

A.I.D. EVALUATION SUMMARY PART I

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

IDENTIFICATION DATA

A. REPORTING A.I.D. UNIT:
 USAID/San José
 (Mission or AID/W Office)
 (ES#)

B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN?
 yes slipped ad hoc
 Eval. Plan Submission Date: FY 91 Q 03

C. EVALUATION TIMING
 Interim final ex post other

D. ACTIVITY OR ACTIVITIES EVALUATED (List the following information for project(s) or program(s) evaluated; If not applicable, list title and date of the evaluation report)

Project #	Project/Program Title (or title & date of evaluation report)	First PROAG or equivalent (FY)	Most recent PACD (mo/yr)	Planned LOP Cost ('000)	Amount Obligated to Date ('000)
92-1	515-0168.02/.03 Family Planning Self Reliance	88	7/93	6.0	6.0

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
External Audit contracted 11/91	B. Murray/GDO A. Arias/FA/COW	2/92
Review & Approval of implemented 1992 budget	B. Murray	12/91
Meeting with CCSS leaders about integration of project into structure	B. Murray/GDO	6/17/91 10/25/91
Technical Assistance in procurement and logistics analysis and projections (Family Planning Logistics Mgt.)	B. Murray/GDO	9/30/91
Cable to RD/Pop for research support - CDC	B. Murray/GDO	12/30/91 12/30/91
Resolution of administrative constraints to clinical and academic training in family planning	CCSS Project Directors	01/15/92

(Attach extra sheet if necessary)

APPROVALS

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

G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:

Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
Signature:	Signature:	Signature:	Signature:
Date: ___	Date: <u>3/12/92</u>	Date: ___	Date: <u>3/17/92</u>

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

The project supports the Costa Rican national reproductive health and family planning program through the public sector health institutions, the Costa Rican Social Security Institute (CCSS) and the Ministry of Health, and the private commercial sector, through PROFAMILIA/Asdecosta, a firm specializing in contraceptive social marketing. This mid-term evaluation (4/88 - 7/93) was conducted by an externally contracted evaluator. The methodology of the evaluation consisted of reviewing project documentation, interviews, and site visits to clinics in urban and rural areas. The purpose of the evaluation was to review the operational strengths and weaknesses of both the public and private sector programs. As USAID intends to phase out of population activities in the medium term in Costa Rica, it was essential to analyze the policy, managerial, logistical and budgetary capacities of the entities to assure a smooth transition to domestic financing of the entire program. The major findings and conclusions are:

1. In general, the program is going well. There is governmental policy support for reproductive health as a priority area of preventive medicine, and family planning services are being carried out nationwide, with adequate contraceptive supplies.
2. The lack of adequate institutional coordination of the CCSS with the medical schools has delayed the long-term benefits of standardized professional training in the area of family planning.
3. Integration of the program implementing unit into the institutional structure needs to be accelerated to assure assumption of full responsibility for the family planning program. Management concerns revolve around the use of research and program data, and planning capabilities.
4. PROFAMILIA has performed well, and should achieve financial self sufficiency in the medium term, as it increases commercial linkages with suppliers.

Recommendations for the public sector include measures to target resources better: focus on a post-partum contraception program, support more operations research oriented toward improving the quality of services, focus supervisory efforts on the problem areas, and evaluate the results of the communications efforts.

I. EVALUATION COSTS

1. Evaluation Team Name	Affiliation	Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (US\$)	Source of Funds
Robert Wickham	POPTECH Consultant	25	\$25,000	515-0000.04

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

3. Borrower/Grantee Professional Staff Person-Days (estimate) 60

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A.I.D. EVALUATION SUMMARY PART II

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

Address the following items:

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

Mission or Office: USAID/San José

Date this summary prepared: Dec.17,1991

Title and Date of Full Evaluation Report: MID TERM EVALUATION OF FAMILY PLANNING SELF RELIANCE PROJECTS, COSTA RICA, OCT.10,1991

This midterm evaluation was carried out from June 3-29, 1991. The report includes detailed findings, conclusions and recommendations relating to family planning services provided by the Costa Rican Institute for Social Security (CCSS) and the Ministry of Health (MOH). The report also has sections on (1) the contraceptive social marketing program, which is managed by PROFAMILIA, and (2) alternative service delivery mechanisms.

Purpose and Focus of Evaluation

The evaluation focuses on achievement of the second and third project objectives as this is not an impact evaluation. One purpose of this evaluation is to review the operating strengths and weaknesses of each program in order to identify areas that can be improved immediately and to document the limitations inherent in each of the programs. Because USAID seeks to phase out population assistance in the medium term in Costa Rica, it is important to view the administrative aspects of the project as it stands at mid-point, and the feasibility of sustaining each of the program components with domestic financing. USAID wants to avoid a post-project deterioration of the program, and will attempt to ensure that adequate systems and financial, physical and human resources are in place to maintain the programs at the required levels of service delivery.

A second purpose of this evaluation is to look at the near future -- 1993-95 -- and (1) discuss options for increasing the public/private mix of service delivery alternatives to reduce, or at least not dramatically increase, the budgetary burden on the public sector; and (2) recommend elements of a follow-on project for the period.

The general objectives of the project are as follows:

- (1) Improve the Costa Rican public sector family planning services;
- (2) Expand the roles of the commercial and voluntary sectors; and
- (3) Foster improved integration of family planning services within the preventive health care program and maximize resources to reduce dependence on external financing.

The following specific objectives provide a system of measuring project achievement. The instruments used to measure these targets will be the 1992 DHS, periodic patient-flow analyses, and program records that will monitor the dissemination of the informational materials.

The specific objectives are as follows:

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- (1) Improve contraceptive use by increasing the contraceptive prevalence rate and the percentage of modern contraceptive use; and by reducing unwanted or mistimed pregnancies and the crude birth rate.
- (2) Improve service delivery by reducing waiting time in all clinics; increasing professional/patient contact; ensuring an adequate contraceptive supply; providing contraceptive to patients according to established norms; and making available low-cost, quality contraceptives in all establishments as allowed by law.
- (3) Improve education by regularly including family planning in medical and nursing school curricula and in CENDEISSS continuing education programs; including postpartum family planning counseling in all hospitals; distributing informational materials on family planning countrywide; teaching sex education in school; and disseminating sex education materials to the non-enrolled school-age population.

Major Findings, Conclusions--Public Sector Program

In part as a result of project support, a Reproductive Health (SR) unit has been established in the preventive Medicine Department of the CCSS, and family planning services are available in virtually all CCSS and MOH service facilities. Contraceptive supplies generally are adequate. Informational materials regarding family planning have been distributed to all facilities. The three supervisors in the SR unit make periodic visits to all facilities to assess and facilitate family planning supplies and services. Family planning is now recognized by both the CCSS and the MOH as an essential service, and the CCSS leadership has given its assurance that the CCSS will assume full financial responsibility for family planning when USAID support terminates.

The principal areas of weakness are (1) Serious delays have occurred in reforming medical and nursing school curricula to incorporate family planning as a subject and in providing family planning in-service training for service providers. This situation has resulted in many service providers' lacking knowledge and skills about family planning; (2) The SR unit operates quite independently of the Department of Preventive Medicine, and its staff positions are temporary; (3) The SR unit supervisors do not have technical or administrative authority over service providers, resulting in norms (e.g., the supply of contraceptives to clients) not always being followed; (4) The areas of research and management information systems (MIS) are weak; (5) SR unit staff lack skills in program planning and management; (6) There has been no progress in sex education for the in-school population; (7) There is little organized postpartum family planning counseling in hospitals.

Major Recommendations

- (1) Prepare a plan and budget with measurable goals for information, education and communication (IEC) activity for the balance of the current project period; develop a plan for control and distribution of print materials; establish a system for monitoring and evaluating the impact of the IEC effort.
- (2) Plan and implement in-service training on the basis of an updated assessment of training needs; plan for an evaluation of the impact of training.
- (3) Accelerate reform of the curricula of the medical, nursing and social work schools to include Family Planning; include family planning in the internships of all medical students.

- (4) Develop a research strategy taking into account the needs of related units of Preventive Medicine, e.g., Maternal Care; provide technical assistance to SR to plan and carry out patient-flow analyses and simple operations research; explore opportunities to contract research with other institutions.
- (5) Provide technical assistance to SR for better use of the MIS; encourage the research component to SR to make more use of the MIS.
- (6) Continue supervisory visits with greater focus on problem clinics; improve data-collection instruments used by the supervisors and prepare analytical for management that indicate how family planning services can be improved.
- (7) Require a substantially improved program plan and budget with measurable goals for the fiscal year beginning November 1, 1991; provide short-term training in planning and management to selected staff of the SR unit; encourage the leadership of the CCSS Technical Division to integrate SR more effectively into Preventive Medicine.
- (8) Organize postpartum family planning counseling in all hospitals that have maternity services.

Findings and Conclusions-Contraceptive Social Marketing

The Contraceptive Social Marketing program has been in operation since January 1984. The implementing entity is PROFAMILIA, a profit-making firm owned by the Costa Rican Demographic Association (ADC).

Condoms are currently the only contraceptive product line sold by PROFAMILIA. These are provided free by USAID and are distributed throughout most of the country, including many rural areas, via commercial channels. PROFAMILIA's share of the condom market is currently about 30 percent. Its sale of condoms has increased from 500,000 in the first year to 2,600,000 in the fifth.

Because of product registration requirements in Costa Rica and lack of interest in the relatively small Costa Rican market on the part of several potential suppliers, PROFAMILIA has not yet been successful in offering oral contraceptives. PROFAMILIA is currently negotiating with a potential supplier and expects to begin sale of orals through pharmacies in the near future.

PROFAMILIA has made remarkable progress toward achieving financial self-sufficiency, and the General Manager believes it can be 100 percent self-sufficient by the end of 1995 if USAID provides about \$150,000 annually until then.

Findings and Conclusions-Increased Service Delivery Alternatives

Few service delivery alternatives exist, outside of CCSS, the MOH, PROFAMILIA and private practitioners (most of whom also work for the CCSS). The CCSS does give financial support to several doctors' cooperatives in urban areas based on the size of population that the cooperatives cover. Clients receive care free of charge, but all those employed pay a substantial compulsory fee to CCSS for, among other things, medical care.

SUMMARY (continued)

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

ATTACHMENTS

Evaluation Report

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

MISSION COMMENTS ON FULL REPORT

The Mission considers this evaluation to be a fair and objective appraisal of the public and private sector components of the Family Planning Self Reliance Project. The evaluator was incisive in his interviews, travelled extensively, reviewed all of the project documentation, brought up key points of concern and weaknesses that should be targetted for improvement. His analysis provided clear guidance to the implementing entities, both on the spot, and after reflection on his observations. The recommendations include actions for USAID that are important as the Mission enters the transition process of reducing financing to the population sector.