



## A B S T R A C T

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

The project aims to help the Government of Guinea (GOG) establish self-sustaining family planning services integrated into the primary health care system in 64 rural health zones in the Upper and Forest Regions of Guinea. The project is being implemented by Population Services International (PSI), who subcontracts two local organizations as well as with the John's Hopkins University. This mid-term evaluation was conducted during the period March 28-April 16, 1993 by Duel Inc., through a buy-in with the POPTTECH project. In addition to reviewing project documents and background materials, the team conducted interviews with project personnel in Guinea and Washington, and made visits to 9 health centers and two training programs in the project areas. The overall purpose of the evaluation was to assess the project's actual versus planned progress toward achieving its goal, purpose and outputs. Secondly, the team was to examine and assess the effectiveness of the national family planning and STD/AIDS prevention programs and to advise and recommend to project decision-makers ways to improve the project's effectiveness. The major findings, conclusions and lessons learned were:

- Notwithstanding some implementation problems, the project is off to a good start. In most cases the project will probably meet or exceed output level targets;
- USAID has maintained an appropriate level of involvement in oversight of this Cooperative Agreement through periodic meetings with PSI, as well as reviewing bio-data, scopes of work for key personnel and regular PSI reports;
- PSI acted quickly to develop a staff of expatriate advisors and Guinean counterparts. Effective relationships were developed with the Ministry of Health in fostering collaboration between them and AGBEF. This public-private collaboration is unique in family planning programs around the world;
- The IEC team is energetic and competent but biased towards mass media and might be overlooking interpersonal communication alternatives;
- Management of the social marketing representatives has been somewhat lacking, but is now being addressed with the recent [Jan. 93] arrival of the specialized social marketing advisor.

The evaluators noted the following "lessons":

- A three-year time frame is too short to meet the early-stage requirements for institution building, policy development, information and service delivery in the emergent stage of family planning program development.
- It is important that attempts to achieve nationwide coverage, either through social marketing or clinical family planning, not be done by diminishing regular servicing of the more populous urban centers.
- The concern for prevention of HIV/AIDS is a powerful force that can be the basis for more open discussion of human sexuality and for advertising and promotion of condoms especially with youth.
- In culturally difficult markets, promoting contraceptives demands in-depth research to be successful and careful constituency development to be culturally acceptable.
- A project outside the government bureaucracy can move quickly in developing a program and responding to opportunities. Hiring staff to address problems as they arise enables flexibility and early progress. It is essential, however, to begin building local indigenous capabilities early to ensure program sustainability.

## C O S T S

### I. Evaluation Costs

1. Evaluation Team:		Contract No. OR TDY Person/Days	Contract OR TDY Cost (\$\$)	Funding Source (\$\$)
Name	Title	Affiliation		
William Bair,	Family Planning Specialist(COP)	POPTTECH		
Yaya Fofana,	Social Scientist	"	N <sup>o</sup> DPE-3024-2-	PD&S
Alan Handyside,	Social Mkt Specialist	"	00-8078-00	
Asta Kenny,	IEC Specialist	"		
2. Mission/Office Professional staff Person-Days (Estimate): 12		3. Borrower/Grantee Professional Staff Staff Person-Days (Estimate): 18.5		

## SUMMARY

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

Address the following items:

- Purpose of activity evaluated
- Purpose of evaluation and methodology used
- Findings and conclusions
- Principle recommendations
- Lessons learned

Mission or Office: USAID/Guinea	Date This Summary Prepared: June 25, 1993	Title And Date Of Full Evaluation Report: Social Marketing of Contraceptives Project (675-0227) - Mid-Term Evaluation - 4/30/93
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A. Project Purpose

The purpose of the SMC project is to increase the accessibility, acceptability, affordability, quality and use of family planning and STD/AIDS-prevention products and services. Major constraints in the Guinean health care system that the project aims to address are: a weak health infrastructure, an infant mortality rate that exceeds 149/1000 and a maternal death rate of 900 death rates per 100,000 live births. Cultural practices that limit the role and status of women, coupled with a conservative or erroneous interpretation of the Islamic attitude toward family planning, also pose serious constraints. Previous government policies did not create an environment favorable to the private sector either in the development of non-governmental organizations or in private commercial fields of endeavor. However, the GOG's adoption of a population policy in 1992 has enabled the NGO and private sectors to work more aggressively in providing family planning services and information. Social marketing, training activities and the establishment of family planning standards and procedures has increased the awareness, interest and skills of the public and of health personnel throughout Guinea.

B. Purpose of the Evaluation and Methodology Used

The purpose of the evaluation was "to inform Population Services International (PSI), AGBEF, Government of Guinea (GOG) and USAID/Guinea decision makers on how to improve project effectiveness, to strengthen the national family planning and STD/AIDS prevention programs." The methodology was oriented to achieve the evaluation purpose by "...assessing the actual versus planned progress toward the goal, purpose and outputs of the project..." on the basis of a review of project documents, interviews with project personnel in Washington and Guinea including those of AGBEF, NAC, Ministry of Health (MOH), Ministry of Social Affairs, commercial and communications agencies, the medical faculty, women's groups and other donor organizations and consultations and visits to 9 health centers and two training programs in the project areas. The evaluation team was composed of specialists in Information, Education & Communication (IEC), social marketing, family planning, and a Guinean social scientist.

C. Findings and Conclusions

## 1. Social Marketing

(a) Management of the social marketing representatives had been weak, but the January, 1993 arrival of the specialized social marketing advisor has already begun to combat this shortcoming.

(b) Resupply and ability to assess actual sales to customers is weak. It is unknown how many condoms are actually bought by consumers. Indications are that most people purchasing Prudence thus far fall into the AIDS high-risk groups.

## 2. Public Sector Integration

(a) PSI has made subgrants to both the NAC and AGBEF. Effective relationships were developed with the MOH in fostering collaboration between them and AGBEF. This public-private collaboration is unique in FP programs around the world.

(b) AGBEF's management structure is sorely stretched to respond to additional responsibilities from this project and from other donors. Requirements for organizational development assistance must be met if an expanded role for this excellent, but embryonic, organization is contemplated.

## S U M M A R Y (Continued)

### 3. Family Planning Support Activities

(a) The project has helped women in a number of ways: two out of six senior positions at PSI-Guinea are held by women; four out of 10 social marketing delegates are women; it has supported development of a new Family Code which, when adopted, will support not only family planning but also the improved status of women in Guinea; a third of the health personnel who have received training through the project have been women; and promotional and community education activities have been aimed at women, informing them of family planning and STD products and services.

(b) A major project contribution of the project has been in assisting the collaborative venture between AGBEF, the MOH/Mother Child Health (MCH)/FP, and UNFPA to produce MOH approved national norms, standards and training modules appropriate for the integration of family planning into Guinea's primary health care system.

### 4. Information, Education & Communication

(a) Trainers should receive Training of Trainers (TOT). The IEC Coordinator needs management training along the lines of the Santa Cruz IEC program management course. The most striking training need is to train health workers in Conakry and the other major population areas.

(b) The IEC team is energetic and competent but biased towards mass media and might be overlooking interpersonal communication alternatives. 14 TV spots have been produced and aired in four languages as well as 32 radio spots in five languages. These have been backed up with rural radio, billboards and promotional and educational materials. Awareness of AIDS and Prudence condoms has increased (e.g. product awareness increased from 35% to 58% in Conakry, with an increase from 8% to 56% in the proportion having seen Prudence). But there are virtually no other FP educational materials available.

### 5. STD/AIDS Prevention Activities

(a) Some lack of cultural sensitivity was pointed out to the evaluation team. The recent request by the Imam community in Conakry to stop condom advertisement calls for PSI to adequately address emerging issues with the NAC.

(b) Messages about AIDS and Prudence have opened the way for more public discussion of human sexuality and condom use but the shift to a more direct message related to family planning has yet to be accomplished.

### 6. Impact on Women and Youth

(a) This project is of major importance to the status of women in Guinea by virtue of giving them greater control over their fertility and enhancing their status. As the program evolves, there should be a shift in the public perception of the project as one that benefits women at least as much as it benefits men.

(b) The project has correctly placed emphasis on youth. In selecting this group as a priority target population, the project is ensuring that its impact will extend into the future and that current resources are used to best effect.

### 7. Project Management

(a) Cooperative Agreement amendment #1 increased USAID involvement and responsibility for project management. USAID has maintained an appropriate level of involvement in oversight of this Cooperative Agreement through periodic meetings with PSI, as well as reviewing bio-data, scopes of work for key personnel and regular PSI reports.

(b) One hundred trainees from the 50 health centers (out of a planned total of 64 by end of project) have been trained and supplied with commodities and are now active in the program. Thirty-four supervisors have been trained in the management

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and supervision of family planning programs including data collection and analysis. The clearest impact of the training is evident from the fact that virtually all persons trained in 1992 are putting their skills into practice.

#### 8. Project Finances

(a) There is no system at present for monthly budgeting or forecasting; in consequence, there is no operational cashflow projection. It is understood that PSI/Guinea intends to develop these financial controls, and preliminary analysis of budget expenditures for calendar year 1993 is under way.

(b) Reporting from NAC and AGBEF to PSI appears to be accurate and mostly ties in with allocated budgets. These reports come in quarterly.

#### D. Principal Recommendations

##### 1. USAID Management

(a) USAID and PSI should immediately proceed with necessary planning and negotiations leading to an 18-month project extension. This extension should respond to the budgetary requirements both in the present period (April 1993 through June 1994) and in the period of the extension.

(b) USAID should proceed with design actions necessary for a follow-on, multi-year project to begin January 1996.

(c) USAID should maintain the present level of US direct hire, local hire, and personal services personnel involvement in project oversight and should proceed expeditiously to secure the planned-for technical assistant in child survival.

##### 2. PSI Management

(a) The positions of expatriate staff should be continued at least throughout the life of the project. An assessment of those Guinean staff who will benefit from a formal training program is required and individual training requirements developed over the course of the next six months while current expatriate staff are in place.

(b) PSI should finalize a plan of activity across all areas of the business. This should include an evaluation of its cost and, if necessary, a formal change should be made to the cooperative agreement to reallocate budgeted funds.

(c) A cashflow forecast should be made to the end of project by month.

##### 3. Social Marketing

(a) Social marketing should develop detailed marketing activity plans and the concomitant expenditure projections in order to better manage budgeted marketing expenditure.

(b) PSI should set up local sales depots in the outlying regions managed by PSI staff or nominees with whom the non-conventional trade feels comfortable. Over the long-term, a local major wholesaler should be recruited to distribute and stock Prudence condoms. Research must be carried out on the selling and promotional methodology for oral contraceptives.

##### 4. Integrated Public Sector

(a) PSI and AGBEF in collaboration with MCH/FP should give priority to continuing and accelerating efforts through training, increased IEC outreach and improved supportive supervision to increase the level of client use of services in the project area.

(b) AGBEF, MCH/FP, and PSI should modify the contraceptive technology training to help health center staff inform patients and the community of the availability and benefits of family planning. A manual on contraceptive methods should be developed.

## S U M M A R Y (Continued)

### 5. Family Planning Support

(a) PSI, AGBEF, and the MOH, in collaboration with UNFPA, should ensure that the population policy and the family code are widely disseminated.

(b) The John's Hopkins Program for International Education in Reproductive Health (JHPIEGO) should be asked to explore the possibility of working with the nursing and midwifery schools to integrate family planning into their teaching curricula.

### 6. Information Education & Communications

(a) To better determine the impact of the IEC campaign to date and to develop future strategies, PSI should undertake research at the earliest opportunity to determine who purchases Prudence, how the mass media messages are perceived, and how Guineans view family planning.

(b) PSI should identify broad target audiences that are likely to adopt contraception, either through purchase of socially marketed condoms or use of health centers. The research should also provide the foundation for a culturally sensitive campaign with a strong motivational component to help Guineans understand how family planning can help them achieve their aspirations.

### 7. NAC and HIV/AIDS Prevention

PSI should establish formal mechanisms of communication such as quarterly review of relevant activities and regular reporting of planned and accomplished activities in order to avoid miscommunication between PSI and the national authorities in AIDS prevention. PSI should continue the provision of subgrants to the NAC.

### 8. Impact on Women and Youth

(a) In designing the follow-on project for FAMPOP, USAID should ensure that there are some logframe indicators related to women, such as positions filled by women and measures of women served by the project.

(b) The emphasis on youth should be continued.

(c) AID could complement the project's family planning objectives at the same time as helping women by providing loans to midwives, through the PRIDE program, to set up private medical practices that include family planning.

### E. Lessons Learned:

1. Concern for HIV/AIDS is a powerful force to allow more open discussion of human sexuality and advertising and promotion of condoms, especially with youth.

2. Effective collaboration between AIDS prevention and family planning interests depends on development of a rationale for linking these two areas of concern. Spontaneous and productive cooperative actions require the recognition of mutual benefits.

3. In culturally difficult markets, promoting contraceptives demands in-depth research to be successful and careful constituency development to be culturally acceptable.

4. A project outside the government bureaucracy can move quickly in developing a program and responding to opportunities. Hiring staff to address problems as they arise enables flexibility and early progress. It is essential, however, to begin building local indigenous capabilities early to ensure program sustainability.

ATTACHMENTS

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

Attachments:  
Social Marketing of Contraceptives Mid-Term Evaluation

COMMENTS

L. Comments By Mission, A.I.D./W Office and Borrower/Grantee On Full Report