overall curricular structure. All ten courses have the same stated objectives of training voluntary distributors to be change agents in both rural and urban areas who contribute to improve and increase reproductive health services. The curriculum described below was for a course given over a two day period at the Santa Ana Clinic on July 13 and 14, 1989.

Each potential participant was sent a letter of invitation to receive a course on reproductive health for the purpose of updating and increasing the knowledge needed to operate a Pro-Familia Distribution Post (Puesto de Distribución PRO-FAMILIA). The 30 participants received approximately 10 hours of instruction spread over two days. Instruction was given in the following areas:

- General information and services provided by SDA
- Family life
- Basic concepts in human reproduction
- Motivational techniques for promoting family planning

- Reversible contraceptive methods
- Irreversible contraceptive methods
- Sexually transmissible diseases
- Prevention of breast, cervical and uterine cancer
- Proper use of SDA forms and necessary reporting requirements

The stated teaching methods included an emphasis on student participation in the form of questions and group discussions. Transparencies, slides, and film were used to present the subject matter. The specific content of each of the instructional areas are outlined in the curriculum guides. For example in the case of reversible contraceptive methods, all the available methods are explained (condom, vaginal inserts, IUD, oral contraceptives, injectable, and implants). This is followed by a presentation of indications, contraindications, side-effects, correct use, and effectiveness of each of the methods. Didactic materials consisted of chalk and blackboard, samples of the contraceptives discussed, and a model of pelvic anatomy.

Also included in the course were pre- and post-tests covering the participants' knowledge of reproduction and contraception in the form of 9 multiple choice questions; the same questions are used for the post-test. In addition, a course evaluation is performed by asking six questions covering realization of objectives, teaching methods, teaching materials and equipment, the evaluation methodology, and the organization and coordination of the training; participants are also asked to give free-form comments about teaching, faculty and staff, objectives, and other relevant aspects.

The course organization and content described above was essentially identical in all ten training courses for contraceptive distributors, and according to Education and Training Department personnel. The curriculum followed in 1988 was essentially the same, one difference was that the evaluation instrument was changed from all open questions to multiple choice (bueno, regular, o malo) and only one open question.

Refresher/follow-up courses for Voluntary Rural Contraceptive Distributors have been single-day six-hour events which do not appear to have a any standardized or uniform curriculum or organization. Apparently, the organizers and instructors adapt each course to the perceived levels and needs of the groups being trained.

An example of higher level basic training courses are two parallel 4-day events held in August of 1989 for two groups of technical school teachers with 28 participants in each. The curriculum and personnel for the two courses were identical and representative of similar courses given throughout the year. Many of the topics presented were the same as those for the voluntary distributors, but the level of complexity and time spent on each was considerably greater. An additional topic

given extensive time and coverage was the methodology to be used to create the multiplier effect.

The section on the multiplier effect covered the importance, selection, and use of appropriate resources such as informal conversations, talks, home visits, posters, rotafolios, franelógrafos, transparencies, film, and slides. This was followed by a presentation on how to plan, organize, and implement multiplier activities.

These courses, like the shorter and more basic versions, have pre- and post-tests, and a course evaluation. The results of such evaluations have been analyzed and tabulated by the Research and Evaluation Unit of the SDA, and the results are available in the form of tables, narrative summaries and interpretations.

In summary, the training curricula do appear to be somewhat standardized in terms of overall organization and topic areas to be covered, but no data is available to show how each instructor presents and interprets the general principles and detailed information of the subject matter. However, it would be safe to say that with such a large pool of part-time and occasional instructors, much variation in quality of instruction must exist, and that curricular design may on occasion be subject to modification or revision according to individual preferences and experience.

Education and Training Department personnel stated that they do exercise control over what and how their instructors teach by a process of careful selection, training, and performance assessments. All the courses given under the auspices of the Department have been developed in-house or modified from similar programs in other countries. For example, much of the curriculum content currently in use comes from publication and teaching materials such as slide shows and transparencies produced by the Mexican Academy of Research in Medical Demography (Academia Mexicana de Investigación en Demografía Medica--AMIDEM).

2. Are the training curricula reinforcing a strategic plan that involves the service programs or do they stand alone?

The content and emphasis of the various training curricula examined all cover the same basic subject areas and differ only in depth of treatment; more sophisticated and well educated trainees receive longer and more detailed courses, but the course outlines are similar leading to the same end: a knowledge of demographic problems in El Salvador, human reproduction, family life, contraception, the role and services of SDA, and how to educate the public to seek SDA services and become contraceptive users. There is a clear pattern leading directly to services through public education using the mass media, interpersonal communication by way of the multiplier effect, and with an end result of rational choices to use family planning.

3. Are the number and types of training responsive to the SDA priorities?

Current SDA priorities are to educate the rural population supported by studies (FESAL-85 and 88) showing that contraceptive use among rural residents must increase in order to reduce the rate of population growth. The number of training courses reflect this orientation without neglecting the urban population. Furthermore, a concentrated effort has been made to train Voluntary Rural Contraceptive Distributors, a wide range of promotional personnel, and school teachers to reach rural residents.

4. Do the training activities use behavioral objectives to promote the desired change?

As part of this evaluation, a team member visited two training courses: one was for community residents on an agricultural cooperative near Opico in the Department of La Libertad, and the other was a week-long seminar for physicians held in the Hotel Presidente, San Salvador.

The course held on the cooperative had some 35 participants during the on the last afternoon of the three-day 9-hour course. The participants ranged from teenagers to young mothers, adults, and older residents. The activities consisted of presentations and discussions of reproductive cancer and STDs by a physician from a nearby MOH health center. The presentations were somewhat theoretical with technical terms beyond the comprehension of many in the audience, but nevertheless, most paid attention and asked many insightful questions. The overall structure of the course was a traditional lecture followed a question and answer period. In terms of specific behavioral objectives, there was a good explanation of self-examination for breast cancer, and all the women were strongly urged to examine themselves at least once-a-month.

The seminar/workshop for physicians was attended by 28, and the topics covered on the morning of the visit was surgical techniques for vasectomies and tubal ligations. There was a lot of interaction and extensive group discussion, and most of the participants volunteered time to give lectures as part of SDA training courses.

In general, the Department of Education and Training personnel feel that behavioral objectives are being used, but in reality it is very difficult to determine what individual instructors do in their courses. With a pool of some 40 teachers in Metropolitan San Salvador and 20 in other parts of the country, a wide variety of pedagogic styles and objectives must undoubtedly exist.

The stated teaching objectives are to present the functions and activities of the SDA, the specific subject matter discussed

above, and then end with a section on how to plan and operationalize activities resulting in the spread of knowledge to others by means of the multiplier effect. The object is to have the trainees take relevant parts of the presented subject matter and incorporate it into a specific plan for their own communities, work-place, or school, and that this "action" plan would then be used after the training.

SDA personnel recognize that many course participants never use their new knowledge, but a significant number of those who do come back to the SDA to discuss their experiences and some seek assistance in how to improve their activities for enhanced effectiveness.

This behavioral strategy was designed with the help of the Research and Evaluation Unit which participated in a limited number of training courses and then followed-up on participants' subsequent activities. A study completed in 1988 showed that 85 percent of the participants do carry out multiplier activities; the most frequent were done in urban areas and consisted of oral presentations and informal discussions. The most common subject areas covered by the multipliers was family planning, sex education, contraceptive methods, followed by human reproduction. An important factor to assure continued multiplier activities was to provide support in terms of material resources and follow-up in the form of visits to help answer questions and resolve problems.

5. Calculate the total number of people trained for the entire project, the types of training provided and the number of trainees per category.

TABLE 11: 1984 TRAINING ACTIVITIES

Type of Training	Participants	No. of Courses	No. of participants
Multipliers in sex education	secondary school teachers	5	104
Family planning and promotional techniques	SDA medical and paramedical personnel	3	51
Promotion activities and adult education	DCA personnel	3	74
Family planning and sales techniques	pharmacy owners and employees	2	29
Sex education and family planning	SDA personnel	2	51
Pre-op and post-op care	SDA personnel	3	111
Educational activities and human relations	SDA personnel	4	47
Sex education and family planning	Juvenile Center Min. of Justice	1	38
1984 Totals		23	505

TABLE 12: 1985 TRAINING ACTIVITIES

Type of Training	Participants	No. of Courses	No. of participants
Family planning and sex education for multiplier activities	secondary & kindergarten teachers	10	422
Family planning and sex education for leaders and promoters	social workers and psychologists in gov't and private sector	5	113
Family planning and sales techniques for commercialization of contraceptives	pharmacy/store owners and employees	2	31
Family planning, sex education, and communication techniques	SDA personnel--all levels	9	289
Sex education, family planning, contraception, and communication techniques for personnel working with the displaced	medical/paramedical personnel from HOPE, CESAD, CONADES	4	117
1985 Totals		30	972

TABLE 13: 1986 TRAINING ACTIVITIES

Type of Training	Participants	No. of Courses	No. of participants
Population education	school teachers	16	474
Family planning orientation for adolescents	psychology and other students	8	247
Promotion activities and adult education	DCA personnel	3	74
Family planning and contraceptive training	SDA personnel	5	129
1986 Totals		32	924

TABLE 14: 1987 TRAINING ACTIVITIES

Type of Training	Participants	No. of Courses	No. of participants
Basic courses in family planning and contraception	urban school teachers	8	197
Refresher courses in family planning and contraception	urban and rural school teachers	16	370
Follow-up training in family planning and contraception	urban and rural school teachers	162	7272
Workshops in family planning and population education	psychology students	5	104
Training in multiplier activities	PVO, gov't and private sector personnel	24	179
1987 Totals		215	8,122

TABLE 15: 1988 TRAINING ACTIVITIES

Type of Training	Participants	No. of Courses	No. of participants
Basic course for multipliers in sex education	school teachers	12	293
Refresher courses for multipliers in sex education	school teachers	7	126
12 hour minicourses for multipliers in sex education	school teachers	26	1680
Workshops in population education	SDA instructor pool	8	227
Basic courses in family planning	SDA personnel	2	47
Refresher courses in family planning	SDA personnel	63	136
1988 Totals		118	2,509

TABLE 16: 1989 TRAINING ACTIVITIES

Type of Training	Participants	No. of Courses	No. of partic.
Motivational workshops	SDA personnel	5	294
Workshops in reproductive health	SDA personnel	2	61
Filing and orthography	SDA secretaries	1	26
International workshops	SDA personnel	2	2
Basic course for coordinators in family planning	change agents for rural and displaced people	1	21
Basic courses in reproductive health	social promoters	12	329
Basic courses in reproductive health	voluntary rural contraceptive distributors (RCD)	5	133
Refresher training and follow-up	n/a	8	138
Minicourse in reproductive health	rural and urban multipliers	43	1395
Basic course in reproductive health and family planning	medical and paramedical personnel from sponsoring businesses	1	32
Informative course in reproductive health and family planning	personnel from sponsoring bus.	17	988
1989 Totals		97	3,419

TABLE 17: 1990 TRAINING ACTIVITIES (through August)

Type of Training	Participants	No. of Courses	No. of partic.
Refresher training for change agents	community leaders and promoters	6	154
Basic course for RCD volunteers	RCD volunteers	2	80
Basic course in reproductive health	promoters	8	207
Minicourse on multiplier activities	n/a	28	871
Basic course in reproductive health	spon. business personnel	8	283
Motivational course	spon. business personnel	1	24
1990 Totals		53	1,619

During the period between January 1984 and August 1990, a total of 18,070 participants were trained in 568 courses/workshops/seminars designed and organized by the Education and Training Department.

6. Is the technical assistance supporting the areas of Information, Education, Communication and Training. If so, how well?

Technical assistance for the Education and Training Department has been minimal. The only two occasions that the Department manager could recall was a two day visit in 1987 to systematize course follow-up and evaluation; the funding was through 0210. The second was a brief visit, also in 1987, by a Salvadoran from CCC to work on how to provide incentives for developing and expanding the multiplier effects of recent trainees.

A feeling of not having the needs met for technical assistance in curriculum development was clearly communicated. Apparently, the sparse assistance received was considered to have been of good quality, but it was simply not enough, especially in view of the under-staffing of the Department. There are high expectations for the new technical assistance programmed in the recently signed cooperative agreement--0363.

E. Research and Evaluation Component

1. Overview of the Program

The Research and Evaluation Component (R&E) is found within the Division of Planning and Development. The department has a manager, a secretary and one assistant. According to the original Cooperative Agreement, R&E was to carry out operational research studies to resolve implementation problems as well as evaluate the progress of the distinct programs supported under the agreement. However, the original agreement did not specify the number nor nature of specific studies. The role of the department within the SDA is clearly defined in the organization's tri-annual plan and was stated as follows:

- to sponsor, promote and disseminate socio-demographic studies that shed a light on the population problem and that contribute to resolving those socio-economic problems.

This was being implemented through a series of activities of the R&E department identified by the manager as being the following:

- the generation of information in programmatic areas;
- the conduct of evaluations of services or activities; and
- the conduct studies in the health area at the national level.

Presently, R&E produces a monthly report that summarizes statistics provided by all other departments. The department has also conducted several studies to provide information in support of the other departments within the SDA. It undertook studies of patient flow at the clinics, of training activities and some market research projects focused on advertising. During 1989, R&E was to participate in the writing and dissemination of FESAL, 1988. Additionally, it was to collaborate in the revising of the laws relating to family rights. Staff were also to participate in the writing of the ESANES-88 study report and disseminate the findings through the organization of a seminar. Other studies included one on maternal and perinatal mortality, and an impact study of the mass media campaign. The latter two were to be carried out through subcontracts.

The remainder of this section of the report discusses the actions taken on recommendations specific to the tasks of the department and to providing responses to the questions posed in the SOW.

2. Actions on the 1986 Evaluation Recommendations

The J&A (Chesterfield, 1986) evaluation found that more information was needed to provide recent and accurate information

generated by the Division were circulated and discussed in the meetings of the Comité Técnico, a standing committee of all Division heads. However, they noted that a new staff member for the Programming Department must be hired soon as the new project with USAID/El Salvador requires the generation of much information. It also behooves them, they noted, to buy additional computer equipment for the development of an MIS system for the SDA and begin to train personnel in all departments in its use.

- b. How many research studies and evaluations did the SDA carry out under this component over the life of the project? In what areas?

The SDA has conducted 63 studies over the life of the project. Since 1986, it has carried out over 30 distinct studies. Among the research problems investigated have been the following:

Pretests of advertising	Testing of new contraceptives
Studies of clinical services	Patient flow studies
Demographic surveys	Product diversification studies
Demand for contraceptives	KAP studies
Evaluations of training courses	

Many studies have been repeated over the years, especially those related to the testing of advertising and those focusing on knowledge, attitude and practices (KAP). In actuality, over 38 studies were conducted between 1986 and 1990 if one includes those examining the same themes. Other studies have started in one year though data analysis and interpretation have continued on to a subsequent year.

- c. How is the SDA applying the findings of the evaluation and research studies performed?

Findings of the distinct studies were used by the SDA to improve services or adjust programs. Several concrete examples of the use of findings are evident. For example, FESAL '88 findings were useful in refining the objectives for 1989 as these clearly state that the target segments for new activities will be rural populations. Also, the brunt of activities will be geared toward the younger segments of the population as the FESAL study found that these were those most in need of the services.

Another example of the incorporation of findings of SDA studies is that of the organization of a staff seminar for information sharing. The department manager had recently participated in a seminar for the staff of the IE&C departments. In the seminar, he had taken data from FESAL '88 and interpreted it to show how it could be used to define objectives for specific activities. He explained to them how the findings of the need for family planning services and products was greater in rural areas and among the younger segments of the population. Thus,

her previous employment in the SDA as an assistant researcher during the FESAL 1988 survey.

The Division Director supervises two departmental managers, holding informal meetings on an as-needed basis; the position of manager for the Programming Department is vacant. Although there are to be staff meetings of the Division every two weeks, she has found that due to the amount of work in the last year and the small staff, the informal meetings allow for flexibility and information sharing. She would like to see, however, all personnel involved in the planning of the Division's activities for the Annual and Tri-annual plans. Presently, only the managers and division heads develop these. She anticipates that under the new structure, participation in planning will incorporate other levels in the organization.

The R&E department consists of a manager, one secretary and one research assistant. The vision of the department for 1990 was to subcontract the majority of the work. The manager stated that the new structure of the Department and the division was well suited to that objective. One drawback of such an arrangement was that supervision was necessary to ensure the quality of the work of the subcontractors. Another was that by subcontracting the work, the department cannot assess the impact of the product within the SDA nor other agencies. However, both the manager and the research assistant had experience managing subcontracts. In fact, the manager proudly displayed a well-designed chart that he had developed for project management purposes. The chart listed the projects to be conducted, delineated the tasks to be carried out within each project, identified the person responsible for each task and a schedule of accomplishment. This chart was used to assess the progress of each study. Feedback on progress and performance was conducted on an as-needed basis as the department was small and each staff member was accessible.

The department manager attested to the adequacy of the new administrative structure stating that it met the requirement of the organization as presently conceived. This requirement was identified as a need for integration of the SDA at the highest levels. According to the Division's administrative staff, as a consequence of the new restructuring, responsibilities are defined, doors are always open and information flows freely among the divisions and departments. Although authority lines were clearly delineated, the three were unable to articulate what were their responsibilities with regard to authority. Independently, all stated that authority was confined to technical aspects of departmental activities and recommendations were made with regard to decisions of an administrative nature (budget; dismissals). However, final authority over administrative matters rested with the Executive Director and the Board.

Coordination was through informal meetings within each department and at the Division level while the Comité Técnico provided for coordination at the higher levels. Reports

The manager has participated in the conduct of numerous studies of both a qualitative and quantitative nature. His knowledge of statistical packages is adequate although he is in need of training in those packages that provide for more elaborate manipulation of data. This is especially useful in the conduct of analysis of large data sets such as that available through the FESAL study, the EANES and the proposed national study of maternal and perinatal mortality. The most appropriate packages to meet that objective would be the latest version of SPSS or SAS.

A proposed study for the near future contemplates the use of a longitudinal study design. However, no one in the SDA has experience in the conduct of longitudinal studies.

- e. What type of methodology(ies) is/are used by the SDA in performing research/evaluation?

The types of methodologies used in the study varied by study objectives. Pretests of advertising materials, for example, incorporated qualitative strategies such as focus groups. Most studies however were quantitative in nature and were primarily surveys. While quantitative methods can provide a good measure of the scope of the problem, qualitative methods are useful in helping to define the nature of the problem. Getting a delineation of the nature of the problem and its alleged causes, especially from a user's perspective, is most appropriate for targeting messages to that audience.

- f. Does the SDA carry out evaluations by itself or utilize the external services?

The SDA has subcontracted firms in the conduct of research studies. SDA-A.P.I. Merc conducted the pretest of the Condor ads. The R&E worked in conjunction with the Center for Disease Control in the conceptualization, conduct, data analysis and dissemination of the FESAL '88 study. Additionally, it has coordinated efforts with the MOH, the ISSS, INCAP, TELEVISIA, the Costa Rican Demographic Association, and a number of other organizations and institutions in the conduct of studies. The SDA may play any number of roles in the studies from simply coordinating the effort, to participating in the development of instruments, supervision of field work, data entry and analysis or participating in the conduct of the entire study

- g. In 1985 and 1988 complete Demographic and Health Surveys were carried out by the SDA. The first (1985) was performed in collaboration with the technical expertise of Westinghouse. The second (1988) was performed with the Centers for Disease Control. How well did the SDA perform in accomplishing these surveys? Did the SDA provide any

the activities that the division designed should be targeting these sectors of the Salvadoran population.

In another instance, the pretest of the Condor ads was used to refine the concept and copy of the television and radio ads to match the findings of the study. For example, the pretest study demonstrated that the main character in the ad should be young, display leadership qualities and be dressed in sports clothes. The TV ad incorporated such a personality. The study also found that the radio ad needed more emphasis on background noise to ensure that the listener would understand the context. These two findings of the study were incorporated into the radio ads.

Findings of a patient flow study in the SDA clinics was the basis for shortening the waiting period and reorganizing the waiting areas. A study of users of the four clinics was used to balance out service provision to better meet user needs.

A feasibility study of incorporating Oral Rehydration Salts (ORS) into the product line demonstrated the existence of sufficient products in the market given the demand. As a consequence, the social marketing project decided not to incorporate this product into the existing lines managed by the project.

The department staff however, are not necessarily aware of how the findings of studies are used in all other departments. This could easily be remedied by adding a section to the monthly reports for each department requesting of each what studies were consulted, the source and whether (and how) the study findings were applied.

- d. Are people in charge of performing evaluations sufficiently qualified for this task? If not, what would be the recommendation to improve the Research and Evaluation Division of the SDA?

The Manager for the Research and Evaluation Department has a bachelors degree in Letters and Sciences and has had graduate courses in the social sciences. His studies have been interrupted at several points for a variety of reasons. However, he has participated in numerous training seminars in demography, population, planning and IE&C. He participated in a seminar on the use of personal computers for the analysis of demographic data; he received training in the Statistical Package for the Social Sciences (SPSS) through CDC; and he received a course on demography at CELADE.

The manager was also clearly articulated his supervisory responsibilities during an interview and demonstrated his skills at administration by providing a copy of a project management tool he had developed and used to check on the progress of activities within his department. It was noted that the chart had numerous markings indicating actual use of the instrument.

IV. Conclusions and Recommendations

A. Medical Services

1. Clinical Component

Overall, the clinic programs are well run providing quality health care to a large number of patients in an efficient manner. The staff are highly motivated and have developed a good provider-patient relationship. The medical staff as well as the supporting staff were found to be well qualified to perform duties. The clinic program essentially met all goals and objectives with the exception of the 1989 Temporal Methods goal. A review of sterilization consents showed all charts well documented. The clinics have a built in quality assurance, pharmaceutical services, patient education, and medical records-keeping capabilities.

Recommendations:

Facilities:

1. The SDA should consider undertaking a feasibility study to determine costs for structural modification of the Santa Ana and Santa Tecla clinics to better accommodate patient and staff need.
2. The staff should consider provision of a separate area for changing and prepping female sterilization patients in the Santa Ana clinic.
3. Exam tables should be moved to face the wall in Santa Tecla and San salvador to insure patient privacy.

Quality assurance:

1. It is recommended that quarterly reviews of approximately 20 random charts be conducted at each site to monitor quality of services provided, documentation, completion of charts, follow-up of abnormal laboratory results, and the following of medical protocol or norms.

Laboratory services:

1. The staff should consider acquiring of inexpensive equipment to include a centrifuge for anemia screening, microscope for diagnosis of gonorrhea, trichomonas, etc, and a glucometer for diabetes screening.
2. Staff should undertake testing and screening for STD's and anemia in IUD users.

type of follow-up to the FESAL-85 and FESAL '88 findings?
If so, what type?

The R&E department participated in the data collection efforts and data analysis of the FESAL '85 surveys. The collaboration in the 1988 study was more extensive. SDA staff participated in the conceptualization, fieldwork, data analysis and dissemination of findings of this study. According to the manager, working with CDC and Westinghouse was a positive experience. Both assumed control and implementation of the process and activities. This led to a sense of teamwork and that the SDA staff was working alongside them instead of for them.

CDC staff rated the services provided by the R&E staff very highly. They noted that the staff participated in the design of the questionnaire protocol, had excellent supervision of the field team, produced the work on time and maintained high quality standards for the work that the department produces.

According to the R&E manager, one problem that arose during this work was that several different consultants were involved in the project. Each became involved at different phases in the activities, and each came with his/her different concepts of how an activity was to be undertaken. One result was too many critiques of how the previous work was undertaken. In some cases, new operational definitions were imposed or new techniques of data analysis were applied. This led to problems as much in data manipulation as in data interpretation.

No follow-up to the FESAL '85 survey was done. According to the manager, due to a number of delays, the final report for FESAL '85 was made available on the day that the first draft report of the FESAL '88 was produced. Thus, the data for the earlier study was quickly out-of-date.

Follow-up to the FESAL '88 study findings have been conducted. Seminars have been held with the staff at the SDA. The report has been disseminated. SDA objectives have been focused targeting the younger segments of the population, those in rural areas and a focus has been given to the use of interpersonal strategies to promote family planning.

manual labor or excess effort by staff. Technical assistance will be needed for this.

2. Since no procedures exist for monitoring the quality of clinical services, a system should be designed to follow and document problems resulting from medications, contraceptive use, and surgeries. Findings should be used to identify problem areas and personnel who may require additional training or supervision.
3. In policy development for the new program, it is recommended that patient safety policy be included. One suggestion for this is the implementation of the use of seat belts during patient and staff transport in SDA vehicles.
4. With the expansion of the clinics, it is recommended that each clinic be given more autonomy in administrative decision making.
5. In addition, each clinic will need to strengthen their individual administrative component. Currently, there is no administrative authority available at the San Miguel, Santa Ana, or Santa Tecla clinics to evaluate and follow-up inadequate medical staff performance.

2. RCD Program

The RCD is comprised of a dedicated and well trained staff with an appreciation for the importance of their work. They are aware of their limitations in their ability to perform their job and are anxious to expand their program to reach more families and provide appropriate education to the distributors and the users. With the planned expansion, the program has the potential to become the essential link to family planning promotion in rural areas.

The RCD program has organized central headquarters in Santa Tecla with definite ideas of meeting the goals and objectives of the program. Weaknesses lie in the adequate supervision of distributors in areas of training and education, monitoring of distribution practices, and evaluation of the posts. Unfortunately, the success or failure of the RCD will depend on the ability of the distributors.

One of the concerns regarding the selling of supplies is that there is no uniform price set for supplies. Also, there is no mechanism for providing supplies for free if a user simply cannot afford to purchase them. A third concern regarding the selling of supplies is that if women purchase the contraceptives at a profit to the distributor, there is little incentive for that distributor to refer the user to a clinic. In addition, this might also apply to the referral of high risk women where medical dangers of using certain contraceptives are not fully understood by the distributor. In many ways, then, the rural

3. Staff may want to consider automating the follow-up of abnormal laboratory results by using the current computer system. Technical assistance will be required for this.

Pharmaceutical services:

1. The clinic should maintain a waiting time of no more than 10 minutes for the distribution of pharmaceutical supplies to patients. Shift personnel according to areas of need.

Supplies and equipment:

1. Proper functioning of equipment should be ensured through thorough monthly testing of emergency equipment. A second inspection of the equipment can be conducted by the nurse responsible for that area, and a sticker identifying the date and person inspecting the equipment can be tied to it. Areas of importance are the surgical areas where the maintenance technician may not always have access to the emergency equipment.

Medical services:

1. A revision of the medical history sheet is needed to include a comprehensive medical background such as major illnesses and dates of previous surgeries. See the checklist in Appendix B.
2. Evaluate current method of chart storage and assess need for technical assistance. Chart storage should be such that if a chart is misfiled, it can be quickly identified as being misfiled.
3. Assure all patient documents are identified with patient name and chart number.

Emergency procedures:

1. Inclusion of emergency procedures for all new employees should be included in the orientation.

Other recommendations:

1. Data used for this evaluation were difficult to utilize in deriving specific calculations due to inconsistencies in information presented even within one document. Therefore, it is recommended that the data collection methods as well as those data being collected be reviewed and restructured. All information needed can be fully automated without much

management, which have put the Organization well on its way to becoming a professionally-run institution.

At the beginning of 1990 the Board approved the restructuring plan, consisting of four Divisions with only a minimum number of Department managers reporting to each divisional director. By consistently limiting the supervisory and decision making levels to three, the organizational framework exists to run a dynamic results-oriented program. The basic concept has sufficient built-in flexibility to make the necessary adjustments if required by the expected expansion of program activities. However, it is not likely that the 3-level principle will have to be abandoned over the 5-years project period. The success of the new organization will depend on the structural design as well as, to a much larger extent, the quality of the executives responsible for administering it.

The F&A Division's major weaknesses are found in this area. Its departmental managers have not enough authority to provide better and timely service to the program areas. Furthermore, the division is having ongoing difficulties in complying with USAID's financial reporting requirements. The same applies to all other external reporting as well. Also, the internal control system appears to be incomplete and is not enforced as identified in Price Waterhouse's draft report which at present is still under discussion by all parties. The SDA administration is not run as a centralized service function in support of program implementation and ED, but operates rather as a passive accounting and audit unit without adequate professional and executive capacity. The new project 519-0363 will place even greater demands on the F&A Division. A fundamental transformation in managerial as well as structural terms is unavoidable. During the evaluation exercise an integral management concept was developed. Based on that concept, the ED will design the model and submit it to the Board for approval.

Enormous progress in the overall running of SDA can be identified. The ED, fully supported by a committed Board, consistently practices a participative management style. He has successfully introduced two important executive tools: (1) The executive committee (ED + the four division directors) with decision-making authority and (2) the Senior Staff Group (Ex. Com. plus all department managers). The Senior Staff Group is the ideal vehicle for communication, planning and budgeting input. Both executive bodies have to be institutionalized with Board-approved Terms of Reference. One of the major advantages of these management groups is to ensure or even enforce if necessary, strong vertical and horizontal communications in order to break down the barriers of "Departmentalization" and gradually change the organizational culture towards a participative management style.

Before the end of 1990, the SDA will have new comprehensive organization manuals and procedures. These are currently in the design stage.

areas program is like a new program and will require much technical assistance to ensure its effectiveness.

Recommendations:

1. The unit should develop an organizational chart with clear lines of administration and supervision to allow for expansion. More communication needs to be established between the RCD coordinator and the Medical Director to facilitate RCD staff contributions to the needs for the new expanded program.
2. There should be development of an organized structure to meet the increase in demand for contraceptive supplies which includes inventory control and monitoring of products that expire.
3. The SDA should develop a plan to determine strategic location of new posts.
4. Training and education manuals must be developed for existing and new distribution posts and provisions made for continuing education of distributors.
5. Written criteria for the dispensing of oral contraceptives and injectables must be developed.
6. Staff performance evaluations must be undertaken to determine their abilities to carry out duties.
7. Monthly evaluations of new distribution posts and quarterly evaluations for established posts for program monitoring purposes should be undertaken.
8. Teaching materials should be provided to distributors.
9. A reporting system to monitor referrals to the SDA clinics should be designed and implemented.
10. The distributor's incentive to refer potential users to the clinics should be increased.
11. Allow distributors the flexibility to give away contraceptives if the user is unable to pay.
12. If supplies are sold, set a maximum price for all distributors.

B. Administration and General Services

In November 1989 the SDA Board appointed a new Executive Director (ED). Since taking over the operational responsibilities the ED has introduced fundamental changes in organization and

Board. This can be implemented by a formal resolution of the Board.

5. The organization manuals, as well as the respective procedures should be finalized and approved by the board before the end of 1990. A successful implementation requires that training of all affected areas to be provided by the management consultants contracted for the design of the system package.
6. It is recommended that precise Terms of Reference (TOR) be established for the Executive Committee and Senior Staff Group (including their composition, responsibilities, frequency of meetings, content of agenda, etc.) The TORs are to be submitted to the Board for approval and incorporated in the organization manual as an integral part of the participative management system.
7. It is recommended that an integral executive manpower development plan be designed for all three supervisory levels, with special emphasis on management techniques and leadership skills. The plan should be submitted before the end of 1990 to USAID and IPPF/WHR for a timely implementation.
8. It is strongly recommended that periodic meetings be held with USAID's Financial Controller's Office to consolidate and cross-check the complete implementation of the new project's financial provisions. Furthermore, both parties should respect and comply with the "Rules of the Game", to be established between the grantee and USAID's relevant authorities to ensure SDA's correct and prompt compliance with the financial reporting requirements. Also, the ED should put all agreed upon points in writing. This document will spell out the "Rules of the Game", valid for both parties. For the F&A Division, the application of the agreement is mandatory and should lead to and ensure a correct, complete and timely compliance of all financial reporting requirements.
9. It is recommended that compliance-oriented internal audit unit be transformed into an Operational Management Audit group, which will undertake risk assessments as well as analysis of cost-effectiveness of operational systems and controls. The MA-Group staffed with young MBAs would become the training camp for mid-level managers that could fill the executive vacuum in the F&A Division.
10. At present SDA' activities cover the whole country. Its current size and volume still justifies the maintenance of operational decision/making authorities centralized at the Headquarters. However, expected future growth will take place in both the marginal urban and rural areas. The moment will soon arrive demanding a gradual process of regionalization, combined with a meaningful decentralization

The division of responsibilities between the Board and the Executive Director defines closely the boundary between "Overall Supervision" and "Operational Management". Given its importance, the specific responsibilities delegated to the ED must be legitimized. This can be implemented in the form of a Board of a Director resolution and making use of IPPF's Management Standards as a guide for discussion with USAID in the development of such standards.

Executives on all three levels need substantial technical assistance in management techniques and leadership skills.

Since the 1986 mid-term evaluation the SDA has become more reliant on foreign income in general and more dependent on one single international donor in particular. Over the 5-year life span of the project 363 the current proportions will become even more lop-sided. External funds will represent between 80 and 90 percent of total income. USAID's share will be in the 70 percent range.

Recommendations:

1. Project No. 519-0363 offers ample opportunities to improve SDA self-sufficiency. The Departments have to be converted into Cost Centers with the exception of the Contraceptive Social marketing - CSM, which given its very nature must surely be treated as a Profit Center. In order to achieve this transformation the Department Managers must have budget responsibility of each one's respective Department, as well as meaningful financial authority. The managers must be fully up-to-date on the status of his/her departmental responsibilities, both financial and programmatic.
2. In addition, innovative projects should be developed and submitted for funding to international, but not USAID-financed donors. Both initiatives should gradually lead to a lesser dependence on a single international donor.
3. A scheduled step-by-step action plan should be established to transform the F&A Division into an efficient and well-managed, centralized service function, giving strong financial and administrative support to the new project. The major components of the task include: redefining profile and qualifications for Division Director, strengthening the executive capacity at all levels in the financial/accounting area, creating the Financial Controller's Office (FCO) adequately staffed with qualified professionals and support personnel, and adjusting the departmental structure to ensure the FCO is on par with the accounting department.
4. Given the importance of the definition of functions between the Board and the ED, it is important to legitimize the operational responsibilities of the CEO as provided by the

products. The program came relatively close to meeting its goals in terms of total units of condoms sold and the number of pharmacies incorporated into their client base. Most recommendations provided in the SOMARC evaluation were implemented as were those in the 1986 evaluation of the advertising agency. Recommendations provided in the 1987 feasibility study, for the most part, have not had follow-up.

Advertising for the SMP product brands has been conducted in a traditional manner. Initially the strategy focused on educating consumers about the product and its use. This was followed by a focus on brand identification and the positioning of the brand, i.e. Condor = Quality and Security. However, there has been no mid- or long-range strategy in terms of the advertising. Much seems to follow an ad hoc tactic of reacting to the demands of the moment, including those of the market as well as of the exigencies of the SDA executives. While this indicates a sensitivity to the needs of the organization, it can also backfire in placing the product image at the mercy of executive whims. For example, Panther was positioned initially as a product for middle class couples who desired to plan their family. Two years later, after the change of executives and given a new executive mandate, the ad agency repositioned the product as one for the single, young male. Sales for the product decreased after that campaign. Part of the decrease in sales may be due to a confusion in the consumer's mind as to who was the target consumer.

A revision of the incentives plan is planned. Other staff including some executives, believe that the sales staff salaries are too high and may be even higher than those for private sector salesmen in comparable positions.

Market research findings are utilized in the SMP to guide important decisions. Market planning, however, continues to be weak. While plans are prepared with sales goals and forecasts, little is in writing as to what assumptions are being made with respect to the conditions inherent in the projections (labor costs, reaction of the competition, consumer purchasing power, etc.). The plans also do not include what mid-term strategies are contemplated to reach LOP goals.

The R&E department is expected to generate reports with aggregate sales and costs data for use by the SMP. Presently, some reports incorporating cost data are generated by the department for executive review on an as-needed basis.

Recommendations:

1. USAID may want to consider providing technical assistance to the manager of the SMP as well as the Division Director in market planning. The training, however, should result in the updating of the 1986 draft market plan and be a "user-friendly" document geared toward measuring progress as much

of authority. In order to be prepared, SDA will develop a concept with different organizational/managerial models and will test them carefully under real conditions. This should also provide the training ground for regional executive capacity, which might well be difficult to find elsewhere.

11. The organizational restructuring exercise should be evaluated to assess if the efficiency expectations have been met at the latest, by the end of 1991.
12. The financial reporting requirements as outlined in the USAID-Project No. 519-0363 are even more comprehensive than usual. In order to create the necessary structural and managerial capacity some intradivisional organizational adjustments are unavoidable. Two suitable models are presented in Appendix C. One focuses on a short-term alternative for structuring the position whereas the second incorporates a longer term vision. Should the suggested short/medium alternative not be ideal or efficient enough to absorb a substantially higher volume the long-range option above developed could be used. However, the disadvantages are all too obvious. The most salient negative aspect consists of pushing the key financial and accounting components down to the fourth level, but are most likely to be far removed from the divisional decision making process.
13. In view of the expected increase in medical/clinical services the SDA may want to consider the concept of ensuring first class maintenance covering the following 3 aspects: a) organizational structure (centralized vs. decentralization); b) requirement of additional human resources and their specialized training needs and c) creating a solid stock of spare parts and accessories.
14. There is a need for automating the information generation systems at the SDA. Presently only the administrative, finance and inventory aspects of the organization are close to being fully automated. The new project will make more demands of the SDA in terms of information.
15. Soon after the start-up of the new project, a full needs assessment must be conducted by department to identify data and equipment needs, need for training and reporting requirements. On the basis of this study, the SDA should provide USAID with guidelines for the purchase of equipment and training packages for its departmental personnel and others who will be operating the system. In the conduct of the study, USAID must be one of the key parties considered in terms of data needs and reporting requirements.

C. Social Marketing Program

It was found that the SMP was able to meet its LOP goals in terms of CYP and in the number of stores which distribute its

The design of the mass media campaigns reflect good communication between the ad agencies and the SDA. The creative platforms were well designed to promote the services provided by the SDA and urged the listeners/viewers to make a visit to the clinics where highly professional and prompt services are provided. The tone of the radio messages and TV spots reflected the language and behavior of the target audience. Furthermore, the media campaigns, although not continuous, were complementary to print media and interpersonal communication strategies. The distribution and content of the print media also supported the other communication efforts.

Because of a very heavy training schedule and a shortage of personnel, the Education and Training activities have relied on established procedures and organizational structure and has been somewhat slow in incorporating new curricular materials and didactic methods.

The course curricula do, however, support SDA service programs, and the training of promotional personnel to work as multipliers is one of the most important activities designed to expand the coverage and demand for SDA services. Behavioral objectives are being incorporated into a limited number of training activities, but without the participation of the Evaluation and Research Department the impact of the curriculum on subsequent behavior cannot be determined.

The technical assistance for information, education, communication and training has been uneven; the lion's share has gone into the mass media components while very little has been devoted to curricular design, training methods, procedures, and the follow-up of trainees.

Recommendations:

1. Increase the level of staffing in the Division by a minimum of two technical assistants, one for Communication and the other for Education and Training. The new staff members should be trained to coordinate media and educational activities to enhance the correlation between campaigns and the training of multipliers for interpersonal communication strategies. The credibility and persuasiveness of mass media messages for both urban and rural residents can increase significantly when discussed with appropriately trained multiplier agents.
2. Provide additional technical assistance in curriculum design and teaching methods with an emphasis on practical objectives. Specifically, the instructors and course coordinators training multipliers, promoters, village and cooperative residents, and rural contraceptive distributors should be trained in the most current participatory teaching methodologies; such training should involve learning about rural conditions by going to areas where multipliers will

as to providing a flexible plan for a course of action. The training must also be oriented toward the development of local capability in market planning and not dependence on external assistance for the plan's continual development.

2. The SMP must develop market plans where it specifies the positioning of its products and how that positioning will be obtained. Mid-term and long-term plans per product can incorporate the strategies for achieving that positioning in the mind of the consumer. Such plans must also incorporate the use of demographic data to target consumers for each product line.
3. Incentive plans should reward all employees. While the sales staff may make the final sale, all employees work in supporting the efforts of the sales staff. Additionally, as some grumbling can be perceived about the "high paid" sales staff, providing incentives to all staff (though not equal to that of the sales personnel) may contribute to reducing the resentment of the others toward the salesmen.
4. It may be helpful for the SMP manager to meet with the R&E manager to plan how the latter department can generate data useful to monitoring changes in costs per CYP.
5. Follow-up to the recommendations provided in the 1987 feasibility study with regard to building links to the business community and the establishment of a social marketing foundation should be considered.

J.

D. Information, Education, Communication and Training

The Division as a whole has implemented and managed a large number of projects from diverse funding sources with a relatively small but well trained and experienced staff in proportion to the expected levels of effort.

The mass media campaigns have been well managed in terms of message output but little control has been exercised over the methodology used by the ad agencies for pre- and post-testing messages and the subsequent broadcast ratings. In-house data from the ad agencies tend to be self serving and not rigorous in terms of representative sampling and sample size. The independent impact studies, however, have gone a long way to make up for this deficiency and have played a valuable role in redirecting mass media campaigns in terms of both content and the target audience. The 1989 Evaluation of the Communication Campaign showed considerable success in reaching the Salvadoran population, resulting in more positive attitudes and information about family planning than among those not exposed to the campaign; confusion and ambiguities of earlier campaigns appear to have been greatly reduced.

the objectives of the SDA to integrate the staff and to institute a management by objectives strategy, the department is ahead of the others since it is implementing such a system. Presently, the administrative structure for the R&E department adequately meets the SDA's objectives. However, if new demands are placed on the department, especially with regard to the increasing the number of studies of a quantitative nature, the SDA must hire more staff and purchase computer equipment for data analysis purposes. An option would be to subcontract the work to local firms. Even then, the staff must have the time to adequately supervise the subcontracts. Additionally, the new structure does not allow for rising up in the ranks except through vacancies in the department. Given the penchant for employees to remain with the organization for lengthy periods of time, the lack of such within the new structure may result be discouraging to staff members and result in reduced staff morale in the long run. Also, areas of authority for each position were not clear to the staff members. While there may be no problems in managing this aspect presently, the ambiguity may create conflicts during stressful times.

Evaluation and market research study findings are incorporated into the SDA's departmental activities. These have been used to refine objectives and alter services to better target these to users and potential users. However, no formal method exists to provide feedback to the department on the utility of its reports.

The SDA uses distinct methodologies in the conduct of its studies. The methodological strategy is guided by the project objective. However, there appears to be a bias toward quantitative methods and the use of surveys in particular. Given the mission of the organization, it is important to gain knowledge in-depth about how users and potential users perceive family planning, the methods and products and what are the key influences in the decision-making process with regard to deciding to space a birth and deciding on the product on method. Studies of this nature will help all departments and especially the SMP department better target its marketing strategies.

It was found that there was close collaboration between the external contractors and the SDA in the conduct of the FESAL studies. However, problems arose due to the fact that there being no clear consensus on operational definitions and methodological strategies for the conduct of the studies. This resulted in unnecessary criticisms of the studies. Future studies proposed by the SDA will be conducted in conjunction with other organizations and will include new study designs as well as require more efficient manipulation of data sets given the larger sample sizes. For example, a new Demographic Health Survey will be conducted.

Recommendations:

work to identify and develop behavioral objectives to be used in their teaching. Without such experience the instructional staff cannot realistically show how to promote family planning and SDA contraceptive services. Promotional personnel being trained as multipliers will then be taught by instructors who can design and implement practical field experiences.

3. The pre- and post-test instruments currently used to measure training achievement and learning are very general and brief and may be quite inaccurate, if not misleading. These instruments should be redesigned to reflect the exact content and objectives of each course and be adapted to the various educational/professional levels of the trainees.
4. The Evaluation and Research Department should resume the active role played in the development of behavioral objectives and trainee follow-up. Simply training a wide variety of promotional personnel without maintaining contact and channels for feed-back will neither reach the intended behavioral objectives nor result in sustained activities. The training process can be greatly enhanced by incorporating the experiences of previous participants to improve both course content and methodology.
5. The design of communication strategies and creative platforms should be based on more current research on the knowledge, attitudes and practices of the intended target audiences to include both rural and urban residents. Qualitative methodologies should be used because of low cost compared to large-scale surveys. Furthermore, recent studies have shown that qualitative results are comparable to those obtained using quantitative methods but are available in much less time using fewer field personnel. SDA personnel should be trained for this purpose.
6. The results impact research to measure media penetration and audience reaction should continually be used to adjust or even redesign communication strategies. For example, the evaluation of the 1989 media campaign indicated that to have a greater impact on rural residents, a greater emphasis should be placed on printed materials. More specifically, the SDA should learn more about the design, production and distribution of pamphlets for illiterates. Also, future campaigns should be designed to increase knowledge about specific contraceptive methods by using more realistic testimonial approaches.

E. Research and Evaluation

It was found that the administrative structure of the department allowed for information sharing and facilitated cohesiveness of the staff. The staff were found to be amply qualified to conduct their tasks at a professional level. Given

V. CONVERGENCE WITH MISSION STRATEGY

The goal of USAID assistance in terms of its support for family planning programs in El Salvador is to seek an improvement in the quality of life and in the health of the Salvadoran population. USAID/El Salvador sought to meet this goal through two distinct objectives:

- To improve and expand the provision of family planning and reproductive health services by strengthening those public service institutions which provide services to Salvadoran couples; and
- To increase and expand the provision of family planning through private distribution and service delivery programs.

The Salvadoran Demographic Association has contributed to the increase in CYP through the sale of contraceptives in its social marketing program and through the voluntary surgical sterilization program offered in its clinics. Its mass media campaigns have influenced levels of awareness contributing to almost complete of modern contraceptives methods by the Salvadoran population. Training of 18,070 participants has provided a solid foundation from which will flow better information as well as services to consumers of family planning products as well as users of family planning services.

The SDA is in the process of designing an MIS system for its internal operations that will help in better administration of its operations including information dissemination and accountability. The management restructuring will place it in a better position to use further USAID assistance in the provision of family planning and maternal-child health services to high risk segments of the population in rural and periurban areas of El Salvador.

1. That a new section be added to each department's monthly report where a manager can quickly add whether any studies were reviewed, cite the studies, and state whether and how findings were applied.
3. It is recommended that the R&E follow-up the recently concluded KAP study with a smaller, qualitative study using in-depth interviews to identify key influences in the decision-making process for purchasing a contraceptive product. This will help tailor SMP strategies for its condoms.
4. Training should be provided to the manager of the department in the latest versions of SPSS or SAS. Given the new quantitative studies expected to be carried out by the SDA, this training should be a priority.
5. Training should be provided to the manager and assistant manager in the design and analysis of longitudinal studies.
6. The SDA should suggest to the contractor of the next FESAL that a meeting be held under the auspices of the SDA but funded by the contractor to obtain consensus on operational definitions, methodological strategies and techniques for data analysis and manipulation.

manual labor or excess effort by staff. Technical assistance will be needed for this.

2. Since no procedures exist for monitoring the quality of clinical services, a system should be designed to follow and document problems resulting from medications, contraceptive use, and surgeries. Findings should be used to identify problem areas and personnel who may require additional training or supervision.
3. In policy development for the new program, it is recommended that patient safety policy be included. One suggestion for this is the implementation of the use of seat belts during patient and staff transport in SDA vehicles.
4. With the expansion of the clinics, it is recommended that each clinic be given more autonomy in administrative decision making.
5. In addition, each clinic will need to strengthen their individual administrative component. Currently, there is no administrative authority available at the San Miguel, Santa Ana, or Santa Tecla clinics to evaluate and follow-up inadequate medical staff performance.

2. RCD Program

The RCD is comprised of a dedicated and well trained staff with an appreciation for the importance of their work. They are aware of their limitations in their ability to perform their job and are anxious to expand their program to reach more families and provide appropriate education to the distributors and the users. With the planned expansion, the program has the potential to become the essential link to family planning promotion in rural areas.

The RCD program has organized central headquarters in Santa Tecla with definite ideas of meeting the goals and objectives of the program. Weaknesses lie in the adequate supervision of distributors in areas of training and education, monitoring of distribution practices, and evaluation of the posts. Unfortunately, the success or failure of the RCD will depend on the ability of the distributors.

One of the concerns regarding the selling of supplies is that there is no uniform price set for supplies. Also, there is no mechanism for providing supplies for free if a user simply cannot afford to purchase them. A third concern regarding the selling of supplies is that if women purchase the contraceptives at a profit to the distributor, there is little incentive for that distributor to refer the user to a clinic. In addition, this might also apply to the referral of high risk women where medical dangers of using certain contraceptives are not fully understood by the distributor. In many ways, then, the rural

VI. LESSONS LEARNED

Two principal lessons can be cited as resulting from the 519-0275. The lessons are related to goal-setting for the project and coordination between USAID and the local implementing organization. Other less important lessons are associated with the resources available through the mission.

Goals are usually set for each program to be financed with USAID funds. At times, the goals specify the same target audiences or users for a multitude of programs. This can lead to a competition for users among the different local organizations that limits cooperation in accomplishing a superordinate goal such as expanding family planning services.

Goal setting must also take into account idiosyncratic aspects of a program such as its commercial nature. For example, the goal of reaching a set quantity of distribution points must be tempered with references to ensuring that the distributors are financially sound, cost-effective to reach and match the quality of service as provided by the products.

Close coordination is needed between the financial components of the donor agency and the local implementing organization. This is especially true during the initial start-up or as a consequence of staff changes. Lines of communication need to be established early on in the project and maintained through a formal mechanism through the life of the

The USAID/HPN library facilitated identification of and access to documents required by the Evaluation Team. Its existence cut down USAID staff time in tracking down documents as the team was allowed access to the library and the materials. The team gained time in being able to find a majority of the documents in a central location. It would be valuable for all USAID Missions to have such a library within each of their components.

Not all SDA staff had access to reports. Limitations were noted due to the lack of availability of copies of evaluation reports or to the limited English-language capabilities of SDA staff. The language of the reports or to a staff member's status within the organization however did not interfere in the staff person's ability to find the necessary information required for the conduct of the work.

Finally, a woman was included as a member of the evaluation. Her valuable insights provided a sensitivity to specific issues which improves the value and utility of the findings.

References

- APEX. "Estrategia de Medios-0275-'RCD'; Campaña Publicitaria Institucional." San Salvador (undated).
- Bair, William D. et.al. "Evaluation of the El Salvador Population Dynamics (Reproductive Health) Project (519-0210). Pop Tech/Dual/ISTI. USAID report no. 89-023-100. January, 1990.
- Baker, Georgianne. "Study of Perceptions of the Rural Population." Trip Report to USAID/San Salvador, October 19, 1987.
- Britan, Ricardo A. Household Demand for Health Care in El Salvador, Volume II. Arlington: John Snow, Inc., 1990.
- Castro Escobar, Luis and Juan Carlos Salguero Tejada. "Informe de Resultados Encuesta de Seguimiento de Actividades de Efecto Multiplicador Desarrolladas por Personal Capacitado en ADS." Departamento de Planificación, Evaluación e Investigación, Asociación Demografica Salvadoreña, San Salvador, Enero de 1988.
- Castro Escobar, Luis and Ana Matilde Velasco de Chávez. "Informe Fibal de las Actividades Educativas Evaluadas del Programa de Educación y Adietramiento." Asociación Demografica Salvadoreña, Diciembre de 1989.
- Chesterfield, R. "Evaluation of the Expansion of Family Planning Services and Commodities Project No. 519-0275: Final Report". Los Angeles: Juarez and Associates, March, 1986.
- Chesterfield, R. "Evaluation of the Performance of the Advertising Agency Contracted by the Salvadoran Demographic Association: Final Report". Los Angeles: Juárez and Associates, February, 1987.
- Chesterfield, R. "Feasibility Study of Organizational Options for the Social Marketing Program of the Salvadoran Demographic Association: Final Report". Los Angeles: Juárez and Associates, 1987b.
- DC and Associates. "Investigación de Mercado sobre la Penetración e Impacto de la Campaña de Comunicaciones Masivas." San Salvador, Julio de 1987.
- Jara, Ruben. "Evaluación de la campana de comunicación sobre planificación familiar en El Salvador, 1989: Draft Report". Baltimore: John Hopkins University, 1990.
- Kincaid, Lawrence. "Report on Technical Assistance to the Demographic Association of El Salvador." Trip Report to USAID/San Salvador, May 1986.

- Ojeda, G. and E. Scholl. "Report on the Current Situation of Rural Contraceptive Distribution (RCD) Program in El Salvador". Arlington: Development Associates, October, 1988.
- Orr, S. "An Evaluation of the Social Marketing Program". Washington, D.C.: SOMARC, 1986.
- Publicidad Comercial. "Plan anual de medios: Preservativos Condor; Preservativos Panther". San Salvador: Publicidad Comercial, Dept. de Medios, 1988.
- Publitest. "Validación de la campaña de comunicaciones masivas: Proyecto 0275 de la ADS". San Salvador: Publitest, 1988.
- Salvadoran Demographic Association and Centers for Disease Control. "1988 Family Health Survey: Final Report". Atlanta: Centers for Disease Control, 1989. (revised edition).
- Salvadoran Demographic Association. "Estrategia de medios: RCD, Institucional y Clínicas". San Salvador: Asociación Demográfica Salvadoreña, (undated).
- Salvadoran Demographic Association. "Informe Anual 1986." San Salvador: Asociación Demográfica Salvadoreña, 1987.
- Salvadoran Demographic Association. "Informe Anual 1987." San Salvador: Asociación Demográfica Salvadoreña, 1988.
- Salvadoran Demographic Association. "Informe Anual 1988." San Salvador: Asociación Demográfica Salvadoreña, 1989.
- Salvadoran Demographic Association. "Informe Anual 1989." San Salvador: Asociación Demográfica Salvadoreña, 1990.
- Salvadoran Demographic Association. "Informe del Comité de Mercadeo relacionado con la selección de la agencia publicitaria para la Asociación para el período 1987-89. San Salvador: Asociación Demográfica Salvadoreña, (undated).
- Salvadoran Demographic Association. "Plan Annual: 1990". San Salvador: Asociación Demográfica Salvadoreña, February, 1990.
- Salvadoran Demographic Association. "Plan Trienal: 1990 - 1992". San Salvador: Asociación Demográfica Salvadoreña, 1989.
- Salvadoran Demographic Association and A.P.I. Merc. "Pretest cualitativo sobre materiales y mensajes televisados y radiales para publicitar el preservativo 'Condor'. San Salvador: Asociación Demográfica Salvadoreña, abril, 1989.

Urban, Diane, H. Davies, A. Drexler, E. Hoffman, C. Indacochea
and J. Solórzano. "Final Report on New Approach to Family
Planning/Population in El Salvador". Arlington: Development
Associates, Inc. June, 1985.

Persons Contacted

Kevin Armstrong, HPN, USAID/El Salvador
Dr. Raúl G. Toledo, Population Officer, HPN, USAID/El Salvador
Luis Oliva, USAID/El Salvador
Jorge Hernandez Issusi, Executive Director, SDA
Dora E. Castillo, Director of IE&C, SDA
Augustin Cardoza, Manager, Social Marketing Dept., SDA
Aracely Salazar, Director of Planning and Development, SDA
Jose Mario Cásares, Manager, Research and Evaluation Dept., SDA
Ana M. de Espinosa, Manager, Systems Dept., SDA
Rafael Barrientos, Executive Director, B&M Asociados
Carlos Gil, Creative Director, B&M Asociados
Rogelio Mendoza, President, B&M Asociados
Gerd O. Keller, General Manager, Schering/Guatemala
Ana J. Blanco de Garcia, Executive Director, Centro de Apoyo de Lactancia Materna
Hernán Sanchez Barros, Creative Director, Publicidad Comercial
Sylvia Bennett, Account Executive, Publicidad Comercial
Walter Garcia, Media Director, Publicidad Comercial
Sylvia E. Salazar, Group Manager, Publicidad Comercial
Ricardo Alvarez, President, Cambridge Consulting Corporation
Bjorn Holmgren, Resident Advisor, Cambridge Consulting Corporation
Sherman J. Calvo M., General Director, APEX/BBDO
Arturo Gallegos, Creative Director, APEX/BBDO
Rodolfo Abrego, Director of Media & Marketing, APEX/BBDO
Dr. Gustavo Argueta, Vice-Minister, MOH
Dr. Roberto Cruz Gonzalez, Director, Div. Atención a la Persona, MOH

Dr. Lazaro Jimenez, Director, Servicios Técnicos Normativos y Operativos, MOH

Beatriz de Alonzo, Technical Assistant, Department of Education and Training, SDA

Gloria Fuentes, Technical Assistant, Department of Education and Training, SDA

Esther Espinoza, Manager, Department of Education and Training, SDA

Leonel Márquez, Manager, Department of Communication and Educational Production, SDA

Selama Ivanova Garcia, Part-time Instructor and Training Coordinator, Department of Education and Training, SDA

Daniel Carr, Director, CD and Associates, San Salvador

Dr. Samuel Castro, Medical Director, Salvadoran Demographic Association

Mary Elizabeth Argueta, manager, RCD, SDA

Margarita Rivas, nurse, SDA

Flora E. Conjura, nurse, SDA

Ana H. de Valdez, nurse, SDA

Sonia de Cerritos, nurse, SDA

APENDIX: A

STATEMENT OF WORK

Statement of Work

A. Objectives:

- a. Assess the overall project performance by project component and program under the 519-0275 cooperative agreement.
- b. Provide specific recommendations for improving project implementation; identify the major problems and bottlenecks and suggesting ways of solving those problems in the future.
- c. Write an evaluation report as described in the reporting section of this document.
- d. Analyze the steps the SDA follows to fund or disburse funds for project activities including USAID Controller's office and make recommendations to improve the system.

B. Specific Tasks

Component I: Medical Service Programs (Clinic and RCD programs)

- a. Assess the progress made toward the goals and objectives of the clinical and RCD programs during the life of the project. This should be assessed in terms of Couple Years of Protection per year for the life of the project.
- b. Estimate the cost per CYP for each of the programs over the life of the project. List all assumptions made in this calculation
- c. Assess the quality of care for the clinical program; the doctor and nurse provision of services, the clinic administration and the ability to coordinate with other entities in the family planning service delivery field. Please note that informed consent and counselling routines should be examined under the quality of care aspects of the project.
- d. Describe the RCD program in the SDA.
- e. Assess whether or not the RCD is indeed accomplishing its goals and how it might be best modified for the future.
- f. Provide accurate information regarding clinic and RCD logistics as to whether they are receiving the required supplies and contraceptives in a timely fashion.
- g. Is this component receiving the required technical assistance? If so how much? If not why not?

Component II: Administration and General Services

The administration for the family planning program rests with the SDA administration department which reports directly to the Executive Director.

- a. Are the current staffing patterns and project supported personnel sufficient and qualified to accomplish the expected outputs.
- b. To what extent were the mid term evaluation recommendations implemented. Explain any that were not carried out fully.
- c. Do the positions in the organization, such as the department heads, have enough authority to carry out their functions?
- d. Is the current personnel structure too hierarchical for the project ?
- e. Is the SDA responding to the challenge of implementing its financial responsibilities to disburse funds, report expenses and obtain advances?
- f. Is the present administrative apparatus sufficient for the follow on project (Family Health Services)?
- g. How well is this department handling the local procurement? How might the local procurement be improved?
- h. Is the SDA sufficiently automated for the complexity of functions which they are expected to report on (i.e. financial, administrative, and physical inventories)? What ways can be devised to improve the SDA MIS so that it is responsive to the reporting needs of the USAID?
- j. What is the SDA's position on improving the administrative functions? Does the USAID Controller's office have certain recommendations for the immediate improvement of the project financial management?
- k. How do the SDA subcontractors feel about the performance of the SDA as a channel for funding their activities?
- l. Is the SDA administrator dedicating sufficient interest and time to the project so that the work is completed in a timely fashion?
- m. Has the SDA received sufficient technical assistance in management and administration? If so, how much? If not, why not?

Component III: Social Marketing

- a. Are marketing plans prepared with sufficient administrative and technical criteria to reach the yearly goals of the SMP?
- b. Are the goals and objectives for the Social Marketing program appropriate or should they be higher or lower? If they should be adjusted please provide reasons why.
- c. Do the action plans for the Social Marketing program diversify or disperse the program thereby stretching the people who are working there or should they continue to diversify product line and increase profits and coverage.
- d. Did the technical assistance prove to be of assistance to the program as contemplated?
- e. Calculate the cost per couple year protection provided by the program. How does this cost compare to previous years and other similar programs in the region?
- f. What aspects of the SMP show strengths and should be expanded and what aspects of the program show weaknesses and should either be reinforced or eliminated.

Component IV. Information, Communication and Training

- a. Has the technical assistance in this area been fully utilized?
- b. Did the advertising agencies respond to the needs of the SDA and did they conduct their campaigns using the best communication methods and techniques available?
- c. Were the campaigns in mass media well designed and implemented to generate demand for the family planning services.
- d. Are the mass media and interpersonal message campaigns synchronized and functioning in a balanced fashion?
- e. Do print media reinforce mass media and interpersonal campaigns so that the target audience understands?
- f. Are the SDA staff assigned to the functional areas of IEC and Training qualified and sufficient for administering all of the required activities?
- g. Is SDA providing clear guidance to the ad agencies involved?
- h. What monitoring and testing schemes are used to assure messages are of high quality and appropriate for the target audience?

- i. Does the SDA have standard training curricula for each of the courses they administer?
- j. Are the training curricula reinforcing a strategic plan that involves the service programs or do they stand alone?
- k. Are the number and types of training responsive to the SDA priorities?
- l. Do the training activities use behavioral objectives to promote the desired change?
- m. Calculate the total number of people trained for the entire project, the types of training provided and the number of trainees per category.
- n. Is the technical assistance supporting the areas of Information, Education, Communication and Training. If so how well?
- o. Are the number and types of training responsive to the SDA priorities?

Component V: Research and Evaluation:

The SDA project supported a number of major and minor research activities during the life of project.

- a. How is the Research and Evaluation Division of the SDA's Planning Department structured? Is this structure adequate for SDA purposes and objectives?
- b. How many research studies and evaluations did the SDA carry out under this component for the LOP? In what areas?
- c. How is the SDA applying the findings of the evaluation and research studies performed?
- d. Are people in charge of performing the evaluations sufficiently qualified for this task? If not, what would it be the recommendation to improve the Research and Evaluation Division of the SDA?
- e. What type of methodology (ies) is (are) used by the SDA in performing research/evaluation?
- f. Does the SDA carry out the evaluations by itself or utilize external services?

- g. In 1985 and 1988 complete Demographic and Health Surveys were carried out by the SDA. The first (1985) was performed in collaboration with the technical expertise of Westinghouse. The second (1988) was performed with the Centers for Disease Control. How well did the SDA perform in accomplishing these surveys? Did the SDA provide any type of follow-up to the FESAL-85 and FESAL 88 findings? If so, what type?

Level of effort

It is estimated that the scope of work written above could be accomplished in a four week period from on September 4-October 5, 1990 by a 4 person team whose qualifications are listed in Section VI.

VI. Qualifications:

The contractor shall provide a four person team with the qualifications described below:

1. Management Specialist (Chief of Party): Ph.D. and/or M.P.H. or equivalent with at least five years of experience in managing Health, Family Planning, or Human Resources. The specialist will have extensive experience in evaluating AID population projects. Some experience in population policy evaluation desired. Project management and financial background is also desirable. Fluent Spanish and English is a must for the Chief of Party. He/she will be responsible for team management and logistics, the review of the information collected as well as overall responsibility for editing of the final draft evaluation report.
2. Technical Health Specialist: M.D. in Preventive Medicine or M.P.H. in Maternal Child Health and/or Population. Must have at least ten years experience in family planning services management and logistics systems development and implementation. Experience in Latin America preferred. He/she must have fluent Spanish and English. The Technical Specialist will review the Medical Programs, contraceptives and supplies, medical equipment and maintenance and medical information systems. He/she will analyze the research program for appropriateness. The specialist will provide his/her findings and make recommendations on the effectiveness and management of the following SDA programs: clinical, rural contraceptive distribution and research.

3. Social Marketing Specialist: Masters degree in Business Administration. Must have at least some familiarity with Social Marketing programs in Latin America and full understanding of marketing and sales to pharmacies and small stores for the sale of health related products. Fluent Spanish and English are required. The Specialist will review the S.M. Program in its organization, logistics, and sales and coverage statistics. Information systems and advertising must also be reviewed by the specialist, who is responsible for reporting on the cost effectiveness of the program.
4. IEC/Training Specialist: Ph.D. in Sociology with at least ten years of experience in Latin American training and communication programs. Ample experience in implementing and evaluating mass media and training programs. Fluent Spanish and English are required. The IEC/Training specialist shall review the quality of the work of the ad agency contracted under the project and recommend if appropriate changes are needed to improve it. The Specialist will review the SDA's training curricula, number of persons trained and quality of training; he/she will analyze the impact data, if available, to make appropriate recommendations for future training program management and direction.

All of the above consultants must be in good physical and mental condition allowing them to carry out their work under El Salvador's present socio-political conditions.

VII Reporting Requirements:

The contractor shall provide the USAID with the following reports:

1. Within ten days from the day of arrival, the team will submit a working outline of the evaluation report for USAID approval.
2. The team shall provide USAID with a list of places for proposed field trips. Approval is required at least 48 hrs. in advance before making the scheduled trip.
3. At least six working days before leaving El Salvador, the Chief of Party will provide the USAID with a copy of the draft evaluation report in both English and Spanish which shall contain the same sections outlined at the beginning of the consultancy. This draft will be reviewed by the USAID and returned within 48 hours to the Chief of Party with corresponding comments/recommendations.

4. The contractor shall incorporate the comments and recommendations suggested by the USAID into the final report. A final draft report will be delivered in English and Spanish to the USAID immediately before departure. This final draft report will contain the same sections included in the final evaluation report as outlined below.

5. Within three weeks after leaving the country, the contractor shall send to the USAID ten copies of the final report: five in English and five in Spanish. The evaluation report will include the following sections: (A) an Executive Summary, including purpose of the evaluation, methodology used, findings, conclusions and recommendations. It will also include comments on development impact and lessons learned. It will be complete enough so that the reader can understand the evaluation without having to read the entire document. The summary will be a self-contained document. (B) A copy of the scope of work under which the evaluation was carried out. The methodology used will be explicitly outlined and each component will assess how (and how successful) the project or program being evaluated fits into the Mission's overall strategy. Any deviation from the scope of work will be explained. (C) A listing of the evaluation team, including host country personnel, their field of expertise and the role they played on the team. (D) A clear presentation of the evaluation recommendations, in a separate section of the report if convenient, so that the reader can easily locate them. (E) A discussion of any previous evaluation(s) reviewed with a brief description of conclusions and recommendations made in the earlier report. The evaluators will discuss briefly what use was made of the previous evaluation in their review of the project. (F) The project's lessons learned should be clearly presented.

These should describe the causal relationship factors that proved critical to project success or failure, including necessary political, policy, economic, social and bureaucratic conditions. These should also include a discussion of the techniques or approaches which proved most effective or had to be changed and why. Lessons relating to replicability and sustainability will be discussed. (G) A Table of Contents containing page numbers of the various evaluation report sections.

APENDIX: B

OBSERVATION CHECKLISTS

	YES	NO
3) diaphragm	_____	_____
types _____		
sizes _____		
4) condom	_____	_____
5) foam, cream, jelly, suppositories	_____	_____
6) sponge	_____	_____
7) norplant	_____	_____
8) other (please specify): _____	_____	_____
9) Assess if other pharmacy supplies are available and meet needs of patients	_____	_____
5. Appropriate emergency drugs and supplies are maintained and readily accessible.	_____	_____
1) how often are supplies checked _____		
2) person responsible for maintenance _____		
6. Process by which supplies are ordered	_____	_____

C. MEDICAL ADMINISTRATION

This section examines the role of the medical director and the use of standardized protocols and procedures by the non-physician staff. Licensure of the medical staff is assessed.

	YES	NO
1. The agency has a current licensed physician with family planning skills and knowledge, who is designated as the Medical Director.	_____	_____
Interview the medical director and review policies and job description to determine if he/she:		
1) supervises and evaluates medical services provided by the other clinicians	_____	_____

	YES	NO
2) selects persons and facilities for client referrals	_____	_____
3) supervises the medical quality assurance program	_____	_____
4) has experience and/or training in family planning	_____	_____
5) assures proper selection and maintenance of medical equipment	_____	_____
2. Medical services are provided in accordance with written and signed standardized procedures.	_____	_____
A) Review the manual to determine if:		
1) it is reviewed and signed annually by medical director, agency director, and clinician(s)	_____	_____
last update _____		
B) Review medical staff qualifications to determine if:		
1) medical examinations and diagnosis and treatment are performed only by qualified medical personnel	_____	_____
2) medical personnel providing family planning services have OFP-approved specific to this procedure	_____	_____
3) medical personnel who insert IUDs have received prior clinical training specific to this procedure	_____	_____
3. Clinic physicians, clinicians and nurses are currently licensed.	_____	_____
4. A physician is available to meet as needed to consult with clinicians.	_____	_____
A) Clinicians consult with physician once per week.	_____	_____

	YES	NO
5. The agency has at least one nurse who reviews clinic procedures, with history taking and laboratory procedures.	_____	_____

6. There are protocols and procedures for emergencies.	_____	_____
--	-------	-------

A) Review emergency medical protocols to determine if:

1) arrangements are made for contraceptive emergencies or complications if agency does not have capability	_____	_____
--	-------	-------

2) protocols are in use for on-site emergencies.	_____	_____
--	-------	-------

3) procedures are in place for rapid notification of an hospital service.	_____	_____
---	-------	-------

4. Assess emergency supplies for:

1. Emergency supplies (drugs and equipment) are readily accessible and portable	_____	_____
---	-------	-------

2. The contents of the emergency drug kit are listed and reviewed monthly	_____	_____
---	-------	-------

3. Emergency drugs/supplies are reviewed	_____	_____
--	-------	-------

The following equipment is readily available and portable:

1. Oxygen	_____	_____
-----------	-------	-------

2. Suction	_____	_____
------------	-------	-------

3. Ambu bag	_____	_____
-------------	-------	-------

4. Sterile intravenous system	_____	_____
-------------------------------	-------	-------

5. Tourniquet	_____	_____
---------------	-------	-------

6. Airway (adult)	_____	_____
Airway (pediatric)	_____	_____

7. Flashlight	_____	_____
---------------	-------	-------

9. CLINICAL SERVICES

This section evaluates the medical examination, through observation and chart review. Clinicians are observed for thoroughness of physical examination, medical history review, and education and counseling. The examination rooms are assessed for appropriate equipment.

	YES	NO
1. Each examining room is fully equipped.	_____	_____
Assess each exam room to determine if the rooms contain the following:		
1) examining table suitable for gynecological use	_____	_____
2) adjustable examining light	_____	_____
3) stool or chair for examiner	_____	_____
4) work table	_____	_____
5) chair for client if room used for counseling or education	_____	_____
6) appropriate supplies and equipment in place.	_____	_____
7) stirrups which face away from the door	_____	_____
8) a sink in or adjacent to the examining room	_____	_____
2. The medical record contains required information.	_____	_____
Review at least ten (10) charts to determine if the following are included:		
1) a confidentiality assurance statement	_____	_____
2) notation where and how to contact client	_____	_____
3) name and birthrate of client	_____	_____
4) medical history and physical exam documentation	_____	_____
5) medical history which has been updated annually	_____	_____
6) signed client general consent from for health services	_____	_____

	YES	NO
7) reports of diagnostic and therapeutic orders	_____	_____
8) documentation of any contraindications to method and/or abnormal findings	_____	_____
9) documentation of all prescribed/dispensed medications and supplies by product/generic name, strength, and amount/size given, as appropriate	_____	_____
10) documentation of follow-up efforts/contacts	_____	_____
 3. The medical records are stored in a safe and confidential manner and are accessible to medical providers.	 _____	 _____
Observe the medical records storage area to determine if:		
1) adequate space exists for storage, shelving, equipment and work	_____	_____
2) records are stored in locked file cabinet or room	_____	_____
3) charts are easily retrievable	_____	_____
4) records are written legibly, in ink, and are properly signed and dated, including titles and corrections	_____	_____
5) records are designed and maintained so that key information is easily compiled and retrieved	_____	_____
6) all documents are secured to the chart	_____	_____

YES NO

4. A comprehensive medical history is obtained _____

During chart review and exam observation, determine if:

1) Gynecological history is documented, including:

- a) age at menarche _____
- b) last menstrual period _____
- c) regularity of periods _____
- d) irregular bleeding _____
- e) dysmenorrhea (painful periods) _____
- f) post-coital bleeding _____
- g) dyspareunia (pain intercourse) _____
- h) sexual activity _____
 - 1) male partners with urethritis _____
 - 2) new partner in last two months _____
 - 3) client/partner in last two months _____
- i) vaginitis _____
- j) sexually transmitted diseases _____
- k) pelvic inflammatory disease _____
- l) history of abnormal paps or gynecologic problems _____
- m) uterine abnormalities _____
- n) cancer of ovaries, uterus, vulva, vagina _____
- o) contraceptive use history (side effects, complications, method failure) _____
- p) number of pregnancies _____
 - 1) number of abortions _____
 - 2) number of premature births _____
 - 3) number of stillbirths _____
 - 4) number of living children _____
 - 5) number of neonatal deaths _____
- q) complications of any pregnancy and/or delivery _____

2) High risk medical conditions are documented, including:

- a) anemia _____
- b) bladder/kidney disease _____
- c) breast or genital tumor _____
- d) cardiovascular disease _____
- e) cerebrovascular disease _____
- f) depression _____
- g) diabetes mellitus, pre-diabetic condition _____
- h) epilepsy _____
- i) gall bladder disease _____

	YES	NO
j) hypertension	_____	_____
k) in utero exposure to DES	_____	_____
l) liver disease/hepatitis	_____	_____
m) migraine headaches	_____	_____
n) phlebitis	_____	_____
o) pulmonary disease	_____	_____
p) significant illnesses (surgical/ hospitalization)	_____	_____
q) thromboembolism	_____	_____
r) thyroid disease	_____	_____
s) visual or neuro-ocular disease	_____	_____
 3) Hereditary/familial diseases are documented, including:		
a) cancer	_____	_____
b) cardiovascular disease	_____	_____
c) cerebrovascular disease	_____	_____
d) diabetes	_____	_____
e) hypertension	_____	_____
 4) Medication history is documented, including:		
a) current medications	_____	_____
b) allergies/drug sensitivities	_____	_____
c) history/current substance abuse	_____	_____
d) use of tobacco	_____	_____
e) use of alcohol	_____	_____
 5) Pubealla immunity assessment is documented	_____	_____
 5. The range of medical services provided is in accordance requirements and professional principles.	_____	_____
A) Review at least five charts per site for documentation of the following, as indicated:		
1) initial physical exam	_____	_____
2) annual exam every 12th - 18th	_____	_____
3) evaluation and treatment for the following conditions:		
a) anemia	_____	_____
b) cervicitis	_____	_____
c) chlamydia	_____	_____
d) condylomata	_____	_____
e) gonorrhoea	_____	_____

	YES	NO
f) herpes	_____	_____
g) public lice	_____	_____
h) syphilis	_____	_____
i) vaginitis	_____	_____
B) Observe at least one initial examination and one annual examination to determine if the following are provided:		
1) the client is informed of the name and title of person(s) providing medical care	_____	_____
2) review of medical history is conducted prior to physical exam	_____	_____
3) blood pressure	_____	_____
4) height, at initial	_____	_____
5) weight	_____	_____
6) auscultation of heart and lungs, at initial and thereafter when indicated	_____	_____
7) instruction to patient on breast self-examination	_____	_____
8) pelvic exam, including:	_____	_____
a) speculum	_____	_____
b) bimanual	_____	_____
c) rectovaginal, when indicated	_____	_____
10) clinical tests	_____	_____
a) hematocrit or hemoglobin, at initial and thereafter when indicated	_____	_____
b) gonorrhea culture, when indicated	_____	_____
c) pap smear	_____	_____
d) gonorrhea culture, when indicated	_____	_____
11) a client is not prescribed a method when an absolute contraindication exists	_____	_____
12) questions answered about client's choice of birth control	_____	_____
13) documentation of the rationale for prescribing a method when contraindications exist	_____	_____
14) post exam counseling, including:		
a) correct usage, common side effects, and complications of method chosen	_____	_____
b) procedures for what to do if a method complication occurs	_____	_____
c) 24-hour emergency services can be obtained	_____	_____
d) return visit procedure	_____	_____
e) findings of the exam relating to the clients' health and contraceptive plans	_____	_____
f) results of any lab tests completed	_____	_____
g) any necessary follow-up procedures	_____	_____
h) importance of periodic check-ups	_____	_____

	YES	NO
6. There is maintenance of and adherence to revisit schedules	_____	_____
Review charts to determine if:		
1) There is a revisit schedule for oral contraceptive clients, including a review of charts understanding of method.	_____	_____
2) There is a revisit schedule for IUD clients, including:	_____	_____
a) clients return within two to six weeks following insertion, and annually thereafter, unless medically indicated	_____	_____
b) at the first follow up visit there is documentation of the following:	_____	_____
1) an exam which includes visualization of the cervix, length of string(s), and bimanual exam	_____	_____
2) lab procedures, as indicated	_____	_____
3) There is a revisit schedule for diaphragm clients, including:	_____	_____
a) client demonstration of ability to use diaphragm prior to leaving clinic	_____	_____

STERILIZATION PROCEDURE

1. Interview at least three (3) patients at each site.
 - a. Patient aware of all available methods of contraception.
 - b. Patient aware sterilization is permanent and desires no more children.
 - c. Signed Consent in chart.
 - d. How did patient find out about sterilization services?
 - e. Was sterilization procedure available within two weeks after making decision? If not, how long did patient wait for surgery?
 - f. Was childcare a problem in obtaining the surgery?
 - g. What transportation a problem in getting to the clinic?
 - h. Was patient satisfied with overall health care?
 - i. What suggestions does patient have for making the program better or more accessible to patients?

FFOGFAM EVALUATION

CLINIC SITE _____

ADDRESS _____

MEDICAL DIRECTOR _____

CLINIC DIRECTOR/MANAGER _____

PHONE _____

The following information will be requested for the "Medical Services" component of the evaluation.

1. Current organizational chart of clinic including family planning program, listing names of staff, job titles, job descriptions, and schedules.
2. Sample medical record, physical exam, history, consents, and interview forms.
3. Procedure Manuals for:
 - a. standardized medical procedures including prescribing and dispensing medication, quality assurance
 - b. client education
4. Current line item budget.
5. Schedule of clinic sessions (days, hours, services).
6. Map of target area.
7. Client education materials.
8. List of agencies and medical institutions to which agency refers patients.
9. New employee orientation; inservice training and continuing education schedule.
10. Agreements for 24 hour emergency coverage.
11. Property acquisition records.

UBICACION DE LA CLINICA: _____

HORARIO DE LA CLINICA

	LUNES	MARTES	MIERCOLES	JUEVES	VIERNES
SERVICIOS ANTICONCEPTIVOS					
ESTERILIZACION FEMENINA					
ESTERILIZACION MASCULINA					

CALENDAR, WCI

Clinic Name: _____
 Clinic Location: _____
 Date: _____

MEDICAL SERVICES

Staffing patterns:

For staff which you employ, please complete the followings:

1. Each provider noted on Professional Staff chart.
2. Include Physicians, dentists, nurses, etc.
3. One provider per line.
4. Record for each staff member the actual hours each day, e.g., 9:00 a.m. - 5:00 p.m.

POSITION	NAME	MON	TUE	WED	THU	INTERN.	SAT	SUN
Physician								
Physician								
Physician								
Physician								
Physician								
Physician								
Physician								
Physician								
Physician								
Head Nurse								
Nurse								
Assistant Nurse								

MSER-ENG.WK1

Clinic Name: _____
 Clinic Location: _____
 Date: _____

Staffing Pattern.

POSITION	NAME	MON	TUE	WED	THRU	FRI	SAT	SUN
Assistant Nurse								
Assistant Nurse								
Assistant Nurse								
Assistant Nurse								
Receptionist								
Nutritionist								
Social Worker								
Laboratory Technologist								
Certified X-ray Technician								
Health Educator								
Outreach Workers								
Rural Facilities/Assistant Nurse								
Rural Facilities/Assistant Nurse								
Orderly								
Orderly								
Orderly								
Others								
Others								

STAF-ENG, WK1

MEDICAL SERVICES

1. FACILITIES

This section examines the physical facilities used by the family planning program. The use of space is scrutinized for barriers to confidentiality, for safety, and for efficiency.

	YES	NO
1. The facility is geographically accessible to the target population.	_____	_____
Observe service area to determine if:		
1) clinic is accessible to public transportation	_____	_____
2. The facility is accessible to clients with disabilities.	_____	_____
3. The clinic sign is easily seen by the public	_____	_____
4. Clinic hours are accessible and convenient.	_____	_____
5. Clinic hours and emergency numbers are posted conspicuously.	_____	_____
6. There is a written disaster plan appropriate to the types of emergencies likely to occur.	_____	_____
Review agency disaster plans to determine the following:		
1) instructions on the use of alarm systems and signals	_____	_____
2) information and training concerning methods of fire containment	_____	_____
3) a system for notifying the fire department and occupants of the building	_____	_____

YES NO

- 4) information concerning the location of emergency equipment _____
- 5) posted floor plan designating evacuation routes and procedures _____
- 6) Emergency power back up system such as a generator in surgical areas _____

B. PERSONNEL

- 1. The organizational charts for the agency and the family planning program are current. _____
- Review organizational charts to determine if:
 - 1) clear lines of responsibility exist for family planning program staff, administration and Board _____
 - 2) all staff are identified _____
 - 3) clear lines of supervision and reporting exist _____
 - 4) there is a consistent explanation of duties and responsibilities _____
- 2. Orientation and training is available to new employees/volunteers. _____

C. CLINICAL EQUIPMENT/SUPPLIES

- 1) All appropriate clinic equipment has a maintenance schedule which includes:
 - 1. Task responsibility _____
 - 2. Frequency of maintenance _____
 - 3. Documentation of maintenance _____
- 2) Biological testing of the autoclave is documented monthly _____
- 3) Sterilized items show expiration dates _____
- 4) Laboratory supplies and equipment are inventoried. _____

142-

MEDICAL SERVICES

A. CLIENT FLOW/ELIGIBILITY SCREENING

This section examines the appointment system and the client and paper flow through the clinic. It calculates the waiting time for appointments and service time on site.

	YES	NO
1. Appointments are made with sensitivity to clients' needs.	_____	_____
2. The waiting time for an appointment is within three weeks.	_____	_____
3. Client service time on site is reasonable	_____	_____
Average wait time for temporal method visit	_____	_____
4. The no-show rate is reasonable	_____	_____
$\text{No-show rate} = \frac{\text{missed appointments}}{\text{total appointments}}$		
5. Clients are informed that participation in family planning services is voluntary and is not a prerequisite for receipt of any public assistance benefit.	_____	_____
6. Individuals receiving services are treated in a manner which does not reveal their economic status or health care needs to other clients.	_____	_____
7. Clients are provided services and pharmaceutical supplies regardless of ability to pay.	_____	_____
8. The facility provides privacy for clients during the provision of services such as registration, eligibility determination, fee counseling, and examination.	_____	_____

B. CLIENT EDUCATION

This section examines client education services. Staff training, the education protocol and educational materials are reviewed; and education sessions are observed.

	YES	NO
1. Agency has a designated individual who is responsible for the health education program.	_____	_____
Interview the individual responsible for the health education program to determine:		
1) knowledge and experience in family planning education satisfactory.	_____	_____
2. Family planning education/counseling staff is trained in education/counseling skills.	_____	_____
Review qualifications of education and counseling staff to determine if they are knowledgeable regarding:		
1) principles of learning and communication skills	_____	_____
2) techniques of family planning interviewing and counseling	_____	_____
3) psychosocial and medical aspects of sexuality, pregnancy, parenthood, infertility, fertility, and contraception	_____	_____
4) situations requiring intensive counseling	_____	_____
5) when and where a psychiatric, medical, or social service referral may be needed	_____	_____
3. Agency provides orientation and continuing education for their family planning personnel	_____	_____
4. A protocol and procedure manual explaining methodology, content and evaluation of education services is in use.	_____	_____
5. Health education materials are available.	_____	_____
Review health education materials to ensure they include but are not limited to the following:		

144

	YES	NO
1) breast self-examination	_____	_____
2) pelvic exam	_____	_____
3) pill	_____	_____
4) IUD	_____	_____
5) diaphragm	_____	_____
6) condom	_____	_____
7) foam and jelly	_____	_____
8) sponge	_____	_____
9) natural family planning and fertility awareness	_____	_____
10) male and female sterilization	_____	_____
11) pregnancy	_____	_____
12) treatment and prevention of sexually transmitted diseases	_____	_____
13) AIDS	_____	_____

6. The educator or counselor provides education/ counseling in a manner that enables the client to make informed decisions.

Observe education sessions and/or counseling to determine if:

1) each client's family planning education and information needs are individually assessed	_____	_____
2) clients are provided verbally or in writing a brief description of the pill IUD, diaphragm, foam, condom, jelly, sponge NFP and sterilization, which includes:	_____	_____
a) how they work	_____	_____
b) effectiveness	_____	_____
c) duration of effectiveness	_____	_____
d) possible side effects and complications	_____	_____
e) medical indications and contra-indications	_____	_____
f) advantages and disadvantages	_____	_____

	YES	NO
3) detailed information is provided verbally or in writing for the selected method including:	_____	_____
a) risks and benefits	_____	_____
b) instruction for use	_____	_____
c) complication and danger signs	_____	_____
d) possible side effects	_____	_____
e) emergency procedures	_____	_____
4) clients are provided the following information either verbally or in writing, as appropriate:		
a) the importance and male and female anatomy and physiology of reproduction	_____	_____
b) basic female and male anatomy and physiology of reproduction	_____	_____
c) the symptoms of vaginitis, cervicitis, herpes, pelvic inflammatory disease, condylomata, and other sexually transmitted diseases	_____	_____
d) information about clinic services	_____	_____
1) exam procedures	_____	_____
2) lab tests	_____	_____
3) waiting time	_____	_____
4) other available services	_____	_____
e) how to obtain additional supplies and information	_____	_____
f) how to contact clinic staff between appointments	_____	_____
g) nutrition information and counseling	_____	_____
5. Medical and specialized counseling services are available to clients at the clinic through referral, when indicated.	_____	_____

MEDICAL SERVICE INDICATORS

A. INTERNAL QUALITY ASSURANCE

This section examines the quality assurance program to ensure there is a system which monitors the quality of health care provided at each site.

	YES	NO
1. There is a quality assurance program.	_____	_____
A) Review the quality assurance program to determine if there is:		
1) a procedure manual	_____	_____
2) annual performance evaluation of medical staff including a review of clinicians' charts and observation of clinical performance.	_____	_____
3) a schedule of reaudits and corrective action plans	_____	_____
4) feedback of results to clinicians'	_____	_____
B) Regular quality assurance occurs, including:		
1) audited charts inclusive of all providers	_____	_____

B. ANCILLARY SERVICES

This section examines the laboratory and pharmacy services. The policy and procedure manuals, formularies, and logs are reviewed, as well as procedures for dispensing, prescribing and storage of drugs and supplies.

	YES	NO
1. Laboratory services are provided for family planning related testing.	_____	_____
Reviewed lab protocols to determine:		
1) whether lab services are provided by an outside lab	_____	_____

	YES	NO
2) on-site laboratory quality control systems are maintained for:		
a) validation testing (i.e. pregnancy)	_____	_____
b) proficiency testing (i.e. for personnel who perform tests)	_____	_____
3) laboratory services include, when indicated, on site or by referral:		
a) hemoglobin/hematocrit	_____	_____
b) urinalysis	_____	_____
c) pap smear	_____	_____
d) gonorrhea smear or culture	_____	_____
e) syphilis test	_____	_____
f) wet mount for moniliasis, trichomoniasis, and bacterial vaginitis	_____	_____
g) pregnancy tests	_____	_____
h) selected tests (e.g. blood sugar or cholesterol)	_____	_____
i) hemagglutination test for Rubella	_____	_____
j) herpes evaluation	_____	_____
k) chlamydia testing	_____	_____
l) CBC	_____	_____
m) AIDS testing	_____	_____
2. The family planning program has a follow-up system for abnormal laboratory findings.	_____	_____
Review laboratory test to determine if:		
1) it includes results and a plan for positive or abnormal results	_____	_____
2) it includes results for:		
a) pap smears	_____	_____
b) sexually transmitted diseases	_____	_____
c) other (please specify): _____		
3) it alerts provider to prompt recall of clients with positive results	_____	_____

YES NO

a) the turnaround time for test results is:

- 1) no longer than one week
- 2) no longer than three days for pregnancy tests
- 3) the turnaround time is approximately: _____

3. Pharmaceutical services offered by the agency are provided in accordance with professional principles.

Review policy and procedure manuals and observe pharmacy to determine if:

1) protocols and practice include:

- a) proper labeling
- b) client education
- c) storage and inventory
- d) ordering supplies
- e) prescribing and dispensing only by those health professionals authorized to do so

2) there is a master index by type of contraceptive prescribed and/or dispensed including medication lot number and expiration date

3) prescription drugs are stored in locked cabinets or rooms

4. Pharmacy Supplies

Assess if contraceptive supplies are available in a sufficient variety of dosages and types to individualize the choice of method

1) pill brands _____

2) IUD (by referral or on-site) types _____ sizes _____

APENDIX: C

MANAGEMENT STANDARDS

MANAGEMENT STANDARDS

The Board of Directors

1. The Board of Directors establishes a clear role for the association, indicating for the FPA its objectives, mission and general areas of work.
2. The Board evaluates and approves general policies on operations and procedures, management and personnel.
3. The Board annually examines and approves the association's work program and budget, and its three-year plan.
4. The Board reviews and approves financial reports, annual reports and other documents that provide information on the achievement of the association's objectives.
5. The Board ensures that its own regulations and procedures are followed as stated in the association's constitution.
6. The Board ensures that the Executive Director is professionally qualified to administer the association and its programs.
7. The Board formally delegates to the Executive Director the responsibility for implementing its policies, for directing and supervising the association's personnel and for administering the association's program and finances.
8. Periodically, the Board carries out a formal evaluation of the Executive Director's performance.

9. The Board of Directors ensures that each of its new members receives an orientation providing information and materials, where appropriate about the association and about the rights and responsibilities of Board members.

APENDIX: D

EXECUTIVE DIRECTOR RESPONSIBILITIES

153

The Executive Director

1. The Executive Director ensures that each of the association's administrative units has clearly defined objectives stating the unit's goals and targets.
2. The Executive Director ensures that every staff member understands the association's role and mission and the objectives of his or her administrative unit.
3. The Executive Director ensures that each year a work program and budget and a three-year plan are prepared for the association in accordance with the guidelines provided by IPPF.
4. The Executive Director ensures that the annual work program and budget and the three-year plan are reviewed and approved by the association's Board of Directors.
5. The Executive Director ensures that each administrative unit establishes a work plan that conforms to the association's work plan and budget.
6. The Executive Director maintains the documentation that reports on the efforts of the association to achieve its objectives.
7. The Executive Director implements a staff system with clearly indicated channels of communication, lines of supervision and designated responsibilities.
8. The Executive Director participates with the Board of Directors in the establishment of policies and procedures for the management of the association.
9. The Executive Director accepts from the Board of Directors the formal delegation of responsibility for the administration of personnel policies, salary scales and procedures for dealing with the association's human resources.

10. The Executive Director ensures that formal evaluation of staff performance is carried out regularly and periodically.

11. The Executive Director ensures that each new staff member receives an orientation providing information and materials, as appropriate about the association and about the rights and responsibilities of staff members.

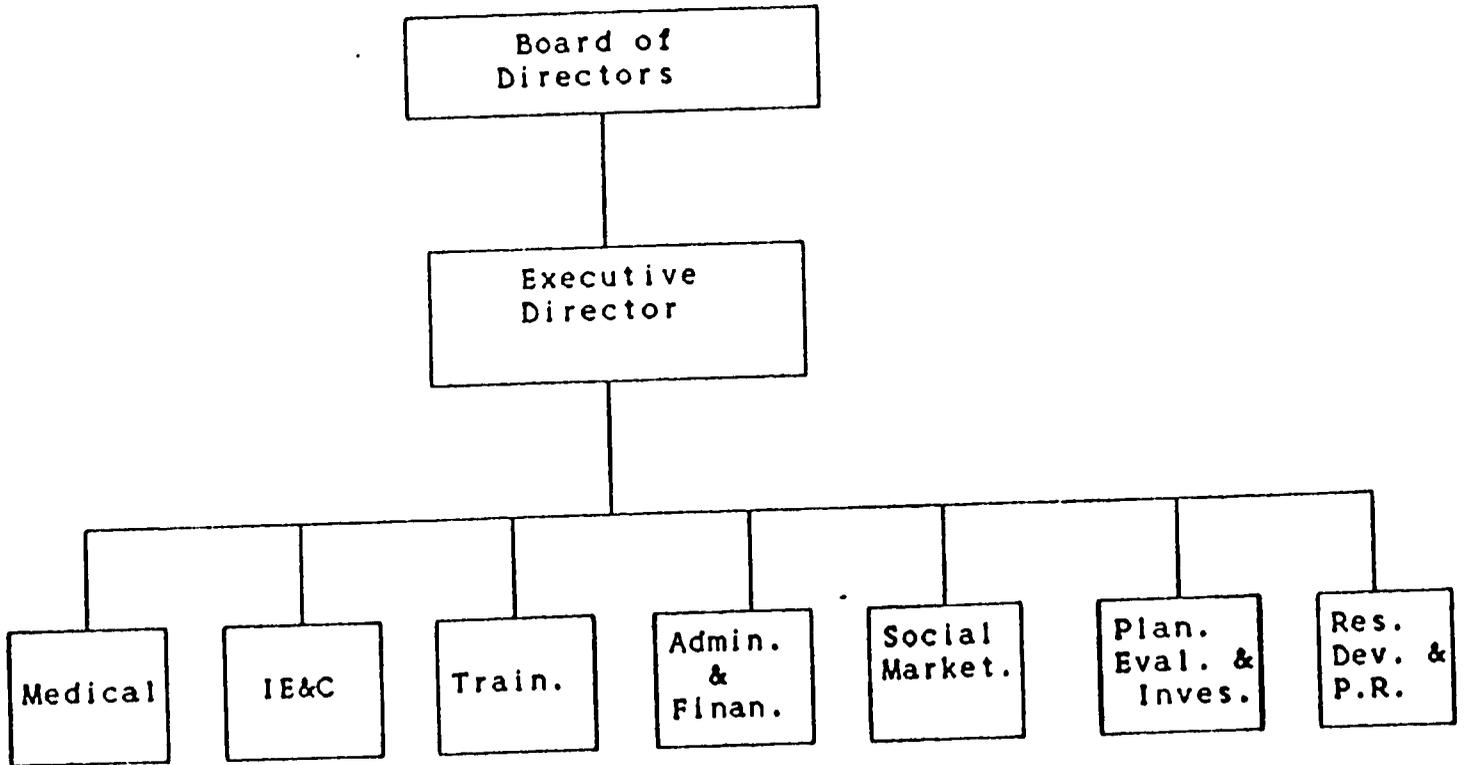
APENDIX: E

PREVIOUS SDA

ORGANIZATIONAL STRUCTURE

Appendix E.

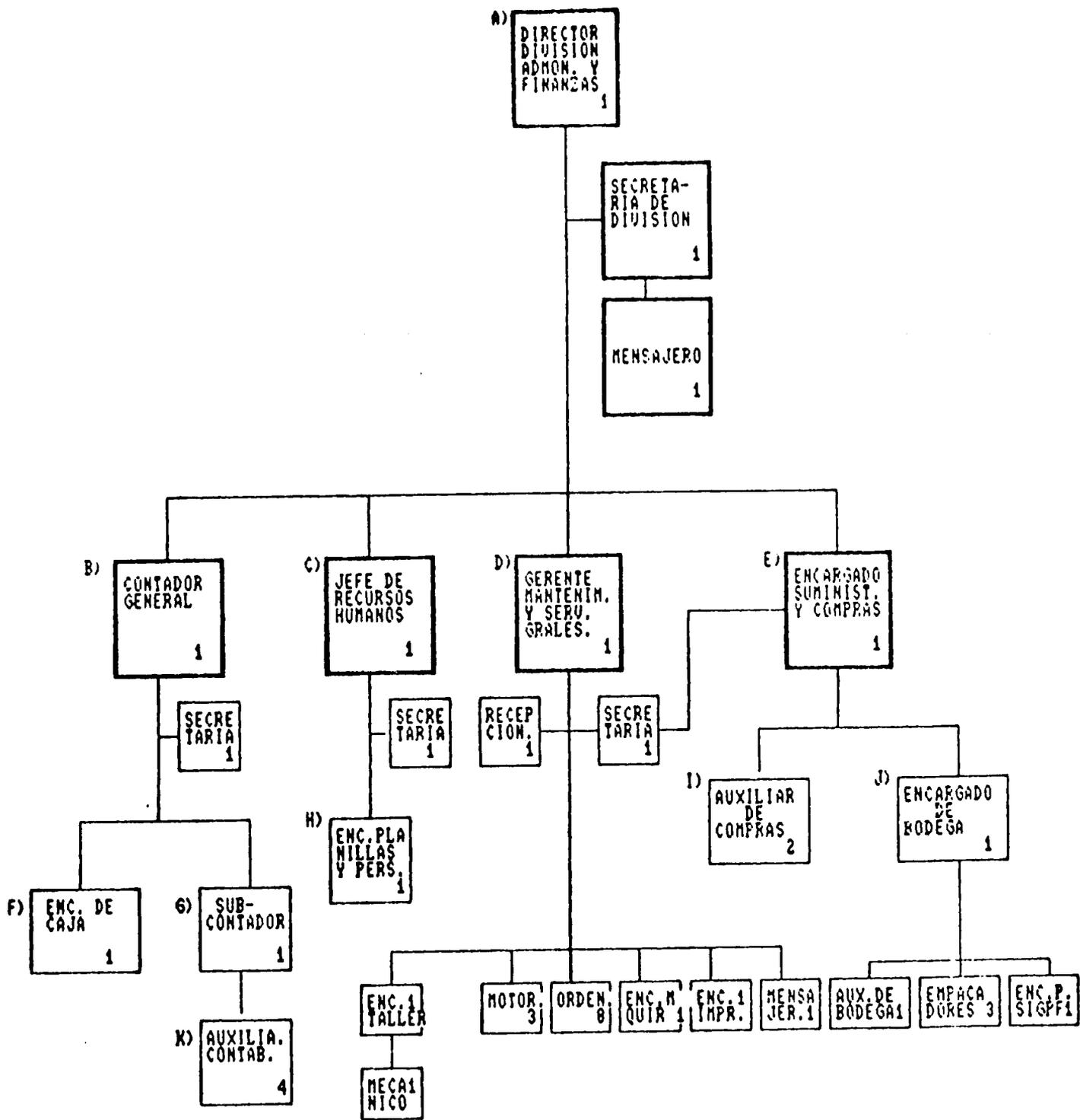
Salvadoran Demographic Association
Previous Organizational Structure



CONFIDENTIAL - SECURITY INFORMATION

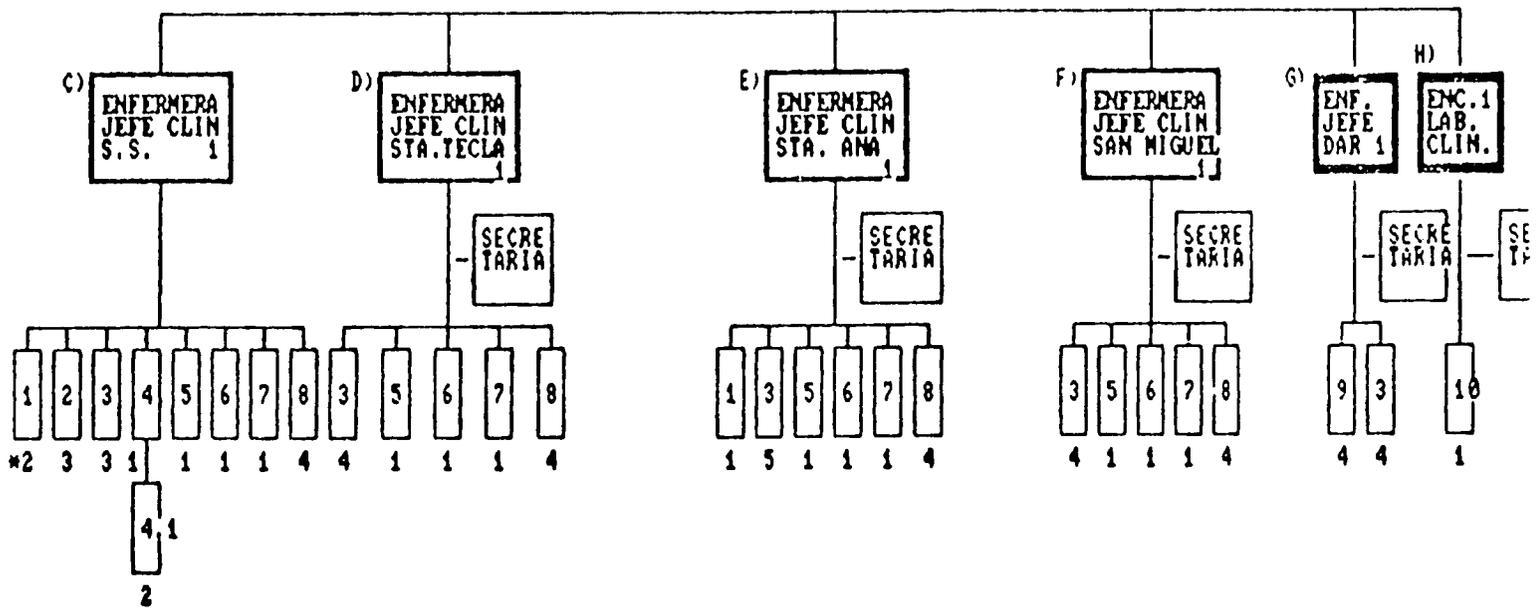
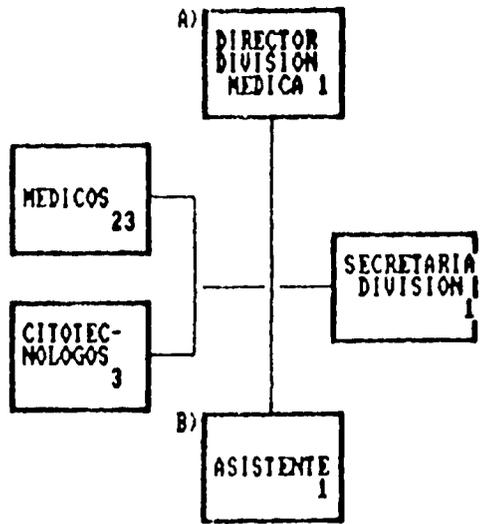
APENDIX: F

ORGANIZATIONAL STRUCTURE



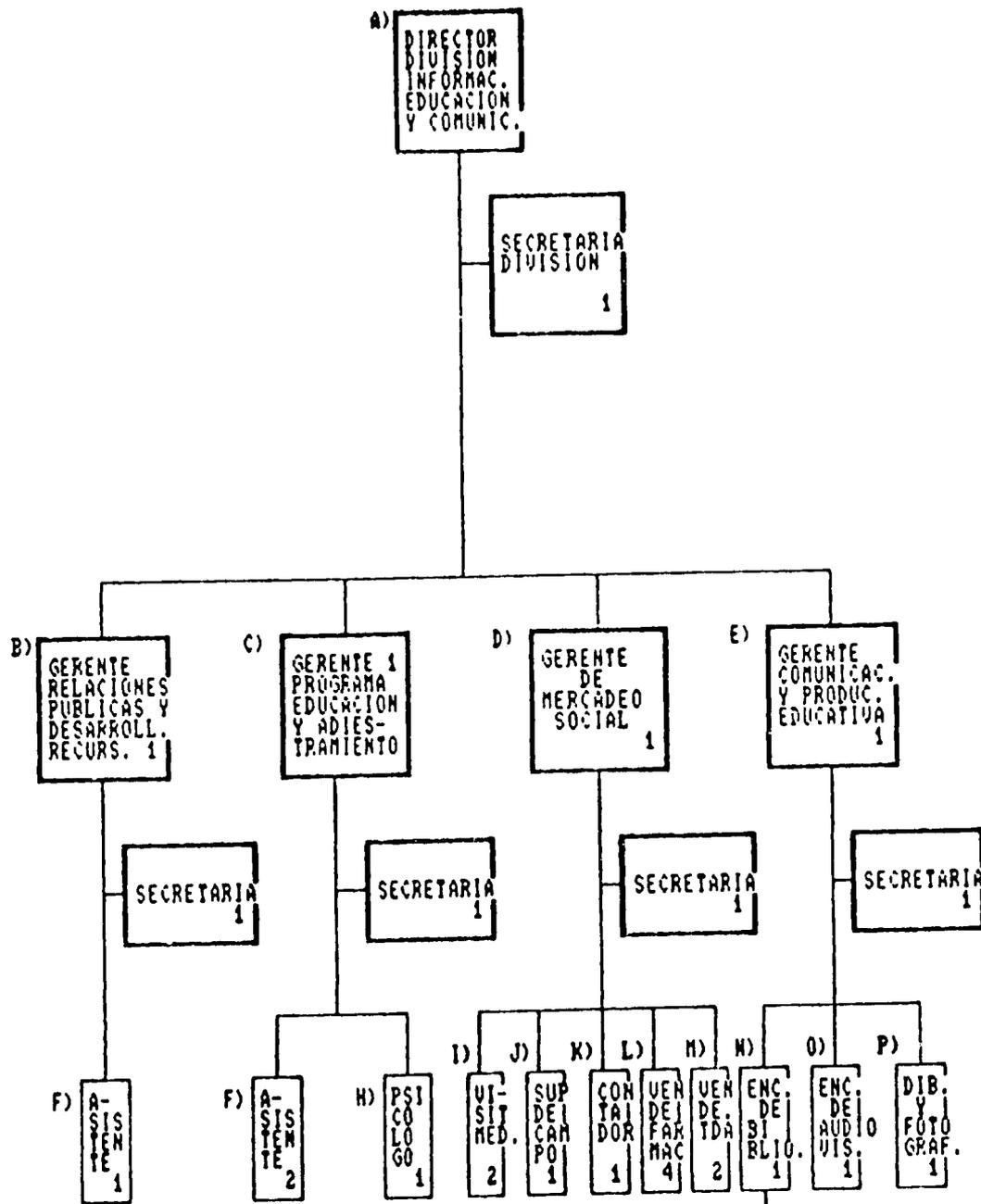
- A) SR. CARLOS MAURICIO ROMERO
 B) SR. JOSE FERMIN RODRIGUEZ
 C) LIC. MARIA ELSA YANNE
 D) ING. LUIS ROBERTO ORELLANA
 E) SR. SANTOS LUCIO CORNEJO
 F) SRA. UILMA DE SUAREZ
 G) SR. ROBERTO A. CACEROS
 H) SRA. UILMA DE MEJIA
 I) SR. MANUEL ALFARO Y SR. EDGAR MARTINEZ
 J) SR. CARLOS LINDO ARGUETA
 K) SRA. LUCILA DE CALVO, SR. JUAN A. MONTERROSA
 SR. JOSE ROBERTO JACINTO Y SR. MAURICIO MONTES





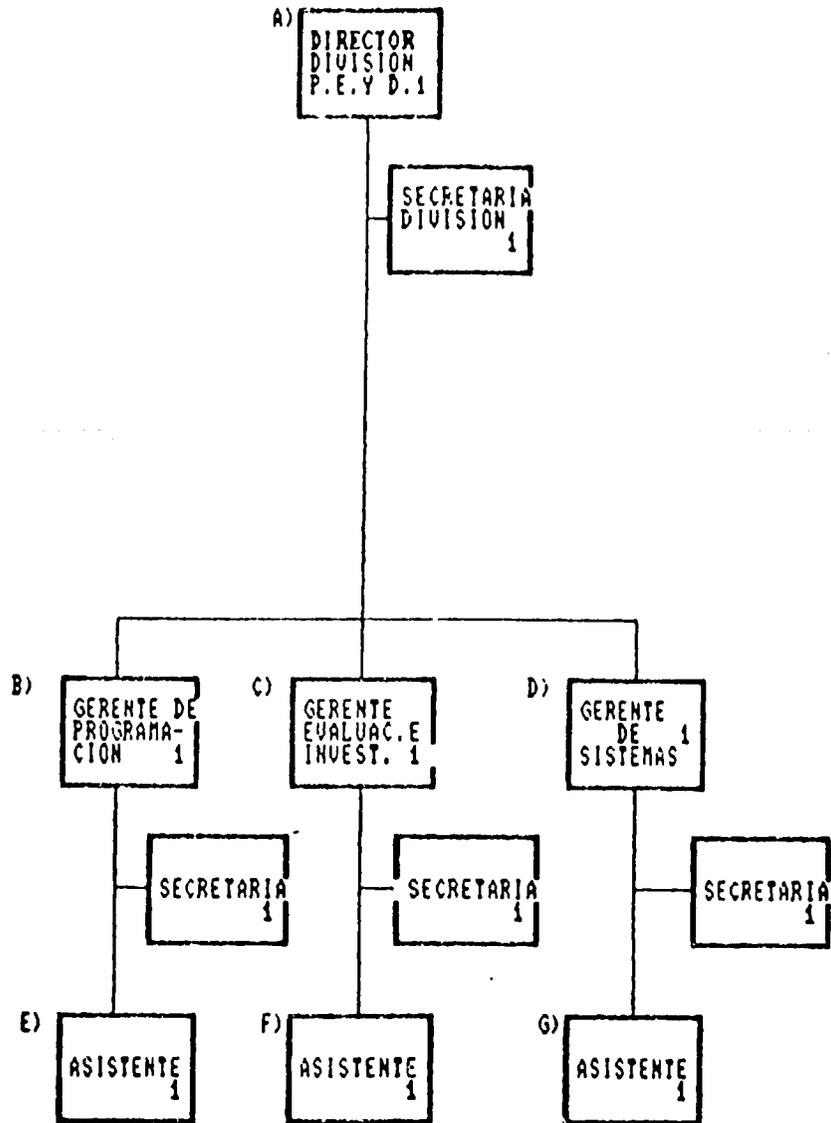
- 1- TRABAJADOR SOCIAL
 - 2- ENFERMERA GRADUADA
 - 3- ENFERMERA AUXILIAR
 - 4- ENCARGADA DE ARCHIVO
 - 5- 1-AUXILIAR DE ARCHIVO
 - 6- ARSENALISTA
 - 7- ENCARGADA DE LAVANDERIA
 - 8- MOTORISTA
 - 9- MOTORISTA DISTRIBUIDOR
 - 10- AUX. LABORATORIO CLINICO
- A) DR. SAMUEL CASTRO
 - B) PLAZA NO CUBIERTA
 - C) SRA. MARGARITA RIVAS
 - D) SRA. FLORA ETELIA CANJURA
 - E) SRA. ANA HILDA DE VALDES
 - F) SRA. SONIA DE CERRITOS
 - G) SRA. MARY ELIZABETH ARGUETA
 - H) LIC. AURA RUTH DE TORRES
- * NUMERO DE PERSONAS POR PUESTO.





- A) SRA. DORA ELENA CASTILLO
 B) SRA. ANNETTE CALVO
 C) SRA. ESTHER ESPINOZA
 D) LIC. AGUSTIN CARDOZA
 E) SR. OSCAR LEONEL MARQUEZ
 F) SRA. MARTA DE UEGA
 G) LIC. BEATRIZ GALAN DE ALONZO Y SRA. GLORIA FUENTES
 H) LIC. ESTHER YANDEE UROQUILLA
 I) LIC. SONIA DE CABALLERO Y SRA. JUANA MARTA DE GUADRON
 J) SR. FAUSTO ALCIRIDES HUEZO
 K) SR. CRUZ ELIAS PUCASANGRE
 L) SR. RICARDO PINEDA, SR. ROLANDO NOE RAMIREZ, SR. EMANUEL A. HERNANDEZ Y SR. RODOLFO ANTONIO HERRERA
 M) SR. CARLOS REMBERTO AYALA Y SR. MAURICIO A. MENDEZ
 N) SRA. UILMA ROSARIO VIDES DE MELARA
 O) SR. CRUZ ANTONIO MARTINEZ
 P) SR. JORGE NAHUM NUILA





- A) LIC. ARACELY SALAZAR CLARA
 B) PLAZA NO CUBIERTA
 C) SR. JOSE MARIO CACERES
 D) ING. ANA MARIA QUINONEZ DE ESPINOZA
 E) PLAZA NO CUBIERTA
 F) LIC. JUAN CARLOS SALGUERO
 G) SR. EDMUNDO ESCOBAR

