

PD ABH-389

855-1

ACTION MEMORANDUM FOR THE ACTING DIRECTOR

FROM: C/PDSO, Elizabeth Warfield ^{EBW}

THROUGH: A/DDIR, Bambi Arellano ^{B Arellano}

SUBJECT: Project Assistance Completion Report (PACR)- Expansion of Family Planning Services (520-0288)

DATE: September 20, 1993

Action Requested:

That you sign below approving the attached FACR.

Discussion:

The Expansion of Family Planning Services Project (520-0288) reached PACD on August 31, 1993. The attached PACR was prepared by Jayne Lyons, OH&E and reviewed by PDSO. It is in accordance with M.O. 3.2: PACD and Project Phase-out Procedures.

APPROVED Lawrence Klassen DATE: 11.17.93
 Lawrence Klassen
 Acting Director

DISAPPROVED _____ DATE: _____
 Lawrence Klassen
 Acting Director

Drafted: PDSO, SAlvarado SAlvarado Date 09/20/93
 Clearance: PDSO, TDelaney TED Date 9/20/93
 C/OH&E, GCook GCook Date 7/28/93
 CONT, GByllesby GByllesby Date 10/04/93

JM 9/24
 9/24
 9/28/93

**USAID/GUATEMALA
PROJECT ASSISTANCE
COMPLETION REPORT**

**Project No. 520-0288, Expansion of Family
Planning Services**

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PROJECT ASSISTANCE COMPLETION REPORT USAID/GUATEMALA

EXPANSION OF FAMILY PLANNING SERVICES PROJECT 520-0288

1. INTRODUCTION

The present report covers the results of the Expansion of Family Planning Services Project No. 520-0288.

2. PROJECT DESCRIPTION

2.1 This project was authorized on 8-27-82 and funds were obligated with four implementing agencies as outlined in the following table.

2.1.1. Component: Importers of Pharmaceutical Products (IPROFASA)

Amount Authorized: DA/ESF Grant: original \$6,693,003
Amount Obligated: DA/ESF Grant: original \$6,642,740

<u>Date</u>	<u>Amount Authorized Grant/Amendment</u>	<u>Date</u>	<u>Amount Obligated</u>
08/31/82	518,000	08/31/82	518,000
09/30/82	18,000	09/30/82	18,000
04/27/84	315,000	04/27/84	315,000
12/28/84	1,181,000	12/28/84	1,181,000
12/31/85	836,000	12/31/85	836,000
07/28/88	2,885,700	07/28/88	879,000
		03/31/89	1,000,000
		03/29/90	1,006,700
05/30/91	850,000	08/23/91	
			480,000
			39,040
	370,000		370,000

2.1.2 Asociación Pro Bienestar de la Familia (APROFAM)

Amount Authorized DA/ESF Grant: Original \$22,607,696
 Amount Obligated: DA/ESF Grant: Original \$22,607,696
 (including \$35,000 for Movimiento Campesino
 Independiente- MCI)

<u>Date</u>	<u>Amount Authorized Grant/Amendment</u>	<u>Date</u>	<u>Amount Obligated Grant</u>
03/08/83	\$ 930,000	03/08/93	\$ 930,000
05/01/83	9,000	05/01/93	9,000
06/13/83	335,000	06/13/83	335,000
05/11/84	200,000	05/11/84	200,000
08/06/84	100,000	08/06/84	100,000
08/29/84	525,000	08/29/84	525,000
09/27/84	74,000	09/27/84	74,000
12/28/84	1,119,000	12/28/84	1,119,000
12/18/85	494,000	12/18/85	494,000
07/31/87	3,430,000	07/31/87	3,430,000
07/29/88	11,972,000	07/29/88	4,504,000
		03/31/89	3,480,000
		09/20/89	50,000
		03/29/90	3,938,000
05/30/91	3,050,000		3,050,000
05/30/91	10696	09/30/91	10,696

2.1.3 Ministry of Health - Family Planning Unit

Amount Authorized: DA/ESF Grant: Original \$2,855,100
 Amount Obligated: DA/ESF Grant: Original \$2,855,100

<u>Date</u>	<u>Amount Authorized Grant/Amendment</u>	<u>Date</u>	<u>Amount Obligated Grant</u>
05/20/85	300,000	05/20/85	300,000
06/20/86	412,000	06/20/86	412,000
07/27/88	2,143,100	07/27/88	1,724,000
		07/03/89	419,000

2.1.4

Asociación Guatemalteca de Educación Sexual (AGES)
 Amount Authorized: DA/ESF Grant: Original \$3,175,200
 Amount Obligated: DA/ESF Grant: Original \$2,580,315

<u>Date</u>	<u>Amount Authorized Grant/Amendment</u>	<u>Date</u>	<u>Amount Obligated Grant</u>
12/20/85	861,000	12/20/85	861,000
09/29/86	100,000	09/29/86	100,000
07/29/88	688,000	07/29/88	688,000
19/19/88	1,526,200	09/19/88	496,000
		04/25/89	581,000
		06/28/89	33,900
		03/23/90	415,300

2.2 The Project Paper was amended twice, July 31, 1987 and July 22, 1988, increasing the DA grant funds to \$35,331,000 and extending the PACD to Aug. 31, 1992.

2.3 The project goal was to improve the quality of life of mothers and children in Guatemala. The purpose was to expand utilization of family

planning and information provided by public, private and commercial sources through integrated maternal child health services to reduce reproductive risks of women in fertile age.

- 2.4 The amended project planned to provide 994,000 couple year protection and 152,000 maternal-child services through 1,000 MOH facilities, 10 APROFAM clinics, 2,200 community based distributors, 1,000 pharmacies and 50 private organizations to families through out Guatemala.
- 2.5 The experience gained during the first several years of Project Implementation signaled the need to expand services and increase the coverage targets. For these reasons the Project Paper was amended as outlined above.
- 2.6 Amended Project goals are outlined in 2.4 above.
- 2.8 The Project ended on August 31, 1992.

3. ORGANIZATION

- 3.1 This Project originally had three implementing agencies. The initial three Grant Agreements were signed as follows: 1) 8-31-82 with Importers of Pharmaceutical Products (IPROFASA) for the social marketing component of the Project; 2) 8-3-83 with the Family Welfare Association (APROFAM), the IPPF affiliate, for training, IE&C (information, education and communication) both clinical and community based family planning services; and on 5-25-85 with the Ministry of Health (MOH), for training, supervision and distribution of family planning methods. On 12-20-85, an Agreement was signed with the Guatemalan Family Life Education Association (AGES) to reinitiate IE&C activities in rural areas using bilingual personnel. This activity had originally been carried out through the APROFAM Grant but the ongoing civil war had limited the effectiveness of the intervention and put Project personnel in danger. The last major activity, added to Project through Amendment 2, was initiated in June, 1989, when a contract was signed with the Experiment in International Living (EIL), to provide training, supervision and financial support to local PVOs to expand their coverage and provide family planning/reproductive health services.

- 3.2 The implementation of the project was based on a 25% counterpart contribution by APROFAM, that was to be generated from other donors and client payments and a 25% in kind contribution from the MOH based on both the provision of services in post and centers and time allowed for training away from local duties. The 25% counterpart contribution for IPROFASA was to be generated from sales of donated contraceptives which started in 1984. Counterpart was not required on the AGES Grant nor on the EIL contract. Actual counterpart contributions will be verified as part of the close-out audit.

4. PROJECT IMPLEMENTATION

- 4.1 To achieve its purpose the project financed specific activities under each Grant Agreement as follows:

4.1.1 IPROFASA:

This private for-profit company was jointly established by the IPROFASA Board of Directors and AID to carry out social marketing activities in Guatemala. IPROFASA was responsible for directly importing AID donated contraceptives, repackaging them, distributing them through commercial outlets and marketing them using modern advertising and promotion techniques. The price structure and promotion design for the contraceptives increased low income couples' access to the products and expanded the number of outlets nationwide for contraceptive products and information.

4.1.2 APROFAM:

This local IPPF affiliate, founded over 25 years ago, expanded both, its clinical and community based services under this Project. APROFAM also strengthened its administrative structure and IE&C Department under this Grant. APROFAM moved from being primarily an urban service delivery organization in Guatemala city to providing more coverage in departmental towns and rural areas. APROFAM also changed from being solely a family planning organization to being the largest private provider of maternal child health services in the country. Due to the rapid expansion of services, regionalization and decentralization activities were initiated under this Project.

4.1.3 MOH:

The Family Planning Unit was established under this Project and was tasked with the following activities: contraceptive logistics, training and supervision. The MOH began the distribution of contraceptives to centers and posts nationwide under this Project and established a formal logistics system. Training of MOH personnel and on site supervision of family planning activities was also initiated.

4.1.4 AGES:

AGES provided family life education to Guatemalan parents, young adults and teachers. The AID grant supported an expansion of the association from one urban based center in Guatemala City to include five additional centers in departmental cities and a rural education program in Mayan languages. The AID grant also supported a rural female education program and operations research activities in rural communities to design Spanish/Mayan language family life education materials.

4.1.5 EIL:

Activities under this contract began in August 1989. This component was designed to reach organizations in the private sector to encourage them to provide selected maternal child health services. Eleven sub-contracts were awarded with local PVOs during the contract.

4.2 Financially, the project was completed within the estimated budget. The following table provides the data by donor.

AID	HOST COUNTRY	OTHER DONORS	TOTAL
US\$35,331,000	2,168,000	6,459,000	43,958,000

Actual costs will be determined by close out audits.

5. EVALUATIONS

5.1 The project was evaluated as a whole and also by implementing agencies and activities. The first evaluation was carried out on "volunteerism, service quality and cost" of voluntary surgical contraception activities of APROFAM. This evaluation found that APROFAM was providing good quality services but that counseling services to Mayans needed to be improved.

An evaluation of IPROFASA was conducted in 1987. This evaluation found that IPROFASA had conducted contraceptive social marketing in full compliance with contractual requirements and in accordance with sound business practices. The evaluation found that IPROFASA had, in 21 months of sales, reached 1% of married women in reproductive age at a cost of \$12.55 per CYP. The evaluation recommended that AID continue to support IPROFASA social marketing activities and increase the support to expand services to rural and Mayan areas.

An evaluation of the entire Project was carried out in 1988. This evaluation found that the goals set for the project in 1982 were valid and attainable and were in almost every instance surpassed in 1987. Most of the principal recommendations were included in the Amendment of the Project Paper to extend Project activities for three years. The recommendation that had the most impact of the new activities under the amended Project was the one that called for a closer integration of maternal child services with family planning services. This recommendation was implemented in both the MOH and APROFAM with very positive results that will be discussed in the conclusions section.

6. AUDITS

6.1 IPROFASA, APROFAM and AGES had yearly commercial audits during the life of the Project. The RIG carried out a Project audit in 1989-1990 that found no errors of material substance with three of the implementing agencies but did identify errors of material substance with the MOH. A further audit of the MOH was carried out by Deloitte & Touche in 1991. Subsequent technical assistance was provided to the MOH to address these administrative weaknesses that will continue to be addressed under the new project.

7. CONCLUSIONS

- 7.1** The Project was successful in meeting or exceeding most of its numerical goals. It reached a half million more couples with family planning services than was programmed. It is also estimated that the Project activities increased the use of contraceptives from one fourth of the target population to almost one third.
- 7.2** It proved easiest to expand services in urban Ladino areas rather than in rural Mayan areas.
- 7.3** Conservative segments of Guatemalan society exercise an extremely powerful influence on the political environment in which family planning services are promoted and delivered. The Catholic Church led an aggressive attack against family planning resulting in lower demand for services for over 18 months in 1984-85. This attack was internationalized when the Archbishop of Guatemala sent a letter to President Reagan requesting him to stop the US Government's support for family planning activities in the country. However, studies indicate that 26% of all married women in fertile age (MWFA) want no more children and the MOH continued to provide services during the controversy. As a response to the above situation, USAID encouraged and supported the integration of selected maternal- child services into family planning agencies. Local PVOs used the publicity campaigns to stress the important contribution that birth spacing makes to lowering both infant and maternal mortality. This attack positively influenced change in the implementing agencies by forcing them to redefine their delivery of family planning services through the incorporation of maternal child services and to change their institutional missions to contribute to the reduction of maternal and infant mortality and morbidity.
- 7.4** The political environment for family planning services will continue to play an important role in the delivery of services. Even though conservative elements of society remain vocally opposed to family planning, the use of services continued to grow.
- 7.3** In spite of the conservativeness of Guatemalan society it was possible to carry out mass media campaigns of brand name contraceptives through social marketing activities.

- 7.4 The MOH has a very limited implementation ability and has never operated under a strong government commitment to the provision of family planning services. These factors impede the development of the MOH as a leader in the provision of family planning services. The overall poor image of MOH services also impacts negatively at the community level.
- 7.5 Because of the political nature of the MOH, personnel changes are frequent and, therefore, training must be an ongoing activity combined with supervision to maintain minimum levels of service quality.
- 7.6 A large segment of the Guatemalan population still does not have access to family planning services. Most of the voluntary surgical contraception users studies, state that this is the only method of family planning that they have ever used, clearly showing that services are not being used to space births but rather when family size has been obtained or surpassed. This over reliance on one method limits the impact that the use of modern methods of birth spacing can have on lowering the maternal and infant mortality rates.
- 7.7 Strategies to reach underserved populations must be developed in order to address their special needs. Activities with AGES indicate that these activities will be both resource and time intensive.
- 7.8 Although duplication may occur, such as having both an MOH and APROFAM clinic in the same town, having a wide variety of service providers and methods allows couples better overall access and some choice, both of which are key elements in a voluntary family planning program.
- 7.9 The political environment for family planning services in Guatemala will continue to play an important role in the use of services and the Mission must recognize it is vulnerable to attack by conservative elements of society as long as it financially supports these activities. In the long run, nothing the Mission supports will have a lasting effect if the population continues to grow at rates above 2.5% a year.

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Clearances:	OH&E:	PO'Connor	<u>in draft</u>	Date	<u>9-16-93</u>
	OH&E:	GCook	<u>in draft</u>	Date	<u>8-23-93</u>
	PDSO:	SCórdoba	<u>GCook</u>	Date	<u>09/20/93</u>
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