

PROJECT ASSISTANCE COMPLETION REPORT

PROJECT TITLE: FAMILY HEALTH SERVICES PROJECT
PROJECT NUMBER: 645-0228
PROJECT AMOUNT: \$6,314,558
COUNTRY: Swaziland
FINAL PROJECT EVALUATION: November 1995

1. SUMMARY OF SERVICES PERFORMED:

The Family Health Services (FHS) Project was a six year project designed to contribute to achieving the Mission's strategic objective of reducing high fertility rates and increasing the prevalence of modern contraception in Swaziland. The Life of Project (LOP) Budget was \$6,814,558. The project's goal and purpose was to reduce high fertility rates and improve maternal and child health, and to increase the prevalence of modern contraception and the practice of child spacing, emphasizing expansion into new areas to extend family planning services and information to a wider number of Swazis respectively.

USAID signed two cooperative agreements in 1989 for the FHS Project: one with Family Life Association of Swaziland (FLAS) primarily for local costs and one with Pathfinder International, primarily for technical assistance, training and off-shore procurement. The project sought to improve the quality of FLAS's clinical services; strengthen evaluation and monitoring capability; launch pilot industry-based family planning and AIDS programs; and expand and improve Information, Education and Communication (IE&C) activities. FLAS is a non-Governmental Organization (NGO) registered with the Swaziland Council of NGO's and a full member of the International Planned Parenthood Association (IPPF). Family Planning has been FLAS's principal, nearly exclusive concern, since the association was founded in 1979. FLAS operates three Family Planning (FP) clinics in Mbabane, Manzini and Malkerns.

Through January 1992, the FHS Project focussed on strengthening research and evaluation capability and clinical services, and on laying a foundation for improved IE&C activity. Pathfinder International provided a long-term advisor to support the creation of a Research and Evaluation Unit (REU), which is now established and produces monthly, quarterly and semi-annual statistical reports of good quality on services provided in FLAS clinics and through its industry program.

The FHS Project initiated significant changes in FLAS's approach to IE&C. A consultant assisted FLAS in designing, conducting, analyzing and drawing conclusions from a comprehensive study of attitudes relating to FP. In 1992, the Program for Appropriate Technology in Health (PATH) began providing periodic technical assistance to implement an IE&C plan based on that research. Method specific pamphlets were produced.

In January 1992, with assistance from a new long-term advisor from Pathfinder, FLAS began to implement a pilot program to provide FP services and STD/AIDS-education services at four large and three medium-sized industrial sites. FLAS acts as a consultant to help industries establish sustainable FP/AIDS programs which increase knowledge, improve attitudes and increase contraceptive prevalence by 20% among employees in each industry. The heart of the program is the promotion of contraception, distribution of condoms and foams, and referral of clients to industry clinics for other methods - all by peer educators known as Industry Based Distributors (IBDs), who have been trained under the project and are supervised by a nurse from the medical department of each industry. FLAS has also trained industry nurses in contraceptive methods, including IUD insertions. In addition, a monitoring and evaluation system, comprised of service statistics and contraceptive prevalence surveys, has been designed and implemented.

Following the approval of the Family Health Services Project Paper Supplement in August 1993, the FHS Project was amended. The LOP funding was increased and the Project Assistance Completion Date (PACD) was extended to December 31, 1995. The research and clinical objectives were well established and were not continued into the Project Extension. FLAS's research and evaluation capability has been firmly entrenched within the FLAS structure with the establishment of the Research and Evaluation Unit (REU). FLAS's clinical services were evaluated and found to be of a consistently high standard. Under the extended Project, activities in these two areas were limited and the focus of the FHS project shifted to two new areas, while continuing to strengthen and expand activities in IE&C and the Industry program. The extended project consisted of four components:

- A. Expanded information, education and communications activities,
- B. Expanded FP activities with industry and other private-sector organizations,
- C. The introduction of voluntary surgical contraception in at least three locations, and
- D. The provision of assets to increase FLAS's self-sufficiency. This involved the construction of headquarters building for FLAS and the purchase and renovation of a building to be used as FLAS's Mbabane

clinic.

2. STATUS OF COMPLETION OF PROJECT ELEMENTS

a. Improved Service Delivery through existing FLAS clinics.

A 3-month clinic-services consultancy was completed to design and implement clinic protocols. The FLAS clinics were redecorated and FP clinical and laboratory equipment purchased. The clinic record-keeping and client card filing systems were improved and service-statistics reporting instituted. Consultants' assessments show that FLAS & industry clinics offer very high quality services.

b. Establishment of a sustainable research and evaluation capability within FLAS.

Studies have been completed on:

-Social and economic profile of FLAS clients;

-FLAS Sustainability (unit cost and potential cost recovery) study. A cost study of FP & non-FP services provided by FLAS was completed in November. The report provided FLAS with recommendations on recovering and reducing costs, ways to generate additional revenue and ways to cut costs. FLAS will utilize the cost study to consider raising clinic fees;

-Industry Baseline Survey;

-Low utilization of Malkerns clinic. Report recommended that Malkerns clinic continue to operate;

-Costs/benefits of providing FP services in Siteki. This study recommended that FLAS should consider providing FP services in Siteki. Due to financial constraints the recommendation was not accepted;

-Client drop-out rates;

-Evaluation of Family Life Education (FLE) in schools.

In addition to conducting special research studies, the REU provides routine clinic service statistics to FLAS management on a regular basis.

The research and evaluation function clearly has been firmly established within the FLAS Organization. All but two of the above studies were carried out by FLAS without consultant assistance. The studies were reviewed by the final evaluation team and judged to be of high quality.

c. Initiation of a comprehensive program of FP services in large companies.

A resident Technical Advisor was recruited in 1992 to assist FLAS to set up the industry based program. Study Tours for industry Personnel of AIDS-in-the-workplace (FP/AIDS) programs in Uganda and Kenya were completed. Due to higher than expected interest in, and demand for the services by companies, the FLAS Industry Program was designed and launched initially in 8 industries rather than the three originally planned: Usuthu Pulp, Ubombo Ranches and Swazican plus 5 industries served by Mananga Medical Services (Mhlume Sugar Company, Cargo Carriers, Vuvulane, Inyoni Yami Irrigation and Mananga Agricultural Mission).

FP/AIDS activities are well entrenched in 7 of the 8 industries. Swazi-Can closed down. The FLAS Industry nurse attended a training of trainers in clinical family planning and returned to train 35 industry nurses in a 5 week clinical FP course by the end of 1995. One hundred and sixty two IBDs were trained, who distributed about 57,264 condoms (over 34,000 at one industry) in 1992. 24,734 condoms were distributed in the first quarter of 1993.

Condom dispensers, manufactured by a local supplier, have been installed in toilets and beer halls in the industries. Baseline Knowledge, Attitudes and Practices (KAP) survey was completed for industries as a baseline to monitor & evaluate progress. The survey showed that 34% of employees were currently using FP. Contraceptive prevalence is expected to increase by 20% per year. FLAS plans to do a follow-up to the baseline evaluation to determine the exact increase in contraceptive prevalence.

d. Establish a sustainable Information, Education and Communication (IE&C) capacity.

PATH was contracted to review FLAS's IE&C strategy; develop message content strategies for 12 pamphlets (pill, condom, IUD, syphilis, gonorrhoea, FP/AIDS, injectable, spermicide, vasectomy, tubal ligation, chancroid and genital warts). All 12 pamphlets were developed, produced and distributed. FLAS's IE&C strategy was revised and FLAS staff were trained in materials pre-testing.

Pathfinder recruited a Human Sexuality consultant to develop the first draft of "Talking Together - A Handbook for Parents and Teens" which has been successfully pre-tested, printed and distributed. Radio TA assisted FLAS in developing radio spots advertising the FP flag and 15 minute FP method radio shows.

Revised Project Outputs:

e. Expanded Information, Education & Communication Activities (IE&C).

With the assistance of an advertising agency, Ogilvy and Mather (O&M), FLAS designed and implemented an intensive FP-marketing campaign with the following two objectives:

i. Promoting the benefits of FP and the use of all FP service sites, including MOH sites; and

ii. Overcoming fears about FP;

The FHS Project Paper Supplement (PPS) was signed on 31 August 1993. FLAS CA Amendment was signed 9/02/93; Pathfinder CA Amendment was signed 9/24/93. The FLAS IE&C Department Head completed a course at New York University School of Continuing Education in "Management" and "Marketing & Public Relations" with excellent results and returned to Swaziland in July 1994. A FP Logo competition was held and a new FP logo was launched by the Minister of Health. Prescription pads for each FP method were developed, printed and distributed to all clinics. A local production company was recruited to produce 6 method specific videos and a video overview of all FP methods. These videos have been very successful and are in demand in the Southern Africa Region.

f. Expanded FP/AIDS activities with industry and other private sector organizations. The expansion was two-phased. Firstly, FLAS's industry program underwent some improvements and then the program was expanded to other industries.

The FLAS Industry Project Manager completed a Masters program at Tulane University. An Industry-Based Distributors (IBD) oral resupply training was successfully completed and implemented in two industries. The Pilot resupply program is now fully operational in two industries (Mananga and Ubombo) and is to be introduced to other industries in 1996. All IBDs have a Family Planning flag flying outside their residences to identify them as providers of FP advice. Folk media training and performances continue at industries. Continuing Users Data were incorporated into Industry MIS and IBD programs. Five 15-minute radio programs on FP methods aired on the radio. A siSwati and English radio spot on dealing with fears about FP methods has been produced and aired. Eight FP Methods specific spots on how methods works, side-effects, misconceptions etc, have been produced and aired.

g. Voluntary Surgical Contraception (VSC) was introduced in at least four locations.

An OYB transfer to RD/POP for the Association for Voluntary Surgical Contraception (AVSC) to: train 4 doctor/nurse teams in out-patient mini-laparotomy (M/L) techniques and train at least 6 counsellors in informed-consent counselling was completed on June 6, 1994. Five doctors have been trained in M/L techniques to date: two FLAS doctors were trained in January 1995 and three doctors, two from Industries and one from FLAS completed the M/L training in Nairobi in July 1994. Two FLAS Nurses have been trained to assist during M/Ls. The FLAS VSC Coordinator has been trained in VSC program management. Currently, all the doctors are offering clients M/L, and ML is offered in FLAS clinics. Fifteen counsellors from Industries and from FLAS were trained in VSC counselling techniques by December 1995. Twenty six M/Ls were performed by December 31, 1995 and 5 vasectomies were performed at Ubombo Ranches.

h. Adequate clinic space was provided in FLAS's Mbabane clinic to meet client demand through the purchase and renovation of a house to serve as FLAS's Mbabane clinic; and adequate space for FLAS's administrative staff to effectively manage program activities was made possible through the construction of a Headquarters building. An old house was purchased to serve as FLAS's Mbabane clinic in September 1993. Delivery Order with MATRIX was signed on 9/27/93 to list renovations, prepare tender documents and supervise renovation work. The tender was issued and the contract signed with Pennun Contracts on February 9, 1994. Renovations were completed. Extension of time was granted from July 18 to August 18 1994. Clinic was officially opened by the Minister for Health & the American Ambassador on 9 Dec 1994. The Regional Engineer provided a certification of completion of work on 27 January 1995.

Request for Proposals (RFP) for Architectural & Engineering (A&E) services to design Headquarters (HQ) building for FLAS was issued and award made in 1994. Drawings for HQ submitted and reviewed. Invitation for Bids (IFB) for HQ construction was issued and contractor selected. RFP for A&E services was issued and a contract awarded to the Building Design Group (BDG).

- IFB issued, Du-Van Developers awarded contract on 17 June. Construction completed on 28 August 1995.

The final inspection of the headquarters building was performed by the REDSO/ESA Engineer on March 22, 1996 and a Certificate of Completion awarded. Under terms of the contract, Du-Van Developers is responsible for making any repairs to correct faults until 28 August 1996. The A&E firm will perform a final inspection in July 1996. After any faults are corrected, the A&E will request release of the final payment to Du-Van.

3. ACCOMPLISHMENTS IN TERMS OF PROJECT PURPOSE

A Final Evaluation of the FHS Project was conducted in November 1995. The purpose of the evaluation was not only to evaluate the FHS project but also to determine if and how FLAs could sustain its activities over the long term. The evaluation made several recommendations as follows:

A. The Family Life Association of Swaziland (FLAS) could further strengthen its capability as a Family Planning (FP) Organization by: building on its infrastructure in training; improving the promotion of condoms and voluntary surgical contraception; streamlining infertility management; improving the package of reproductive health care along with increased fees for cost-recovery; and addressing male resistance to FP.

B. FLAS should initiate an aggressive marketing strategy of selling industry based FP and HIV/AIDS services to the private sector.

C. FLAS should consider extending the successful pilot scheme on oral contraceptive re-supply by Industry Based Distributors (IBDs) which has occurred at two industries to all other industries in the program.

D. FLAS should conduct research to prove that FLAS's Information, Education and Communication (IE&C) activities lead to increased use of family planning services. FLAS should develop an explicit goal of IE&C related to cost-effectiveness. FLAS's IE&C Unit should concentrate on high priority, low-cost activities which have proven to be cost-effective.

A recent study by The Futures Group has clearly shown that investing in family planning and AIDS prevention services by private sector firms contributes to industrial growth. Such up front investment enhances cost effective and efficient management by reducing health expenditures in private firms, particularly those related to unwanted and mistimed births and AIDS transmission. The study compared the costs of a ten year program with the savings accrued by averting pregnancies and preventing HIV/AIDS transmission. In this cost-benefit study, the costs of providing family planning and AIDS prevention services were compared to savings which can be achieved by averting unwanted pregnancies among an industry's employees and their dependant spouses. The study clearly showed that most firms can save money by providing family planning services.

4. FURTHER INPUTS EXPECTED INTO THE PROJECT

It is hoped that FLAS will have the opportunity to participate, as appropriate, in any AID/W funded family planning regional activities in Southern Africa.

5. LESSONS LEARNED

The primary lesson learned from the Family Health Services Project is the importance of continuous fund raising by the Board. FLAS Management waited until the end of the FHS Project to institute cost-recovery mechanism and to earnestly begin their fund-raising campaign. This has meant an hiatus in program activities. There is no doubt that there are available donor funds to support FLAS's work (the evaluators talked to numerous donors willing to work with FLAS); the problem is the time required by donors to complete the funding approval process prior to the release of funds.

6. RECOMMENDATIONS FOR FURTHER MONITORING, REPORTING AND EVALUATION:

Final payment to Du-Van Developers for headquarters construction will be released by USAID following certification by the A&E firm that any faults have been corrected, o/a August 28, 1996.

Responsibility for the minimal monitoring required under the FLAS Endowment has been transferred to the Regional Center in Gaborone. The USAID oversight period for the Endowment ends 2002.

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