PD-ABF-012
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# APPENDIX D
## A.I.D. EVALUATION SUMMARY - PART I

ISN 20125

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:** GDO
Mission or AID/W Office USAID/Lesotho
(ES# 632-92-2)

**B. Was Evaluation Scheduled In Current FY Annual Evaluation Plan?**
Yes [X] Slipped [ ] Ad Hoc [ ]
Evaluation Plan Submission Date: FY 92 Q3

**C. Evaluation Timing**
Interim [ ] Final [X] Ex Post [ ] Other [ ]

**D. Activity or Activities Evaluated** (List the following information for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report.)

| Project No. | Project /Program Title | First PROAG or Equivalent (FY) | Most Recent PACD (Mo/Yr) | Planned LOP Cost (000) | Amount Obligated to Date (000) |
|---|---|---|---|---|---|
| 698-0462.32 | Family Health Initiatives (FHI-II) Project | 1987 | 9/93 | 1,175,000 | 1,086,000 |

### ACTIONS

**E. Action Decisions Approved By Mission or AID/W Office Director**

| Action(s) Required | Name of Officer Responsible for Action | Date Action to be Completed |
|---|---|---|
| Based on the recommendations of the final evaluation team the following actions and activities will be carried out before the Project Assistance Completion Date (PACD) of the Lesotho Family Health Services (LFHS) subproject: | | |
| * The LFHS-PACD has been extended to August 31, 1992 on a no-cost basis. | J. Meadowcroft | 8/30/91 |
| * A final procurement of contraceptives has been placed with AID/W for the Ministry of Health (MOH) and Lesotho Planned Parenthood Association (LPPA). Extension of PACD to Sept. 30, 1993 was requested to allow delivery of the contraceptive order. | L. Slobey | 4/07/92 |
| * A Midlevel Training Course is organized by LPPA in June for 13 LPPA nurses and 1 youth counsellor to strengthen team-building and leadership capacity. | L. Slobey | 6/30/92 |
| * Two workshops are organized by LPPA for 30 peer counsellors to strengthen their capacity in counselling, dealing with youth problems, sexually transmitted diseases (STD's) and family life education (FLE). Local technical assistance will be sought for this training. | L. Slobey | 8/31/92 |
| * Information, education communication (IEC)/STD training and information materials will be developed and printed for the target group: school youth. | L. Slobey | 8/31/92 |
| * 36 radio programs on IEC/FLE will be prepared, produced and broadcast on Radio Lesotho with the technical assistance of the Lesotho Distance Teaching College (LDTC). | L. Slobey | 8/31/92 |
| * A consultancy visit is scheduled for May 1992 by the Lesotho Catholic Secretariate (LCS) to review and re-evaluate its Natural Family Planning (NFP) program. | L. Slobey | 5/18/92 |

(Attach extra sheet if necessary)

### APPROVALS

**F. Date Of Mission Or AID/W Office Review Of Evaluation:** (Month) (Day) (Year)

**G. Approvals of Evaluation Summary And Action Decisions:**

| | Project/Program Officer | Representative of Borrower/Grantee | Evaluation Officer | Mission or AID/W Office Director |
|---|---|---|---|---|
| Name (Typed) | L. Slobey, S/GDO | MOH<br>LPPA | J. DuRette, PRM | Jean DuRette, A/DIR. |
| Signature | | LCS | | |
| Date | 7/4/92 | 9/7/92<br>18/08/92 | 7/4/92 | 7/9/92 |

## ABSTRACT

Evaluation Abstract (Do not exceed the space provided)


Lesotho Family Health Services (LFHS) project, a subproject of the regional Family Health Initiatives-II Project (FHI-II), was authorized for four years, from August 31, 1987 to August 31, 1991.
The LFHS subproject was implemented by the Ministry of Health (MOH) and Lesotho Planned Parenthood Association (LPPA) and its sub-grantee the Lesotho Catholic Secretariate (LCS).
The purpose of the final evaluation was to accomplish the following:

1. review project achievements, purpose and objectives and estimate the sustainability of development accomplishments;
2. provide recommendations to assist the MOH and LPPA for further development activities.
3. identify lessons learned from this project as guidance for future similar development activities.

General Conclusion:

- Most of the objectives of the FHI-II subproject were met: In each component, FHI inputs served as a catalyst in improving the effectiveness, efficiency and future programming for the specific technical area.
- The elements of the program initiated and implemented under the FHI-II sub-project have become an integral part of the national family planning program.

It was recommended that:

- The IEC Technical Task Force (IECTTF) create and train a cadre of local IEC personnel to be proficient in planning and designing quality IEC materials.
- The Family Life Education Task Force (FLETF) together with IECTTF should coordinate all donor funded FLE programs and obtain already developed curricula and materials from the African Region for adaptation to the Lesotho cultural traditions and sensitivities.
- MOH should make sure that trained program-related personnel are properly placed to use their skills and provide follow up training and feedback.
- Further technical assistance should continue to update and review the contraceptive logistics system.
- MOH should develop a plan and allocate personnel to analyze user statistics and provide feedback to health service areas and service delivery points.
- LPPA should develop a program aimed at team building for both staff and board members.
- LCS should seek technical assistance to review its Natural Family Planning (NFP) program and strengthen training, counselling and follow- up activities.


## COSTS

I. Evaluation Costs

| 1. Evaluation Team Name | Affiliation | Contract Number OR TDY Person Days | Contract Cost OR TDY Cost (U.S. $) | Source of Fun |
|---|---|---|---|---|
| Dr. Eric Krystall | Pop. Tech. Assiatance Project DUAL & Associates | 18 | 15,000 | LFHS 698-0462.32 |
| Ms. Enid Spielman | Pop. Tech. Assistance Project DUAL & Associates | 18 | 15,000 | LFHS 698-0462.32 |

2. Mission/Office Professional Staff Person-Days (Estimate) 5

3. Borrower/Grantee Professional Staff Person-Days (Estimate) 5

# A.I.D. EVALUATION SUMMARY - PART II

SUMMARY

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: | Date This Summary Prepared: | Title And Date Of Full Evaluation Report: |
|---|---|---|
| USAID/Lesotho | May 19, 1992 | Final Evaluation of the Lesotho Family Health Service Subproject of the Family Health Initiatives (FHI) P: August 1-19, 1991 |

## EVALUATION PURPOSE AND METHODOLOGY

The final evaluation of the Lesotho Family Health Services (LFHS) subproject was conducted from August 1-19, 1991. The evaluation team members reviewed the major background documents relating to the national family planning program and the Family Health Initiatives II (FHI-II) subproject. The team met and interviewed a broad spectrum of Government of Lesotho (GOL), non-government and donor representatives and participants who had received training under the FHI-II project. Visits were made to family planning clinics of LPPA and a clinic of the Private Health Association of Lesotho (PHAL).
The purpose of this final evaluation report was to accomplish the following:

- review actual versus planned achievements of the project purpose and objectives
- document factors accounting for the success or failure of the project components
- estimate the sustainability of development accomplishments
- provide a series of recommendations to assist the Ministry of Health (MOH) and Lesotho Planned Parenthood Association (LPPA) in further development activities; and
- identify lessons learned from this project as guidance for future similar development activities.

## PROJECT PURPOSE

The purposes of the project as set forth in the Project Agreement are:

1. to assist the GOL in reducing its population growth by strengthening the capacity of government and selected NGO's to implement effective family planning information, education, communication (IEC) programs, and
2. to improve the delivery of family planning services in ways compatible with the culture, resources, and development objectives of Lesotho .

## FINDINGS AND CONCLUSION

The LFHS subproject focused on six main areas: (1) IEC, (2) Family Life Education (FLE), (3)contraceptive logistics and user statistics, (4) operations research, (5) natural family planning (NFP), and (6)training.

1. IEC

Funds for both MOH and LPPA were provided to strengthen and enhance their IEC activities. The FHI-II Project stimulated coordination among agencies involved in family planning. Of particular importance was the establishment of the IEC Technical Task Force (IECTTF) and the National Family Planning Coordinating Committee (NFPCC). The IECTTF proved to be very effective in planning and coordinating programs, in producing IEC materials, a radio social drama and media blitz. All agencies however are understaffed in regard to IEC expertise and present funding for IEC material is inadequate despite an urgent need. The lack of anticipated technical assistance meant that few training needs for IEC management and media skills were identified and this (coupled with a shortage of personnel) led to delays in IEC program planning and implementation.

2. FLE

FHI-II included funds for a consultant to assist the GOL and NGO's involved in family life education (FLE), to help develop a FLE strategy and workshops to design and stimulate FLE activities, youth counselling service and training. A CAFS consultant working with the FLE Task Force (FLETF) prepared a detailed strategy and workplan to cover FLE activities during the FHI-II project life and after. The findings on FLE revealed that the work plan for FLE activities was overly-ambitious and as a result was only partially implemented and that delays both at CAFS and locally left several crucial activities incomplete. There is still no FLE curriculum in place and only one active youth counsellor is working since the planned youth center is not yet constructed.

3. Contraceptive Logistics, User Statistics

The evaluation team observed that the technical assistance provided by the JSI/FPLM project in training and developing information systems and forecasting led to improved management of supplies at all levels. There was however a gap in the logistical system in the link between contraceptive usage and replenishment of commodities supply. Condom and IUD stocks were adequate, but standardization of oral contraceptives without the revision of forecasts has resulted in unanticipitated stockouts and inadequate supplies overall.

On user statistics the team noted that the report forms were being monitored and amended to provide more reliable information, but lack of personnel at Family Health Division (FHD) resulted in insufficient feedback to the field. Also the present forms did not reflect contraceptive distribution other than those through clinics, i.e. Community Based Distribution (CBD) workers, AIDS- or NFP programs.

4. Operation Research

Two of the four planned operations research (CBD and Drop-out) studies were completed and provided useful information and recommendations for program planning and implementation. The Natural Family Planning (NFP) study was dropped because Georgetown University did not provide the expected technical assistance; the fund-raising study for LPPA was cancelled due to the late start of project activities.

5. NFP

The objective of this program was to establish a NFP program for Lesotho with the technical assistance of Georgetown University (to train NFP trainers and produce IEC material). The cancellation of the assistance by Georgetown University left a number of tasks related to research, planning, and implementation of the NFP program incomplete. Due to shortage of staff and lack of a reporting sytem, there was little follow up to determine the effectiveness of the method. Despite the setbacks progress has been made towards achievement of the original targets: six groups of trainers have been trained as teachers in NFP, and four of this group have received refresher training.

6. Training

To alleviate the shortage of trained managers in Lesotho the LFHS subproject provided funding for management skills training for 36 mid-and top-level family planning managers. The evaluators concluded that the training provided did strengthen the overall management capacity of the agencies involved and led to the development and introduction of a supervisory checklist. Short term out-of-country training made effective use of training opportunities. Appropriate participants were identified and training courses were targeted to the needs of the programs; and a high number of trainees effectively utilize their skills.

## RECOMMENDATIONS

• IEC: The IECTTF should identify and link key IEC program personnel with local and regional resources of technical assistance to create a cadre of IEC personnel who are proficient in planning and designing quality IEC efforts.

• FLE: The IECTTF together with the FLETF should coordinate all donor funded programs relating to FLE and make provision for obtaining already developed curricula and materials from other countries in the African region for adoption to Lesotho cultural traditions and sensitivities.
Until the youth center is built, adequate facilities for youth counselling should be provided, additional counsellors employed, and existing educators should be trained and utilized for the FLE program.

• Program Management: The MOH should determine the roles and responsibilities of personnel assigned as trainers and develop their teaching skills to enable them to effectively provide program-related training and retraining. To ensure successful introduction of new management procedures and programs, the MOH should include adequate training opportunities for follow-up and feedback in the plans for training both trainers and trainees.

• Contraceptive Logistics: The JSI-FPLM Project should continue to provide technical assistance for contraceptive commodity management and update and refine the contraceptive logistic system.
An MOH-LPPA-Donor coordination workshop should be held to review contraceptive commodity needs and ensure continuing supplies.

• User Statistics: The MOH should develop a plan and assign personnel to analyze user statistics and provide feedback on performance to the Health Services Areas (HSA) and service delivery points.
Before the introduction of a national CBD program, the MOH should modify the current reporting forms to include separate CBD user information.

• Institutional Development:
-LPPA should develop a strategy to expand the participation of local community leaders in fund-raising activities.
-In order to derive maximum benefit from the individual training of LPPA staff members, LPPA should develop a program aimed at team building for staff and board members.
-LCS should seek technical assistance to review its NFP program and strengthen training, counselling and follow-up activities.
-USAID should investigate the option of a no-cost subproject extension to enable LPPA to utilize the funds remaining in the cooperative agreement

## LESSONS LEARNED

- The project design was overly complex and ambitious.
- There was shared frustration both the implementing agencies and USAID/Lesotho with fitting the pieces together in a manner that would accomplish project objectives in a timely manner.
-Weak managerial capacity of the cooperative institutions (lack of and high overturn among staff) forced USAID to the direct implementation of project activities, creating a much greater amount of administrative work than had been anticipated. Weak institutional capacity of counterparts resulted in delays in delivery of services and commodities.
-The cancellation of initial technical assistance for the IEC and NFP programs resulted in delays in project implementation and training needs for the project were not identified until much later.
-The implementing agencies had their own problems due to the absence of the Chief of the Health Education Division (completing a MS degree in the U.S.). The efforts in the Health Education Unit were further hampered by insuffient staffing and because no resource person was specifically charged with responsibility for family planning.

## ATTACHMENTS

K. Attachments (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted as an attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

Copy of full evaluation report

## COMMENTS

L. Comments By Mission, AID/W Office and Borrower/Grantee On Full Report

MISSION COMMENT

This final evaluation report was very useful to assess the impact and effectiveness of the Lesotho Family Health Services subproject on family planning services in Lesotho. The report will be helpful for program development in family planning. The Mission generally agrees with the findings and conclusions and is working directly with the agencies involved to implement the recommendations.

# Population Technical Assistance Project

## FINAL EVALUATION OF THE LESOTHO FAMILY HEALTH SERVICES SUBPROJECT OF THE FAMILY HEALTH INITIATIVES (FHI) PROJECT

XD-ABF-012-A
PN-ABG-012

Prepared for

Office of Population
Bureau for Science and Technology
Agency for International Development
Washington, D.C.
under Contract No. DPE-3024-Z-00-8078-00
and USAID/Maseru
under PIO/T No. 698-0462-2-70086
Project No. 936-3024

# FINAL EVALUATION OF THE LESOTHO FAMILY HEALTH SERVICES SUBPROJECT OF THE FAMILY HEALTH INITIATIVES (FHI) PROJECT

by

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Fieldwork
August 1 - 19, 1991

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Report No. 91-132-125
Published January 9, 1992

# Table of Contents


Acronyms ..... iii
Project Identification Data ..... iv
Executive Summary ..... v

1. Introduction ..... 1

1.1 Project Description ..... 1

1.1.1 Background and Objectives ..... 1
1.1.2 MOH Components ..... 1
1.1.3 LPPA Components ..... 2

1.2 Purpose of Evaluation ..... 3
1.3 Country Context ..... 3

2. Observations and Findings ..... 5

2.1 Overview of Implementing Organizations ..... 5

2.1.1 MOH ..... 5
2.1.2 PHAL ..... 5
2.1.3 LPPA ..... 5
2.1.4 LCS ..... 6

2.2 Information, Education and Communication (IEC) ..... 6
2.3 In-Country Management Training ..... 8
2.4 Out-of-Country Short-Term Training ..... 9
2.5 Contraceptive Logistics ..... 11
2.6 User Statistics ..... 12
2.7 Family Life Education (FLE) ..... 14
2.8 Operations Research (OR) ..... 15
2.9 Natural Family Planning (NFP) ..... 16

3. Conclusions ..... 17

3.1 General Conclusions ..... 17
3.2 Conclusions re: Specific Project Components 17

3.2.1 IEC ..... 17
3.2.2 In-Country Management Training ..... 18
3.2.3 Out-of-Country Short-Term Training ..... 18
3.2.4 Contraceptive Logistics ..... 18
3.2.5 User Statistics ..... 18
3.2.6 FLE ..... 19
3.2.7 OR ..... 19
3.2.8 NFP ..... 19




.9'

4. Recommendations ..... 21

4.1 IEC ..... 21
4.2 FLE ..... 21
4.3 Program Management ..... 21
4.4 Contraceptive Logistics ..... 21
4.5 User Statistics ..... 21
4.6 Institutional Development ..... 22
4.7 Other ..... 22

## List of Tables

Table 1 Short-Term Training by Type of Institution ..... 10
Table 2 Short-Term Training by Technical Area ..... 10
Table 3 Family Planing Client Load Reported by MOH, LPPA and PHAL Health Facilities January - December 1990 ..... 13
Table 4 New Acceptors and Re-Attendances for Family Planning Services for All Reporting Health Facilities ..... 14

## List of Appendices

Appendix A Description of Evaluation
Appendix B Short-Term Training Participants



10

# Acronyms

| | |
|---|---|
| A.I.D | Agency for International Development |
| CAFS | Centre for African Family Studies |
| CBD | community-based distribution |
| CDC | Centers for Disease Control |
| DMI | District Management Improvement (project) |
| ESAMI | East and Southern Africa Management Institute |
| FHD | Family Health Division (PHC Department, MOH) |
| FHI-II | Family Health Initiatives II (project) |
| FLE | Family Life Education |
| FPLM | Family Planning Logistics Management (project) |
| FPMT | Family Planning Management Training (project) |
| GNP | gross national product |
| GOL | government of Lesotho |
| HED | Health Education Division (PHC Department, MOH) |
| HEU | Health Education Unit |
| HIU | Health Information Unit |
| HSA | health service area |
| IEC | information, education and communication |
| IECTTF | Information, Education and Communication Technical Task Force |
| IPPF | International Planned Parenthood Federation |
| JSI | John Snow, Inc. |
| LCS | Lesotho Catholic Secretariat |
| LDTC | Lesotho Distance Teaching Centre |
| LFHS | Lesotho Family Health Services |
| LOP | Life-of-Project |
| LPPA | Lesotho Planned Parenthood Association |
| MCH | maternal and child health |
| MOE | Ministry of Education |
| MOH | Ministry of Health |
| MSH | Management Sciences for Health |
| NDSO | National Drug Stockpile Organization |
| NFP | natural family planning |
| NFPCC | National Family Planning Coordinating Committee |
| NGO | non-governmental organization |
| NUL | National University of Lesotho |
| OR | operations research |
| PCS | Population Communications Services, Johns Hopkins University |
| PHAL | Private Health Association of Lesotho |
| PHC | primary health care |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development/Lesotho |
| WHO | World Health Organization |

# Project Identification Data

| | |
|---|---|
| **Project Title:** | Family Health Initiatives-II (FHI-II) |
| **Project Number:** | 698-0462.32 |
| **Critical Project Dates:** | Date of agreement - 8/31/87<br>End date - 8/31/91 |
| **Project Funding:** | LOP funding - $1,175,000<br>Funding to date - $1,175,000 |
| **Project Management:** | UDSAID/Lesotho, General Development Office |
| **Mode of Implementation:** | 1. Grant of $695,000 to the Government of Lesotho<br>2. Cooperative Agreement 698-0462-A-00-7001-00 providing $480,000 to the Lesotho Planned Parenthood Association (LPPA) |
| **Major Activities:** | • IEC - MOH<br>• In-Country Management Training<br>• Out-of-Country Short-Term Training<br>• Contraceptive Supply Logistics System<br>• Service User Statistics<br>• IEC - LPPA<br>• Family Life Education<br>• Operations Research<br>• Natural Family Planning |



12

# Executive Summary

## 1. The Project

The Lesotho Family Health Services (LFHS), a subproject of the regional Family Health Initiatives-II Project (FHI-II), was authorized for four years, from August 31, 1987 to August 31, 1991. The purpose of this subproject is to assist the government of Lesotho (GOL) in reducing its population growth rate by strengthening the capacity of government and selected non-governmental organizations (NGO) to implement effective family planning information, education and communication (IEC) programs and to improve the delivery of family planning services in ways compatible with the culture, resources and development objectives of Lesotho.

The Life-of-Project funding is $1,793,000, of which $1,175,000 is provided by FHI-II. This contribution finances a grant of $695,000 to the GOL and a cooperative agreement of $480,000 to the Lesotho Planned Parenthood Association (LPPA). The subproject is implemented by the Ministry of Health (MOH) and LPPA. The Private Health Association of Lesotho (PHAL) is involved in implementing activities under the GOL grant and the Lesotho Catholic Secretariat (LCS) is a sub-grantee of LPPA. LFHS was designed to include buy-ins to selected Agency for International Development (A.I.D.) centrally funded projects to provide technical assistance to the implementing agencies in furtherance of the subprojects goals and purposes. Funds are also provided for the salaries of two Personal Services Contractors to strengthen management in the MOH and assist the United States Agency for International Development/Lesotho (USAID) in subproject oversight.

The project components are as follows:

MOH: (1) information, education and communications (IEC); (2) in-country management training; (3) out-of-country short-term training; (4) contraceptive logistics; (5) user statistics.

LPPA: (1) IEC; (2) family life education (FLE); (3) operations research (OR); (4) natural family planning (NFP).

## 2. Conclusions

### 2.1 General Conclusions

- Most of the objectives of each of the FHI-II subprojects were met.
- In each component, the FHI inputs served as a catalyst in improving the effectiveness, efficiency and future programming in its specific technical area.
- The technical assistance provided by Columbia University, the Management Sciences for Health-Family Planning Management Training Project (MSH-FPMT), the John Snow, Inc. Family Planning Logistics Management Project (JSI-FPLM) was of crucial



13

importance. Population Communication Services (PCS) and Georgetown University did not participate as planned in the program.

- FHI-II stimulated coordination among the agencies involved in family planning. Of particular importance was the establishment of the IEC Technical Task Force (IECTTF) and the National Family Planning Coordinating Committee (NFPCC).

- Program management was improved through in- and out-of-country training, development of information systems and operations research (OR).

- The administration and delivery of inputs by USAID were timely and effective.

- The elements of the program initiated and implemented under the FHI-II subproject have become an integral part of the national family planning program (e.g., the IEC radio social drama and IEC Task Force; improved logistics and supervision systems; and improved guidelines and framework for OR on CBD and FLE interventions).

- The overall effect of the FHI-II subproject cannot be separated from the accomplishments of the national family planning program. There has however, been a steady increase in numbers of family planning acceptors over the life of the project.

## 2.2 Conclusions re: Specific Project Components

### 2.2.1 Information, Education and Communication (IEC)

- The lack of technical assistance meant that few training needs for IEC management and media skills were identified. This resulted in a shortage of personnel which in turn led to a delay in IEC program planning and implementation.

- Few audio-visual and written materials have been produced. The urgent need for these materials was repeatedly identified by personnel at both headquarters and field levels.

- The IECTTF has been very effective at the planning and coordination level and has stimulated the production of a radio social drama and an upcoming media blitz.

- The audio-visual equipment supplied to LPPA under the FHI-II subproject is being effectively used.

- The success of the radio social drama demonstrates that the potential for effective IEC campaigns exists.

### 2.2.2 In-Country Management Training

- This training was critical in introducing the supervisory checklist, which has been a major factor in strengthening the process of supervision and improving overall program management.



14

- Follow-up of trainers who were to train others has not been introduced in a systematic manner, often resulting in weak links between headquarters and the field.

- An excellent collaborative relationship between FPMT and the District Management Improvement Project (DMI) has been established, which has resulted in identification of supervisory weaknesses and development of viable solutions.

### 2.2.3 Out-of-Country Short-Term Training

Effective use has been made of training opportunities. Appropriate participants were identified and training courses were targeted to the needs of the program. The majority of the trainees are effectively utilizing their newly developed skills.

A large proportion of participants trained as trainers have not been given adequate opportunity to exercise and improve their skills.

### 2.2.4 Contraceptive Logistics

- Condom and IUD stocks are adequate, but standardization of oral contraceptives throughout the system without the revision of forecasts has resulted in inadequate supplies. Provision has not been made for alternative sources of supply following the end of the FHI-II project.

- The present system whereby Family Health Division (FHD), rather than National Drug Stockpile Organization (NDSO), checks stock levels and orders supplies has resulted in a confusion of responsibility.

### 2.2.5 User Statistics

- The reporting system has been upgraded and is being used by service delivery points to report monthly performance to FHD and the MOH Health Information Unit (HIU). The forms are being monitored and amended to provide more reliable information.

- The reports are processed by the HIU, but shortage of personnel at FHD has resulted in a lack of feedback to the field: thus, contraceptive usage figures are not used either to provide feedback on performance to the health service areas (HSA) and service delivery points or to provide information on replenishment of supplies.

- The present forms do not allow for reporting of services offered outside the clinic such as community-based distribution (CBD) and NFP.

### 2.2.6 Family Life Education (FLE)

- The workplan for FLE activities turned out to be over-ambitious and training has been only partially implemented. Delays, both by Centre for African Family Studies (CAFS) and locally, have left several crucial activities incomplete. Training of trainers and capacity-building has been carried out, but no FLE curriculum exists.



15

- Planned youth centers have not been constructed (a planned World Bank activity), which has delayed the youth counseling program. The program has now begun, with one very active counselor working under adverse conditions.

### 2.2.7 Operations Research (OR)

- Only two of the four planned OR studies were completed. They have provided useful information and recommendations for program planning and implementation.

### 2.2.8 Natural Family Planning (NFP)

- The lack of technical assistance from Georgetown University has left incomplete a number of tasks related to research, planning and implementation of the NFP program. Due to a shortage of staff and the lack of a reporting system, there has been little follow-up to determine the effectiveness of the method.

## 3. Recommendations

### 3.1 IEC

- The IECTTF should identify and link key IEC program personnel with local and regional resources of technical assistance, including training to create a local cadre of IEC personnel who are proficient in planning and designing quality IEC efforts. These should include coordinated production of interactive IEC materials.

- The donor community should provide project funds for the coordinated production of IEC materials for the use of all agencies engaged in family planning activities.

### 3.2 FLE

- The IECTTF, in conjunction with the FLE task force, should coordinate all donor-funded programs relating to FLE and make provision for obtaining already developed curricula and materials from donors and other countries in the Africa region for adaptation to the Lesotho cultural traditions and sensitivities.

- Until the youth centers are built, adequate accommodations for youth counseling should be provided, additional counselors employed and existing educators should be trained and utilized for the FLE program.

### 3.3 Program Management

- The MOH should determine the roles and responsibilities of personnel trained as trainers and develop their training skills to utilize them effectively for program-related training and retraining.

- To ensure successful introduction of new management procedures and programs, the

MOH should include adequate training opportunity for follow-up and feedback in the plans for training both trainers and trainees.

## 3.4 Contraceptive Logistics

- The JSI-FPLM Project should continue to provide technical assistance to revise the forecasts for contraceptive commodity needs and to update and refine the contraceptive logistics system.

- An MOH-LPPA-Donor coordination workshop should be held to review contraceptive commodity needs and ensure continuing supplies.

## 3.5 User Statistics

- The MOH should develop a plan and allocate personnel for analyzing user statistics and providing feedback on performance to the HSAs and service delivery points.

- Before the introduction of a national CBD program, the MOH should modify the current reporting forms to include separate CBD user information.

## 3.6 Institutional Development

- LPPA should develop a strategy and program to expand the participation of local community leaders in fund-raising activities.

- In order to derive maximum benefits from individual training received by LPPA staff members, LPPA should develop a program aimed at team building for both staff and board members.

- LCS should seek technical assistance to review its NFP program and strengthen training, counseling and follow-up activities.

## 3.7 Other

- USAID should investigate the option of a no-cost subproject extension to enable LPPA to utilize the funds remaining in the cooperative agreement.

# 1. Introduction

## 1.1 Project Description

### 1.1.1 Background and Objectives

The Lesotho Family Health Services (LFHS), a subproject of the regional Family Health Initiatives-II Project (FHI-II), was authorized for four years, from August 31, 1987 to August 31, 1991. The purpose of this subproject is to assist the government of Lesotho (GOL) in reducing its population growth rate by strengthening the capacity of government and selected non-governmental organizations (NGO) to implement effective family planning information, education and communication (IEC) programs and to improve the delivery of family planning services in ways compatible with the culture, resources and development objectives of Lesotho.

The Life-of-Project funding is $1,793,000, of which $1,175,000 is provided by FHI-II. This contribution finances a grant of $695,000 to the GOL and a cooperative agreement of $480,000 to the Lesotho Planned Parenthood Association (LPPA). The subproject is implemented by the Ministry of Health (MOH) and LPPA. The Private Health Association of Lesotho (PHAL) is involved in implementing activities under the GOL grant and the Lesotho Catholic Secretariat (LCS) is a subgrantee of LPPA. LFHS was designed to include buy-ins to selected Agency for International Development (A.I.D.) centrally funded projects to provide technical assistance to the implementing agencies in furtherance of the subproject's goals and purposes. The subproject also provides funds for the salaries of two Personal Services Contractors to strengthen management in the MOH and assist USAID in subproject oversight.

### 1.1.2 MOH Components

#### Information, Education and Communication (IEC) - $100,000

The purpose of this component is to strengthen the capacity of the Health Education Unit (HEU) of the MOH and other agencies to plan and conduct effective family planning IEC activities. This will be achieved through technical assistance provided by an A.I.D. Cooperating Agency (CA), in-country training and funding for the production of IEC materials. The MOH will contract with the Lesotho Distance Teaching Center (LDTC) for production of materials.

#### In-Country Management Training - $60,000

To strengthen the management capabilities of personnel in both the public and private sector family planning programs of Lesotho, in-country management training courses will be conducted for middle- and top-level managers. These courses will be developed and conducted by an A.I.D. CA and a locally based consultant in coordination with the MOH, PHAL and LPPA.

#### Out-of-Country Short-Term Training - $81,000

To assist in ensuring that essential program-related skills are available to Lesotho's family planning program, personnel from both the government and NGOs will be trained in identified



18

areas of need at recognized institutions in the region and the United States.

### Contraceptive Logistics - $35,000

Prior to the establishment of the FHI-II subproject, A.I.D. provided technical assistance to the MOH for the purpose of strengthening the system for the distribution and management of contraceptives. The present subproject will fund an evaluation of the contraceptive logistics system and technical assistance and training, as recommended, to improve the operation of the system at all levels.

### Service User Statistics - $17,000

FHI-II will provide assistance to the MOH to improve the collection of reliable national statistics on family planning users. A uniform system for collecting and reporting information on a monthly basis will be introduced to all MOH, NGO and PHAL facilities offering family planning.

## 1.1.3 LPPA Components

### IEC - $85,000

The objective of this component is to strengthen the capacity of LPPA to provide IEC in support of the national program. Equipment will be provided to central headquarters and the field offices and technical assistance will be provided by an A.I.D. CA.

### Family Life Education (FLE) - (funding included in IEC)

LPPA began Lesotho's first family life education program in 1978 and continues to be the pioneer in the field. Activities under this component will include the establishment of a youth counseling center in Maseru and training of three counselors to work in Maseru and the rural areas. Conferences, seminars and production of IEC materials for the FLE program will be funded under the subproject.

### Operations Research (OR) - $174,000

Four OR studies will be undertaken to provide information that will enable both the government and NGOs to modify and improve their family planning programs. A.I.D. Cas will provide assistance in the design, implementation and analysis of the following studies: (1) a study of community-based distribution (CBD); (2) a family planning drop-out study; (3) a study on the effect of the provision of comprehensive natural family planning and modern family planning services in the same geographic areas; and (4) a study on viable ways for LPPA to raise local financial contributions.

### Natural Family Planning (NFP) - $52,500

In order to assist the LCS in introducing family planning to the large Catholic population in Lesotho, funds will be provided for the establishment of an NFP center and program. Activities under the subproject will include training, workshops and development of IEC materials for the program.



19

## 1.2 Purpose of Evaluation

The LFHS subproject of the FHI-II project ends on August 31, 1991 and is not being continued. This final evaluation has the following objectives:

- to review actual versus planned achievements of the project purpose and objectives;
- to document factors accounting for the success or failure of the project components;
- to estimate the sustainability of development accomplishments;
- to provide a series of recommendations to assist the MOH and LPPA for further development activities; and
- to identify lessons learned from this project as guidance for future similar development activities.

Further background on the evaluation is provided in Appendix A.

## 1.3 Country Context

Lesotho is a small mountainous country completely surrounded by South Africa. Land area is 30,355 square kilometers of which only nine percent is arable. All the land is more than 1,000 meters above sea level. Lesotho, together with Swaziland and Botswana, were not incorporated into the Union of South Africa, but chose to remain High Commission Territories governed by Britain. In 1966 Lesotho achieved independence and became a constitutional monarchy headed by King Moshoeshoe II. In 1970 the Prime Minister, Chief Jonathan, lost an election but seized power. He in turn was ousted by military intervention in January 1986. The Chairman of the Military Council assumed the King's powers in 1990, but he has recently been replaced. New elections are scheduled for 1992.

The people of Lesotho constitute a homogeneous nation, speaking one language, Sesotho. The present population totals 1.6 million of which 30 to 40 percent is Catholic. The growth rate is estimated to be about 2.63 percent annually, a somewhat higher figure than was predicted in the early 1980s. The sex ratio is 93 males per 100 females and life expectancy is estimated at 53.6 years for men and about 57.3 years for women. Lower male life expectancy along with male migration to South Africa accounts in part for the skewed male/female ratio. There is a high dependency ratio with over 50 percent of the population under 20 years of age and 15 percent under five. Infant mortality is estimated to be between 106 and 130 per thousand.

From 1980 to 1988, the gross national product (GNP) in real terms rose by 24.4 percent, but the population increased by a similar amount resulting in a static GNP per person over the same period. The inflation rate in 1988 was 16.3 percent. A major source of income has been the remittances from mine workers in South Africa. In recent years, due to a multiplicity of factors, fewer miners have been recruited from Lesotho, and consequently unemployment has increased and the economy has become more depressed. A slow but steady loss of arable land, much land being left fallow, lack of traction, late planting and fragmentation of land have proved to be constraints to



10

improved agriculture. Light manufacturing is increasing and much is expected from the new Highlands Water Project which consists of reservoirs and hydroelectric power stations. Lesotho is not a rich country. Poverty is higher in the mountains and foothills than in the urban and lowland areas. Eighty-five percent of the population lives in the rural areas and poverty is highest in female-headed households where the head has little or no education. Well over half the households are managed by women who may have absentee husbands or are widowed, single or divorced.

There is no national population policy although a draft was prepared at a national workshop in August 1990. This draft is in the process of being revised.



21

# 2. Observations and Findings

## 2.1 Overview of Implementing Organizations

### 2.1.1 MOH

The MOH is responsible for all health activities in Lesotho and has direct responsibility for 11 hospitals and 62 clinics. PHAL, the coordinating body for all mission hospitals and clinics, has responsibility for 9 hospitals and 80 clinics. Lesotho is composed of 18 health service areas (HSA), each having a hospital as the central referral and support center for a number of health centers/clinics which in turn support village health posts at the grassroots level. Both MOH and PHAL hospitals function as HSA hospitals, and all health centers/clinics of MOH and PHAL maintain communications with, and are supervised by, the hospital in their HSA. Health centers, which are staffed by nurse clinicians, are designed to serve a catchment area of between 6,000 and 10,000 population although areas often overlap. Village health workers and traditional birth attendants support the system at the community level.

Primary health care (PHC) as a national strategy was adopted in 1979. The PHC Department is composed of the following Divisions: (1) Health Education Division (HED); (2) Environmental Health and Disease Control Division; and (3) Family Health Division (FHD). The Maternal and Child Health/Family Planning (MCH/FP) Unit in the FHD is responsible for ante-natal, post-natal and family planning programs.

### 2.1.2 PHAL

PHAL was established in 1978 by the churches that were involved in the delivery of health care services. Its primary objectives are (1) to improve coordination between the MOH and religious missions involved in health activities; (2) to enhance the ability of the church-affiliated health programs to solicit financial support; and (3) to facilitate project administration, training and coordination among its member groups.

PHAL has its central office in Maseru, staffed by a program manager, a finance officer, two community health nurses, a drug and alcohol program officer, and support staff. The organization holds an annual general meeting every March and a strategy and planning meeting every November. PHC meetings to include all participating institutions are held quarterly. Funding is received from member churches, donors and the GOL. Formalized coordination between MOH and PHAL, especially in the area of PHC, commenced at the start of FHI-II activities. A recent decision by the government to provide salaries to nurses in PHAL facilities has improved the relationship between the two groups and has decreased staff turnover in the PHAL hospital system.

### 2.1.3 LPPA

LPPA was established in 1967 and registered with the GOL as a voluntary organization. One of its founding members received training in Kenya as a field educator and, upon her return to Lesotho, initiated activities that focused on motivation and education of women in their homes and through church and women's groups. In 1968 the Council of Churches gave its written non-objection to operations of the Association. LPPA established its first center in Maseru in 1968

and was active until 1970, when it was banned because of the state of emergency and the political situation in the country. Operations continued in 1971/72 when a National Executive Committee was formed and the organization applied for membership to International Planned Parenthood Federation (IPPF). Today, in addition to the central office in Maseru, LPPA has four branches offices, 8 clinics and 13 out-stations. Since 1987, the turnover of directors has been high, leading to some problems with implementation of LPPA's program.

Between January 1990 and May 1991, LPPA benefited from a strong director who realigned all the programs and reorganized the administration. During that period of time, staff members also received additional training. Although individuals benefited from the training opportunities in their specific areas, there was no occasion to examine how the training could be utilized to support and strengthen the organization as a whole or how these individually trained staff members could better function as a team. With the departure of the director in May 1991, organizational development has virtually come to a standstill. Presently, LPPA is functioning under the leadership of an acting director while in the process of recruiting a new director.

The Board of Directors has not played a strong role in setting directions for the organization or promoting its positive image within the community. Most of LPPA's financial support comes from IPPF or donor organizations, with very little contribution or involvement from Lesotho's business community or prominent citizens.

### 2.1.4 LCS

The LCS through its Department of Health and Social Welfare offers programs in NFP, counseling and education for A.I.D.S and social services for migrant workers. The main office is in Maseru, but personnel work closely with LCS's member hospitals, health clinics, and church groups in the rural areas. Some activities relating to NFP started in the late 1970s, but activities and client counseling became more formalized in 1982. LCS staff involved in NFP have all received training in the Billings Method.

## 2.2 Information, Education and Communication (IEC)

The FHI-II project recognized that the provision of efficient family planning services through a clinic system is essential to the program, and that it is equally important to motivate and educate clients to make use of these services. Therefore, the project provided funds to both the MOH and LPPA to enable them to undertake a number of activities that would extend their reach in spreading family planning messages. The HEU was expected to spearhead the project activities. It was to be provided with funds, equipment and technical assistance to develop a national IEC strategy, train personnel, plan and implement programs, and produce print materials and other IEC items.

To support and supplement government efforts, LPPA was also to be provided with funds and equipment to strengthen its capacity to provide IEC through field workers and outreach programs. Activities were to concentrate on youth, chiefs and opinion leaders, and efforts were to be coordinated with the MOH, PHAL and the LCS. Workshops were to be held and print and audio-visual materials were to be produced.

Through the initiative of FHI-II, the National Family Planning Coordinating Committee (NFPCC) was established in August 1988. Although the NFPCC itself is generally regarded as not being very effective, it did establish task forces. The Information, Education and Communication Technical Task Force (IECTTF) has proved to be extremely successful. Representatives of all agencies involved in family health and population programs meet regularly to coordinate their efforts. They jointly plan activities and share information to avoid contradiction of messages and overlapping of programs. They identify available resources, training needs and opportunities and member agencies are advised on IEC strategy, materials production and quality and appropriateness of materials. The IECTTF monitors the jointly agreed upon activities to ensure effective implementation according to a workplan which is periodically reviewed and modified as necessary. Although activities are jointly planned, each agency remains responsible for the implementation of its own projects. The workplan consists of an overall monthly schedule with a separate workplan for each agency that includes details of each activity, the role of the agency, the role of IECTTF, and assistance required from other agencies. The task force is chaired by HED with LPPA serving as the secretary.

FHI-II was to provide a critical input of technical assistance through a buy-in with the Population Communication Services (PCS) Project. This component did not materialize, however. Without technical assistance, there was a delay in the development of IEC strategies and activities and the training needs of the project were not identified. The results were a shortage of personnel possessing technical competence in the variety of media called for in the project document. It took some time to identify regional and local IEC resource personnel who could provide the inputs in the production of audio-visual programs and materials. This has now been done.

A radio drama launched in September 1990 and broadcast on Radio Lesotho on Sunday evenings at 7:30 has demonstrated that there is good potential for effective IEC campaigns and production of audio-visuals. The concept was formulated by the IECTTF, and a review of literature and research on attitudes and behavior was carried out by LDTC. Production was a collaborative effort between the HED, LPPA, LDTC, the Screenwriters Institute, and a Zimbabwe-based consultant. The drama, entitled in English translation "Children are Flowers, but . . . ," has been the success story of the IEC program. Over three-quarters of the 52 episodes have been broadcast and the program has attracted a huge audience. An excellent recent evaluation identifies a number of production problems. It notes, however, that "the main character, Maofane, has become a folk hero ... typical of irresponsible men" (Ben Zulu, 1991). The drama has proved popular with men and women, youth and children, and its success has ensured funding from UNICEF for another five years. The theme will be broadened to include safe motherhood and child protection.

Some pamphlets dealing with issues of youth and mothers-in-law are being produced by the LDTC. The texts have already been pre-tested and corrected but no funds are available for layout and printing. One poster has been produced for the national program. Workplans developed by the IECTTF include the following future activities: (1) LPPA to produce a pamphlet on contraceptive methods, a media blitz in October 1991, and radio programs; (2) PHAL to produce a school health program; and (3) MOH/FHD to do general IEC materials production. Training activities in FLE, CBD, and various aspects of family planning curriculum development are scheduled by LPPA, MOH, PHAL, MOE, and the Agricultural Information Centre.

The IECTTF has earned the respect of the participating organizations and for its role in producing the radio social drama, its work in planning, and its important role in coordination. On the whole, the equipment to be supplied through the project to the MOH and the LPPA has been



24

delivered and is effectively in use. All agencies, however, are understaffed with regard to IEC expertise. LPPA has one IEC officer and one youth counselor. The MOH relies on the HEU, which also serves other health programs. Other agencies similarly lack trained personnel. There is general agreement at both headquarters and the field levels that funding for the production of IEC materials is inadequate at present but that the need for such materials is urgent. Few plans have been made for the future, however.

The IEC approach has remained largely passive, with no effort to develop written and audio-visual materials that actively involve interaction with the audience. No plans have been made for listening or discussion groups centering on the radio drama, and no supporting materials have been prepared for teachers or extension workers who could elaborate on the drama's content and themes and answer questions. No effort has been made to have local women's, youth and school groups incorporate family planning themes into folk media such as plays, songs, poems and traditional dance.

## 2.3 In-Country Management Training

In order to alleviate the shortages of adequately trained managers in Lesotho's family planning program, funding was provided under the LFHS subproject for management skills training for approximately 20 mid- and top-level family planning managers. Training was to be provided through a buy-in to the Family Planning Management Training Project (FPMT) and implemented in conjunction with a locally based consultant in collaboration with the MOH, LPPA and PHAL.

An initial identification of potential management interventions by FPMT took place in February 1988. During the following months and throughout the buy-in period, recommendations for modification and refinement of the scope of activities were effected to respond to the needs of the program and its participants. The original training targets of this component were exceeded; 36 participants were trained in two initial in-country workshops and 100 people were trained in conjunction with the District Management Improvement project (DMI). A variety of ancillary accomplishments resulting from this component served to strengthen further the management and implementation of the national family planning program.

An initial undertaking by FPMT was to facilitate the establishment of the NFPCC in August 1988. The NFPCC serves as the coordinating body for family planning activities across all ministries, donor agencies and NGOs. Although the NFPCC has not met regularly, its member technical task forces have been active (see IEC section). The following constraints to the successful functioning of the NFPCC have been identified: (1) too large a structure, i.e., representation by approximately 50 organizations; (2) too many representatives from the different health divisions; (3) representation by high-level personnel who often have conflicting commitments and do not delegate responsibility to other members of their staff; and (4) lack of commitment on the part of some members.

FPMT facilitated two major workshops under this project, the Situation Analysis and Strategic Planning Workshop and the Supervision Workshop. The former was conducted for 17 participants in January 1989. It played a role in sustaining the development of NFPCC by suggesting steps for strengthening its work. It also enabled participants to complete an analysis of the strengths and weaknesses of the national program, develop three action plans for implementation by members of the NFPCC, and complete a functional analysis of the roles and responsibilities of organizations



26

involved in family planning in Lesotho. The newly introduced analysis and training techniques used at this workshop have subsequently been introduced by the participants to other family planning groups involved in planning and program activities.

One of the major focuses of the MOH was to strengthen overall management at the HSA level. The excellent collaboration between the USAID-funded DMI project and FPMT has contributed to this effort. The DMI project identified needs and established priorities for improving the already operating systems. Supervision was identified as a top priority and the FPMT project coordinated its efforts very closely with DMI activities in this area. The Supervision Workshop, held in January 1990, was targeted to those persons in the HSAs who were to be used as trainers to introduce the new MOH/PHAL supervisory system to the field. The workshop facilitated the introduction and use of the new MCH/family planning supervisory checklist. In addition, the involvement of many of the HSA trainers in the course allowed indirectly for improvement of their training skills.

Another series of four two-day workshops carried out by FPMT provided orientation and practical experience for clinic-level workers in using the new supervisory checklist and identified areas for continued follow-up and modification to improve the system.

The workshops introducing the supervisory checklist have played a significant role in the successful introduction of an improved supervisory system for MCH/family planning activities. Discussions with personnel at various levels of the health care infrastructure, revealed that the supervisory checklist has been incorporated into operations within a number of HSAs, and the mechanism and process of supervision has improved.

Initial follow-up of the group of trainers who were to train others to use the checklist was weak, however. Follow-up was equally weak when it came to those who were introducing the checklist and the problems they were encountering in the field. Clarification on certain aspects of the checklist's use has been achieved through assistance from the DMI project and through trial and error. Continued feedback from those using the checklist and follow-up will be required to maintain and improve its effectiveness.

## 2.4 Out-of-Country Short-Term Training

In order to augment the skills of both government and non-government personnel and strengthen the capacity of those organizations and institutions that offer family planning, the LFHS subproject programmed funds to train 11 persons in short-term, out-of-country family planning courses. The training was to be focused on the management and administration of family planning programs, family life education, and other special fields.

This component achieved considerably more than the planned target: 28 persons were trained through 8 separate courses/study tours. The tables below serve to provide some basic details of the short-term training program (see Appendix B for a more detailed list).

**Table 1**

**Short-Term Training by Type of Institution**

| | MOH | NGOs (LPPA & Red Cross) | PHAL |
|---|---|---|---|
| Nos. Trained | 14 | 10 | 4 |

Source: USAID PIO/Ps

**Table 2**

**Short-Term Training by Technical Area**

| Course Subject | Nos. Trained | Organization/Country |
|---|---|---|
| Contraceptive Technology | 5 | CAFS/Kenya |
| Family Planning Counselor Training | 6 | AVSC/Kenya |
| Study Tour | 5 | AVSC/Kenya |
| Family Planning Program Management | 3 | CAFS/Kenya |
| Adolescent Fertility Management | 2 | International Center for Training in Population and Family Health/USA |
| Research & Evaluation | 1 | CAFS/Kenya |
| Trainers of Trainers in Clinical Family Planning | 6 | CAFS/Kenya |
| CBD | 2 | Columbia University/Nigeria |

Source: USAID PIO/Ps

Interviews with participants, discussions with supervisors and other relevant personnel, and review of documentation, confirm that the majority of the trainees benefited from and utilized this training in their jobs. The following serves to provide some indication of the achievements of this component:

- Only 1 out of the 28 participants resigned from her post following training;
- Only 1 out of the 28 participants is presently in a job unrelated to family planning (nursing sister in pediatric ward);
- The 2 participants trained in CBD are directly responsible for an expanded CBD program in their institutions;
- The LPPA participant trained in research and evaluation has been given increased

responsibility to organize and oversee the new Research and Evaluation Department in LPPA;

- A number of nursing sisters have been given increased responsibility for management of programs based on their training.

In addition to short-term training under this component, there has been training in FLE through the LPPA components of the subproject. In general, the cross-section of personnel interviewed were well versed in their respective areas of family planning and the selected training courses catered to the needs of the family planning program.

Although a number of people had been trained as trainers, it was difficult to obtain detailed information as to how they perceived their roles and responsibilities as trainers (i.e., how they were using this training to train others or whether they felt comfortable in a trainer's role). An in-country training capability will be necessary when new and expanded activities (FLE, CBD, etc.) are introduced into Lesotho's family planning program, in order to ensure effective implementation of these elements.

## 2.5 Contraceptive Logistics

Lesotho has often experienced stock-outs of various contraceptive commodities. In 1984, USAID provided assistance to the MOH through the East and Southern Africa Management Training Institute (ESAMI) in collaboration with the Centers for Disease Control (CDC). In mid-1985, a workshop for district public health nurses and pharmacist technicians from MOH, LPPA and PHAL was held at which a new information system and revised reporting forms were introduced.

The FHI-II program provided funds for the MOH to continue to use ESAMI and CDC to provide technical assistance. The ESAMI component was taken over by the new JSI Family Planning Logistics Management Project (FPLM). An evaluation of the information system, a review of commodity stocks and forecasts of future needs, and a workshop to discuss the findings were to be funded. Also included in this component was a workshop for donors and the MOH to discuss commodity requirements and the formulation of a management policy for the ordering, storage and distribution of commodities. The possibility of a future request to USAID to provide commodities through one of its subcontractors was envisaged.

A review of the system was carried out by an FPLM/CDC mission in February 1989. This was followed by a one-week workshop conducted by FPLM/CDC in May 1989 for staff from the MOH, LPPA and PHAL. Twelve participants and three observers were trained in the general principles of supply management and information systems. The participants then applied these principles to the actual drug supply and management information collection in Lesotho and recommendations were made by participants for improvements to the system.

Recommendations included the following: (1) the need for training of MCH/family planning health center staff and preparation of appropriate teaching materials; (2) coordination between MOH, LPPA, USAID and UNFPA representatives to ensure adequate levels of contraceptive supplies; (3) National Drug Stockpile Organization (NDSO) and MCH/family planning management accounting of supplies by the single unit; (4) NDSO practice of first in/first out stock control; and (5) the preparation of an operations manual and revised usage reporting forms to be put

into use as soon as possible. In addition, the consultants recommended that USAID continue to provide orals, condoms and IUDs to the MOH and confirmed that earlier projections of commodity needs and stocks had proved adequate. A follow-up visit made by FPLM/CDC in August 1990 analyzed contraceptive supply levels and usage, updated quantities, and provided projections and shipping dates for future contraceptives.

NDSO supplies and distributes contraceptives to service delivery points throughout the country, but checking stock levels and ordering is the function of the FHD. Coordination between the two is weak and the system itself has resulted in confusion of responsibilities. It seems inefficient for NDSO to be depending on FHD for orders when it may have a better fix on existing stock levels than does FHD.

The system works this way. Contraceptives are received, checked and stored at the NDSO warehouse in Mafeteng. Requisitions for commodities are received by NDSO directly from health facilities or from the HSAs. The requisitions and commodities supplied are logged into the NDSO computer and recorded on bin cards. Commodities are packaged, sealed, labeled and delivered by NDSO transport. The FHD would like all requisitions to pass through the division and has started this procedure for orders of depo-provera. The NDSO would prefer that all orders come from the HSAs, but it recognizes that this would create a time lag. At present about 80 percent of the orders come through the HSAs while 20 percent come from individual health centers.

The FHD checks stock levels only at irregular intervals and NDSO does not inform FHD when stocks are low. There is no policy on maintaining stock levels at health facilities or at HSAs. Often storage facilities are limited. Though pharmacist/technicians have been trained in the management and ordering of stocks, turnover of staff is high.

Present stocks of commodities range from sufficient to out-of-stock. Condoms are received from USAID, WHO (for AIDS control) and IPPF. Even though there has been a marked increase in usage, stocks are adequate. IUDs come from USAID and IPPF and stocks are likewise adequate for present and projected usage. At the request of the donors, the supply of orals has been standardized and now only two types of NDSO orals are stocked -- Lo-feminal and Ovrette. At present there are about 20,000 cycles of Ovrette and no Lo-feminal. The MOH is aware of the stock-out but has not ordered emergency supplies. The FHD believes that orals have been hoarded at individual centers and the division is presently attempting to recycle existing stock. LPPA is also recycling from its branches, but does not expect to receive any from the recycled MOH stocks. As Lo-feminal is not stocked by IPPF, LPPA has requested the Swaziland Family Planning Association to send Lo-feminal from the Swaziland government stock. Depo-provera is supplied by UNFPA, and although neither the MOH or LPPA has reported a shortage, it was noted that NDSO has less than 100 vials in stock at the warehouse. New stocks of depo-provera, however, are reported to have recently arrived. No provision has been made for alternative sources of USAID-supplied condoms, orals and IUDs following the end of the FHI-II project.

## 2.6 User Statistics

Until 1984, there were no reliable national statistics on users of family planning methods, in part because the MOH, LPPA and PHAL each had different reporting requirements. In September 1984, the MOH, with assistance from ESAMI, began to introduce a uniform system of user statistics reporting. Record cards were introduced and service providers were trained in their

use. All service delivery points were to submit a monthly MCH/family planning report. The FHI-II project provided funds for further testing and revision of the forms, a mini-computer and accessories for the HIU, and printing of new forms. Technical assistance from ESAMI was to be continued.

The JSI/FPLM project took over the technical assistance component of the program. Project personnel tested and redesigned the reporting forms with assistance from participants who had attended the Logistics Management Workshop of August 1989. A system was established whereby the health facilities submitted their monthly report forms to the HSAs, which forwarded them to the FHD, which in turn passed them on to the HIU. HIU processes the statistics and reports back to the FHD on usage every three months. Supervision of reporting has recently been improved to ensure that reports are prepared and forwarded on time. The HIU indicated that the MCH/family planning service statistics system was more reliable and produced more consistent results than did other MOH systems.

Guidelines were prepared by FPLM on how to report and the HIU has trained service providers in the use of the forms. The forms have again been evaluated and modified. Revised forms are to be introduced shortly. Analysis is done for the FHD on request. Due to a shortage of staff, however, FHD does not produce reports for the clinics (as does the Expanded Program on Immunization) and thus, usage statistics are not used either to provide feedback on performance to the HSAs or to help identify the needs for replenishment of supplies. The failure to match user reports to clinic stock levels has been recognized by the MOH, and it is possible to amend the computer program to include such matches. Reporting forms do not include contraceptives distributed outside the clinics, i.e., by CBD workers, through the AIDS program or of natural family planning. Thus, there is considerable under-reporting of condom usage and the resupply of oral contraceptives.

During calendar year 1990, 157 hospitals and clinics submitted 1640 reports, or 87 percent of a possible total of 1884 reports. These indicated that only 22 facilities (or 14 percent) had 500 or more re-attendances, and only 10 (6.3 percent), 500 or more new acceptors. They also showed that over 30 percent of the facilities provided no family planning services of any sort (except for the Billings-method--see Table 3).

**Table 3**

**Family Planning Client Load**
**Reported by MOH, LPPA and PHAL Health Facilities**
**January - December 1990**

| Number of Clients | 0[1] | 1-100 | 101-500 | 501-1000 | 1001-5000 | 5001 or more | Total |
|---|---|---|---|---|---|---|---|
| Number of Facilities Reporting New Acceptors (%) | 57 (36.3) | 61 (38.9) | 29 (18.5) | 6 (3.8) | 4 (2.5) | - | 157 |
| Number of Facilities Reporting Re-Attendancies (%) | 53 (33.7) | 32 (20.4) | 40 (31.9) | 11 (7.0) | 7 (4.5) | 4 (2.5) | 157 |

[1] Includes Billings method.



30

Table 4 shows that the 1990 figures represent a substantial increase from those of 1989. Comparable increases are projected during 1991. Thus, although the subproject cannot be separated from the overall effect of the FHI-II accomplishments of the national family planning program, it is clear that there has been a steady increase in the numbers of family planning acceptors over the life of the project.

**Table 4**

**New Acceptors and Re-Attendances for Family Planning Services for All Reporting Health Facilities**

**Jan - Dec 1989 and 1990 and Jan - March 1991**

| Total Methods | 1989 | 1990 | % Increase from 1989-90 | 1991 | Projected % of Increase from 1990-91 |
|---|---|---|---|---|---|
| New Acceptors | 16,123 | 22,485 | 39.5 | 29,448 | 31.0 |
| Re-attendances | 51,099 | 64,848 | 26.9 | 74,786 | 15.3 |
| Total | 67,222 | 87,333 | 29.9 | 104,234 | 20.0 |

*The 1991 figures are based on reports for the first quarter multiplied by 4 and assume that first quarter trends will continue.

## 2.7 Family Life Education (FLE)

A key component of the IEC strategy in Lesotho is education in family life. Given the country's cultural and religious background, discussion of family planning is often not possible. Growing concern with teenage pregnancies has made youth a major target, however, and FLE allows for provision of family planning information in the context of responsible and planned parenthood. LPPA has played a pioneering role in reaching in- and out-of-school youth and their parents.

FHI-II included funds for a consultant to help the HEU, LPPA and other groups working with youth to develop an FLE strategy and for national and regional workshops, designed to stimulate FLE activities including production of materials. In addition, the project included a component for FLE counseling services for youth, which is closely linked with World Bank activities in FLE. The World Bank planned to construct two youth centers, one in Maseru and one in a rural area, while FHI-II funds were to be used for the training of three LPPA counselor/advisors, their stipends for the first year, and other program start-up costs. Also included in the FHI-II subproject were the following: (1) funds for conferences and seminars to reach at least 320 opinion leaders; (2) the production of printed materials for target audiences (e.g. young unmarried men and women, teachers, participants in non-formal education programs, policy makers, and service providers); (3) the purchase of films and slide sets; (4) the production of a video in Sesotho; and (5) the purchase of audio-visual equipment and supplies.

In 1989, a CAFS consultant working with the FLE Task Force, a subcommittee of the IECTTF, prepared an ambitious and detailed strategy and workplan to cover FLE activities during the life of FHI-II and after. The workplan turned out to be overambitious, given the local situation: Due to delays and changes of personnel both at CAFS and locally, the timetable was not followed and a number of scheduled activities were delayed or did not take place. The initial focus was to train LPPA's field educators as trainers; this was reassessed in 1990 and the focus shifted to training teachers as trainers. A training of trainers course took place in May 1991. In August 1991, the final month of the FHI-II subproject, a capacity-building workshop for agencies involved in FLE was held. A curriculum for FLE has not yet been developed, however. A workshop for policy makers was planned as a part of the National Population Conference of 1990, but this conference was postponed and as yet has not been rescheduled.

In 1990, four seminars were held, two for teenagers and their parents and two for male and female teenage parents between 17 and 22 years of age. These were considered to be very successful, with large numbers attending and a high participation level. A video on male motivation was developed using the National University of Lesotho (NUL) Theater Group and a knowledge, attitudes and practice study was carried out by NUL in 1990.

The proposed Youth Centers, to be built with World Bank funds, have not been built, resulting in a delay in training and appointing of youth counselors for the FLE program. One counselor, employed by LPPA and working in the Maseru Clinic, attended an Adolescent Fertility Workshop in Chicago. She has not yet been given a counseling room for her activities but has obtained some poorly lit space. Video equipment and videos on youth have been provided though are not always functioning. Despite these constraints, regular counseling sessions for youth are being held. In May 1991, a one-day workshop for teachers was convened. The MOE has cooperated with the program and has promised to incorporate FLE into the curriculum.

## 2.8 Operations Research (OR)

Although the OR component had a late start, the FHI-II subproject implemented two of the four OR studies that were originally planned under this component. Both the CBD Study and the Study of Contraceptive Drop-outs were completed in 1989 with technical assistance from Columbia University Center for Population and Family Health. The implementation of these two studies enhanced the ability of the LDTC and LPPA to carry out OR and provided valuable information for program planners. The remaining two studies, which were to investigate NFP as a service delivery strategy and to explore local fund-raising opportunities for LPPA, were not carried out. The NFP study was dropped because Georgetown University did not provide the expected technical assistance and the fund-raising study had to be cancelled due to the late start of project activities.

The drop-out study, using separate focus groups of former users and health services providers, identified unanticipated side effects and lack of adequate counseling as a major cause for discontinuation of contraceptive use. LPPA has incorporated these findings into its training of staff. The results from this and other studies also provided necessary information for the MOH in design of its future training plans.

The CBD study has played a major role in the design and planning of an additional service delivery mechanism for family planning. Although Lesotho's family planning program is clinic-



37

based, the MOH is interested in introducing a national CBD program to serve the large rural population, which does not have easy access to static clinics. The CBD study evaluated a small CBD project that LPPA introduced in 1984 in four areas of the country. The evaluation reviewed the major dimensions of the program, its strengths and weaknesses, and provided recommendations for expansion and future development of CBD programs. These recommendations were constructive and comprehensive, relating to such areas as CBD recruitment; setting up CBD agent service areas; community involvement; training, incentives and scope of work for CBD agents; program supervision; motivation; and the role of clinical services and logistics.

The evaluation is serving as the foundation for the present CBD program -- a pilot effort is being implemented in two HSAs by MOH and LPPA. A community based distributors family planning manual and curriculum for this program were developed and printed in May 1991 with funds from the World Bank. Continuing funds for the CBD program are being provided by the World Bank.

## 2.9 Natural Family Planning (NFP)

The objective of this component is the establishment of a NFP program for Lesotho. The LCS, with technical assistance from Georgetown University, was to establish a center, train 20 NFP trainers, produce IEC materials, and provide services to approximately 1,000 couples.

The coordinator of NFP activities for LCS, who had been in charge of this program since 1985, was very active in creating awareness for family planning among doctors, teachers, seminarians, priests, youth and nursing mothers. Although NFP was the method of emphasis, a substantial body of information on all major methods of family planning was also provided. After the death of this coordinator in an automobile accident in March 1991, the NFP program was given to LCS's AIDS Coordinator to manage.

Despite this setback and Georgetown University's failure to contribute the anticipated technical assistance, progress has been made towards achievement of the original targets. Six groups of trainers from the four dioceses in Lesotho have been trained as teachers of NFP and four of these groups have received refresher training. Of the 42 teachers trained in the first five groups, approximately 27 are actively involved in teaching NFP. The last workshop under this subproject has just completed training 11 new teachers. In addition, 10,000 pamphlets and 5,000 leaflets have been produced by the program. Couple counseling in this method is usually carried out over a three- to five-month period. Initial briefing about the method is followed by a series of two-week revisits for follow-up, problem-solving and confidence-building. It is difficult to determine how many of the couples counseled continue to practice NFP or for how long, as there is no organized system for couple follow-up once training is completed and no reliable mechanism for collecting comprehensive user statistics relating to this method. Although the reporting formats for the MOH include the Billings Method, it is probable that many of those people practicing NFP are not identified through clinic visits.

# 3. Conclusions

## 3.1 General Conclusions

- Most of the objectives of each of the FHI-II subprojects were met.
- In each component, the FHI inputs served as a catalyst in improving the effectiveness, efficiency and future programming in its specific technical area.
- The technical assistance provided by Columbia University, the Management Sciences for Health-Family Planning Management Training Project (MSH-FPMT), the John Snow, Inc. Family Planning Logistics Management Project (JSI-FPLM) was of crucial importance. Population Communication Services (PCS) and Georgetown University did not participate as planned in the program.
- FHI-II stimulated coordination among the agencies involved in family planning. Of particular importance was the establishment of the IEC Technical Task Force (IECTTF) and the National Family Planning Coordinating Committee (NFPCC).
- Program management was improved through in- and out-of-country training, development of information systems and operations research (OR).
- The administration and delivery of inputs by USAID were timely and effective.
- The elements of the program initiated and implemented under the FHI-II subproject have become an integral part of the national family planning program (e.g., the IEC radio social drama and IEC Task Force; improved logistics and supervision systems; and improved guidelines and framework for OR on CBD and FLE interventions).
- The overall effect of the FHI-II subproject cannot be separated from the accomplishments of the national family planning program. There has however, been a steady increase in numbers of family planning acceptors over the life of the project.

## 3.2 Conclusions re: Specific Project Components

### 3.2.1 IEC

- The lack of technical assistance meant that few training needs for IEC management and media skills were identified. This resulted in a shortage of personnel which in turn led to a delay in IEC program planning and implementation.
- Few audio-visual and written materials have been produced. The urgent need for these materials was repeatedly identified by personnel at both headquarters and field levels.

- The IECTTF has been very effective at the planning and coordination level and has stimulated the production of a radio social drama and an upcoming media blitz.

- The audio-visual equipment supplied to LPPA under the FHI-II subproject is being effectively used.

- The success of the radio social drama demonstrates that the potential for effective IEC campaigns exists.

### 3.2.2 In-Country Management Training

- This training was critical in introducing the supervisory checklist, which has been a major factor in strengthening the process of supervision and improving overall program management.

- Follow-up of trainers who were to train others has not been introduced in a systematic manner, often resulting in weak links between headquarters and the field.

- An excellent collaborative relationship between FPMT and the District Management Improvement Project (DMI) has been established, which has resulted in identification of supervisory weaknesses and development of viable solutions.

### 3.2.3 Out-of-Country Short-Term Training

- Effective use has been made of training opportunities. Appropriate participants were identified and training courses were targeted to the needs of the program. The majority of the trainees are effectively utilizing their newly developed skills.

- A large proportion of participants trained as trainers have not been given adequate opportunity to exercise and improve their skills.

### 3.2.4 Contraceptive Logistics

- Condom and IUD stocks are adequate, but standardization of oral contraceptives throughout the system without the revision of forecasts has resulted in inadequate supplies. Provision has not been made for alternative sources of supply following the end of the FHI-II project.

- The present system whereby Family Health Division (FHD), rather than National Drug Stockpile Organization (NDSO), checks stock levels and orders supplies has resulted in a confusion of responsibility.

### 3.2.5 User Statistics

- The reporting system has been upgraded and is being used by service delivery points to report monthly performance to FHD and the MOH Health Information Unit



35

(HIU). The forms are being monitored and amended to provide more reliable information.

- The reports are processed by the HIU, but shortage of personnel at FHD has resulted in a lack of feedback to the field: thus, contraceptive usage figures are not used either to provide feedback on performance to the health service areas (HSA) and service delivery points or to provide information on replenishment of supplies.

- The present forms do not allow for reporting of services offered outside the clinic such as community-based distribution (CBD) and NFP.

### 3.2.6 FLE

- The workplan for FLE activities turned out to be over-ambitious and training has been only partially implemented. Delays, both by Centre for African Family Studies (CAFS) and locally, have left several crucial activities incomplete. Training of trainers and capacity-building has been carried out, but no FLE curriculum exists.

- Planned youth centers have not been constructed (a planned World Bank activity), which has delayed the youth counseling program. The program has now begun, with one very active counselor working under adverse conditions.

### 3.2.7 OR

- Only two of the four planned OR studies were completed. They have provided useful information and recommendations for program planning and implementation.

### 3.2.8 NFP

- The lack of technical assistance from Georgetown University has left incomplete a number of tasks related to research, planning and implementation of the NFP program. Due to a shortage of staff and the lack of a reporting system, there has been little follow-up to determine the effectiveness of the method.

# 4. Recommendations

## 4.1 IEC

- The IECTTF should identify and link key IEC program personnel with local and regional resources of technical assistance, including training to create a local cadre of IEC personnel who are proficient in planning and designing quality IEC efforts. These should include coordinated production of interactive IEC materials.

- The donor community should provide project funds for the coordinated production of IEC materials for the use of all agencies engaged in family planning activities.

## 4.2 FLE

- The IECTTF, in conjunction with the FLE task force, should coordinate all donor-funded programs relating to FLE and make provision for obtaining already developed curricula and materials from donors and other countries in the Africa region for adaptation to the Lesotho cultural traditions and sensitivities.

- Until the youth centers are built, adequate accommodations for youth counseling should be provided, additional counselors employed and existing educators should be trained and utilized for the FLE program.

## 4.3 Program Management

- The MOH should determine the roles and responsibilities of personnel trained as trainers and develop their training skills to utilize them effectively for program-related training and retraining.

- To ensure successful introduction of new management procedures and programs, the MOH should include adequate training opportunity for follow-up and feedback in the plans for training both trainers and trainees.

## 4.4 Contraceptive Logistics

- The JSI-FPLM Project should continue to provide technical assistance to revise the forecasts for contraceptive commodity needs and to update and refine the contraceptive logistics system.

- An MOH-LPPA-Donor coordination workshop should be held to review contraceptive commodity needs and ensure continuing supplies.

## 4.5 User Statistics

- The MOH should develop a plan and allocate personnel for analyzing user statistics



37

and providing feedback on performance to the HSAs and service delivery points.

- Before the introduction of a national CBD program, the MOH should modify the current reporting forms to include separate CBD user information.

## 4.6 Institutional Development

- LPPA should develop a strategy and program to expand the participation of local community leaders in fund-raising activities.

- In order to derive maximum benefits from individual training received by LPPA staff members, LPPA should develop a program aimed at team building for both staff and board members.

- LCS should seek technical assistance to review its NFP program and strengthen training, counseling and follow-up activities.

## 4.7 Other

- USAID should investigate the option of a no-cost subproject extension to enable LPPA to utilize the funds remaining in the cooperative agreement.



58

# Appendices

# Appendix A

## Description of Evaluation

## Appendix A

# Description of Evaluation

The evaluation of the LFHS subproject of FHI-II was conducted from August 1-19, 1991 by Dr. Eric Krystall and Ms. Enid Spielman. Prior to the activities in Lesotho, a scope of work (SOW) for the exercise was developed by USAID in conjunction with the MOH, PHAL, LPPA and LCS. The finalized SOW is found in Attachment 1 to this appendix. After arriving in Lesotho, team members reviewed the major background documents relating to the national family planning program and the FHI-II subproject. All documents reviewed are listed in Attachment 2 to this appendix.

The team met with a broad spectrum of GOL, NGO and donor representatives. Attachment 3 gives a complete list of contacts. Visits were made to family planning clinics of LPPA in Maseru and Mohale's Hoek, an MOH clinic in Mohale's Hoek and a PHAL clinic at Scott Hospital in Morija. Participants who had received training under the FHI-II project were interviewed whenever possible.

After nine days of meetings and field visits, the team was able to make a number of broad conclusions about the FHI-II subproject in Lesotho. The recommendations that were developed as a result were shared with the USAID mission, and representatives from the MOH, LPPA, LCS, Ministry of Education (MOE), the United Nations Fund for Population, (UNFPA), World Health Organization (WHO), and the Margaret Sanger Center at a debriefing session at the USAID mission on August 15, 1991.

## Appendix A

### Attachment 1

# Scope of Work

## 1. MOH

The following tasks correspond to the MOH components. The questions reflect the areas of concern (activities and process) that are critical for sustaining program effects and impact.

(a) For each of the project's major interventions (Information, Education and Communication; In-Country Management Training; Out-of-Country Short-Term Training; Contraceptive Logistics; Family Planning Service User Statistics) the team should assess:

- Has the project achieved its objectives?
- What lessons were learned?
- What are recommended actions for the future?

(b) Under the Contraceptive Logistics Management activities, specifically evaluate the use of the Service User Statistics system by asking the following questions:

- Is it being used by the family planning service providers?
- Is the information being processed and are the results being transmitted to service providers?
- What are the problems encountered with the system and how can it be improved?

(c) Under the Family Planning Management Training activities, specifically:

- Evaluate the relationship of training to Service Delivery by interviewing training participants and their supervisors;
- Assess whether the National Family Planning Coordinating Committee (NFPCC) and its subcommittees are fulfilling their roles by interviewing a selection of Committee members and asking them what benefits they obtain from the NFPCC;
- Assess the use of the Supervisory checklist by interviewing a selection of Family Planning supervisors and asking them to provide copies of their completed checklists.

(d) Assess the level of production and distribution of Information, Education and Communication (IEC) material by asking staff of the MOH and the LPPA to:

- Present all the material which was produced through FHI-II funds
- Present all the family planning material produced within the past four years through other funds.
- List all distribution points of IEC material produced.
- Explain how it was integrated within their IEC activities.

## 2. LPPA

The following tasks correspond to the LPPA components of the project. These questions reflect the areas of concern (activities and process) that are critical for sustaining program effects and impact. The questions are intended to focus the evaluation.



42

(a) For each of the project's major interventions (IEC; Operations Research; Natural Family Planning; Family Life Education) the team should assess:

- Has the project achieved its objectives?
- What lessons were learned?
- What are recommended actions for the future?

(b) Assess the implementation of research recommendation by interviewing the Project Officer Research and Evaluation.

(c) Assess the provision of Natural Family Planning (NFP) services through the Lesotho Catholic Secretariat by interviewing a selected group of people served by the NFP program and asking:

- Have they benefited from the NFP information provided?
- Are they using NFP and/or are they promoting its use?
- Do they feel they have sufficient knowledge about NFP?



43

## Appendix A

### Attachment 2

# List of Documents Consulted


Agaraoyo, Sylvia. Community Based Distribution Project. Scott Hospital. ODA Extended Narrative Annual Report: June 1990-May 1991.

Annual Report-Family Health Services, 1989. Family Health Division. March 1990.

Centre for African Family Studies. Family Life Education Training Manual for Master Trainers Course. May 27-June 14, 1991.

Community Based Distributors Family Planning Curriculum. May 1991.

Community Based Distributors Family Planning Manual. May 1991.

Family Planning Attendances by Facility-Grouped by HSA. Jan-Dec 1990.

Family Planning Management Training Project. Training Manual: Workshop on Supervision. January 23-26, 1990.

Hall, D. & Malahleha, G. Health and Family Planning Services in Lesotho: the peoples perspective. World Bank for Lesotho Government Ministry of Health. Maseru. 1989.

IEC Task Force. Jane Kwawu, Consultant. A National Family Life Education Strategy and Work Plan Document 1989-1991. September 1989.

Lesotho Distance Teaching Centre. A Study of Knowledge, Attitudes and Practices of Basotho regarding Tuberculosis, Leprosy, AIDS, Syphilis, Gonorrhea, Breastfeeding and Family Planning.

Lesotho Family Health Services Subproject Documentation-PILs, PIO/Cs, PIO/Ps and PIO/Ts. September 1987-July, 1991.

Lesotho Family Health Services Subproject-Grant Agreement between the Kingdom of Lesotho and the United States of America for Lesotho Family Health Services. August 31, 1987.

Lesotho Family Health Services Subproject-Implementation Reports. March 31, 1988; Sept. 30, 1988; March 31, 1989; Sept. 30, 1989; April 30, 1990.

Lesotho Family Health Services Subproject Paper. August 31, 1987.

Lesotho Radio Social Drama: Research Literature Review.

Ministry of Health and Social Welfare. Report of National Conference on Population Management as a Factor in Development Including Family Planning. April 1979.

Merrill, Michael. Reports of The Family Planning Management Training Project.

(1) Visit to Lesotho to Finalize Management Development Workshops. October 23-31, 1988.




44

(2) Trip Report on the Situation Analysis and Strategic Planning Workshop for the National Family Planning Coordination Council. January 8-25 1989.

(3) Report on Supervision Workshop and Technical Assistance. January 16-30, 1990.

(4) Report on Ministry of Health/Private Health Association Lesotho Supervision System Implementation Workshops. September 3-17, 1990.

Ministry of Planning, Economic and Manpower Development. The Situation of Women and Children in Lesotho 1991.

Motlomelo, Samuel, T. Maliehe, M. Sakoane and G. Lewis. A Study of Contraceptive Drop-outs in Lesotho: Using focus groups to determine causes of discontinuation. Lesotho Distance Teaching Center. 1989.

The Population Policy Workshop Proceedings. August 2-3, 1990.

The Population Reference Bureau, Inc. Options Project Briefing Packet. Lesotho.

Project Agreement between The Government of Lesotho and the United Nations Fund for Population Activities. LES/89/PO1-revised-January 1991.

Report of the IEC Technical Task Force Evaluation and Planning Workshop. May 1991.

Terms of Reference. IEC Technical Task Force. May 7, 1991.

The World Bank. Staff Appraisal Report Lesotho Second Population, Health and Nutrition Project. June 10, 1989.

World Health Organization. Final Report on Knowledge, Attitudes, Beliefs and Practices on AIDs. 1990.

Zulu, Ben. The Lesotho Family Planning Radio Social Drama; Review Report. 1991.



45

## Appendix A

### Attachment 3

# List of Persons Interviewed

Lesotho Planned Parenthood Association

Ms. Mookho Carpede, Supplies Officer
Mrs. Josephine Kalaka, Senior Nurse-in-Charge, Mohale Hoek Clinic
Ms. Tokoloane Maliehe, Program Officer-Service Delivery & National CBD Coordinator
Ms. Lieketseng Matlanyane, Youth Counselor
Mr. M. Molotsi, Mohale's Hoek Branch Coordinator
Ms. Limakatso Motene, Program Officer-Research and Evaluation
Ms. Mamotsamai Ranneileng, Program Officer-IEC; Secretary, IEC Technical Task Force
Mrs. Phakisi, Field Educator, Quthing
Mr. Kobeli Senkhane, Programmes Director
Mrs. L. Tikoe, Chairperson of Volunteers, Mohale's Hoek Branch

Ministry of Health

Mr. Barnabas Kirwisa, Marketing Products Manager, NDSO
Ms. Madibata Matji, Health Information Unit
Ms. M'apheta C. Mohale, Nurse-in-Charge, family planning Clinic, Mohale Hoek Hospital
Ms. L. Moholi, National Curriculum Development Centre
Mrs. Mautseko Moji, Public Health Nurse, Mohale Hoek Hospital
Mrs. Molapo, Acting Head-Family Health Division; Manager MCH/Family Planning
Ms. Mamotselisi Monaheng, Health Educator, Health Education Unit
Ms. Mphutlane, Planning Office, Ministry of Planning and Economic Affairs
Mr. Jones Mulenga, Manager NDSO
Mrs. A.M. Ntholi, Director, Primary Health Care
Dr. Nyaphisi, Director General-Hospital Services
Mr. Peter Phori, Health Educator, Health Education Unit
Ms. Mannete Ranneeli, District Management Improvement Project
Ms. Malineo Sakoane, Research Officer, Lesotho Distance Teaching Centre
Mrs. Schale, Public Health Nurse, Mohale Hoek Hospital
Ms. Semoko, Education Officer, Lesotho Distance Teaching Centre
Dr. Shayo, Head, FHD
Dr. Sheikh, District Medical Officer, Mohale's Hoek
Mrs. Anne Taole, Manager, National AIDS Prevention and Control Program

Private Health Association of Lesotho (PHAL)

Ms. Malichaba Hoeane, Out-Patients Department Coordinator, Scott Hospital
Mrs. Elizabeth Makhesi, Staff Nurse, Family Planning Division, Scott Hospital
Ms. Grace Nchee, Community Health Nurse
Mrs. S. Seekane, Community Health Care Director, Scott Hospital



46

## LESOTHO CATHOLIC SECRETARIAT

Sister Virginia Ginet, Head of Social Welfare Department
Ms. Agnes Maphutse, Coordinator of Natural Family Planning Program and AIDS

## USAID

Ms. Jean DuRette, Project Development Officer
Ms. Evelyne Guindon-Zador, Coordinator FHI-II
Mr. George Kasozi, Assistant General Development Officer
Ms. Jean Meadowcroft, General Development Officer
Mr. Gary Towery, Director

## DONORS

Ms. Ruth Akuma, Programme Officer, UNFPA
Ms. Kitieli, PHC Coordinator, WHO
Ms. Joan Littlefield, Deputy Director, Margaret Sanger Center
Ms. Rodine M. Malibo, National Programme Officer, UNFPA
Mr. Peter Purdy, Administrative Director, Margaret Sanger Center
Dr. P. Rojas, WHO Representative
Mr. P. Van der Stichele, Agricultural Information Service/FAO



47

# Appendix B

## Short-Term Training Participants

## Appendix B

# Short-Term Training Participants

| Name/Organization/Position | Training Course/Date | Present Position/Activities |
|---|---|---|
| Mrs. Jankie<br>QE II, Maseru<br>MCH/FP Clinic | Contraceptive Technology (CT)<br>CAFS,<br>Nairobi, Kenya<br>Oct 2-Nov 3, 1989 | QE II, Maseru<br>MCH/FP Clinic |
| Mrs. Josephine R. Kalaka<br>LPPA<br>Nursing Sister | Training of Trainers in Clinical Family Planning (TOT)<br>CAFS<br>Nairobi, Kenya<br>Oct 1-Nov 2, 1990 | LPPA<br>Senior Nurse-in-Charge, Mohale Hoek Branch Clinic; Supervisor, sub-branch areas |
| Ms. Lefulesele Khang<br>St. James Mission Hosp, Maseru<br>Nursing Sister-in-Charge | CT, CAFS | Mantsonyane (Highlands) PHAL Hospital |
| Ms. Mahlapane Lekometsa<br>MOH<br>Health Education Officer | Adolescent Fertility Workshop,<br>Chicago, IL<br>Sept 3-28, 1990 | MOH, HEU-FP and AIDS Program |
| Ms Agnes Lephoto<br>MOH, MCH/FP | Management of FP Programs<br>CAFS, Nairobi<br>July 15-Aug 23, 1991 | MOH, MCH/FP |
| Mrs. Letebele<br>Berea<br>Senior Nursing Officer | AVSC Study Tour | Berea Hospital |
| Mrs. Makhekhe<br>Mafeteng<br>Senior Nursing Officer | AVSC Study Tour | Mafeteng Hospital |
| Mrs Miriam Thokoloane Maliehe<br>Program Officer, Service Delivery and CBD<br>LPPA | Management Training<br>CBD/PHC Workshop<br>Ibaden, Nigeria<br>Columbia University<br>Apr 7-28, 1991 | LPPA, Program Officer for Service Delivery and CBD |
| Ms. Maserero L. Matlanyane<br>LPPA<br>Youth Counselor | Adolescent Fertility Management Workshop | LPPA, Maseru<br>Youth Counselor |
| Mrs. Sylvia Malejaka Mefnae<br>Lesotho Red Cross | CT | Lesotho Red Cross<br>Maseru |

| Name/Organization/Position | Training Course/Date | Present Position/Activities |
|---|---|---|
| Mrs. Alina Mohapi<br>LPPA, Maseru<br>(1)Nursing Sister<br>(2)District F.P. Clinic Supervisor | 1. CT/CAFS<br>2. TOT/CAFS | Senior Nurse-in-Charge of Northern Branch, Berea, Leribe, Butha-Butha and Maputsoe |
| Ms. Dikeleli Mohapi<br>LPPA-Berea<br>Nursing Sister | FP Counselor Training, AVSC/Kenya<br>July 15-21, 1990 | Supervising Field Educators, LPPA, Berea |
| Ms. Ivy Monoang<br>Mafeteng<br>Nursing Officer | FP Counselor Training | Resigned |
| Ms. Masechaba Moru<br>Berea<br>Nursing Sister | FP Counselor Training | Berea Hospital |
| Ms. M. Mosakeng<br>MOH, MCH/FP | Management of Family Planning Programs | MOH, MCH/FP |
| Mrs. Limakatso Motene-Chisepo<br>LPPA<br>Program Officer | Research and Evaluation for Program and Development, Univ. of Connecticut<br>April 24-June 6, 1991 | LPPA, Program Officer, Research and Evaluation Department |
| Mrs. M. Mpobane<br>LPPA<br>Nursing Sister | TOT | LPPA, Nurse Central Branch Clinic |
| Mrs. Matseliso Ntho<br>MHO<br>Nursing Sister | TOT | Mafeteng Hospital |
| Mrs. Qhobela<br>Mahaho<br>Senior Nursing Officer | AVSC Study Tour | QE II, Pediatric Ward |
| Mrs. Rakhetla<br>QE II<br>Senior Nursing Officer | AVSC Study Tour | QE II, Maseru |
| Mrs. Nthabiseng Ramaema<br>LPPA, Maseru<br>Nursing Sister | CT/CAFS | LPPA, Maseru Clinic |
| Mrs. Selloane L. Seekane | Management Training CBD/PHC | Scott Hospital, Morija (PHAL) Community Health Director |
| Ms. Shale<br>Scott Hospital | FP Counselor Training | Scott Hospital<br>CBD Programs |



50

| Name/Organization/Position | Training Course/Date | Present Position/Activities |
|---|---|---|
| Mrs. Lydia Shelile<br>MOH<br>Community Health Nurse | 1. TOT/CAFS<br>2. Management of FP Programs | PHAL Headquaters, |
| Ms. Moselantja Taole<br>LPPA, Mafeteng<br>Senior Nursing Officer | FP Counselor Training | Maseru Senior-Nursing Officer-in-Charge of upgraded clinic in Mafeteng, LPPA |
| Mrs. N. Thabane<br>District Public Health Nurse | TOT | MOH |
| Ms. Felile Tsepe<br>QE II Hospital<br>Nursing Sister | FP Counselor Training | QE II Hospital |
| Ms. Martha F. Tsephe<br>MOH, Maseru<br>Senior Nursing Officer | CT/CAFS | MOH |