

PD-ABP-352
94617

A.I.D. EVALUATION SUMMARY - PART I

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:

Mission or AID/W Office USAID/Jakarta
(ES# _____)

B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan?

Yes Slipped Ad Hoc
Evaluation Plan Submission Date: FY 96 Q 1

C. Evaluation Timing

Interim Final
Ad Hoc 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)
497-0355	Private Sector Family Planning		6/96	\$20,000	\$20,000

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
Please see attachment B.		

(Attach extra sheet if necessary)

APPROVALS

Date Of Mission Or AID/W Office Review of Evaluation: _____ (Month) _____ (Day) _____ (Year)

Approvals of Evaluation Summary And Action Decisions:

	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
Name (Typed)	Leslie B. Curtin	Drs. Sardin Pabbadja	Patricia Chaplin	Vivikka M. Mollidrem
Signature	<i>Leslie B. Curtin</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Date	1/30/97		3/4/97	7/17/97

ABSTRACT

Evaluation Abstract (Do not exceed the space provided)

USAID's Private Sector Family Planning (PSFP) Project No. 497-0355 was aimed to support the National Family Planning Movement in Indonesia, in order to increase the availability, quality, sustainability and use of family planning products and private sector family planning services, especially longer-term contraceptives (IUDs, implants and voluntary sterilization). The project was authorized on June 10, 1989. The PACD was extended to June 30, 1996. USAID bilateral project funds were \$20,000,000 and the local contribution was \$9.804 (136% of the plan). The total project expenditures as of June 30, 1996 are estimated at \$19,972 or 99% of the total budget. The final project evaluation was carried out by two American experts in November/December 1995, under a buy in to POPTECH.

Most of the quantitative objectives of the project have been achieved: as can be seen from the following:

Objectives	Target	Achievement
Total Fertility Rate	3.00	2.86
Contraceptive Prevalence Rate	53 %	54.7%
Long-term Method Users	41 %	36.5% 1)
Voluntary Sterilization per year	292,000	103,026 2)
Acceptors utilizing the private sector	20 %	28.1%
Urban acceptors fully paying for FP through the private sector	59 %	NA 3)
Rural acceptors fully or partially paying for FP through the private sector	40 %	43%
Commercial sales of contraceptives by couple years of protection (CYP)	3,000,000	3,000,000 +
Midwives trained in family planning	2,500	5,428
Doctors trained in family planning	2,500	1,682 4)
Pharmacists trained in family planning	2,000	2,000

Notes:

- 1) The target of the LTM users was fell short of the planned level. Use of LTMs increased only marginally from 35% in 1989 to 36.5% in 1994. The LTMs include male and female VS, IUDs and Norplant implant. The stable percentage of LTM users was due to the decline of IUD users and the dropped of annual number of VS procedures since 1989 since the younger couples were more preferred to use short-term methods (pills and injectables).
- 2) The target number on voluntary sterilization (VS) procedures was not achieved due to the continuing decline of the VS acceptors since 1989. Causes of the decline in VS include prohibition by the government of mass media promotion, VS is not considered as a national FP program, opposition from Islamic leaders, and competition from non-operative FP procedures: IUDs and implants.
- 3) Specific data on this component was not available. Total achievement (IDHS 94) was 84.3% for both rural and urban:
 - a) through public: 30/8%; b) through private: 25.9%; and c) through others: 97.6%
- 4) The number of doctors trained was not achieved. Training of doctors was terminated in 1993 when it became apparent that many general practitioners were not interested in the training and provided little FP services in their practices.

COSTS

I. Evaluation Costs

1. Evaluation Team		Contract Number OR	Contract Cost OR	Source of Funds
Name	Affiliation	TDY Person Days	TDY Cost (U.S. \$)	
Charles N. Johnson	POPTECH/PIO	29 days	\$16,403.10	PSFP 497-0355 USAID/W/G/ PHN/P
Keys MacManus	USAID/W/G/PHN/P	15 days	0	
2. Mission/Office Professional Staff SO2/PHN/P : 2 staff (15 days)		3. Borrower/Grantee Professional		
Person-Days (Estimate) <u>CM 1 (10 days), OFIN 2 (5 days)</u>		Staff Person-Days (Estimate) <u>10 staff (3 days)</u>		

2

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:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Purpose of evaluation and methodology used • Purpose of activity(ies) evaluated • Findings and conclusions (relate to questions) | <ul style="list-style-type: none"> • Principal recommendation • Lessons learned |
|--|---|

Mission or Office:

USAID/Jakarta

Date This Summary Prepared:

August 20, 1996

Title and Date of Full Evaluation Report:

Final Evaluation: Private Sector Family Planning Project, Indonesia, #497-0355. May, 1996

1. Purpose of Evaluation and Methodology Used

The purpose of the final evaluation of the Private Sector Family Planning Project No. 497-0355 is to highlight the major accomplishments of the project, identify family planning program strengths and weaknesses, and make suggestions for incorporating some program activities into the Service Delivery and Expansion Support (SDES) Project which is implemented by the Pathfinder International and BKKBN with USAID funds. A detailed mid-term evaluation was completed two years ago; this evaluation draws upon that evaluation and does not attempt to provide the level of detail contained in that report. The excellent project reporting system developed by the Project Support Group (PSG) provides a wealth of information of the project as do the operation research and other studies sponsored by the project.

The evaluation was carried out in Indonesia by Charles Johnson (team leader) and Keys MacManus, both are retired senior USAID executives, from November 28 to December 23, 1995. The principal methodologies utilized for this evaluation included a comprehensive document review, interviews with individuals and groups, and participation in a three day national evaluation review of the PSFP project conducted by the BKKBN.

2. Purpose of Activity Evaluated

The goal of the PSFP project was to assist public and private sector actions in family planning services leading to a self-sustaining system for reducing fertility rate from 3.4 to 3.0 by 1994 and 2.4 by the year 2000.

The project purpose was to increase the availability, quality, sustainability and use of family planning products and private sector family planning services in Indonesia.

The overall end of project status (EOPS) indicator was an increase in contraceptive prevalence from 48 percent in 1987 to 53 percent in 1994. Other broad EOPS include increasing the percentage of eligible couples using private doctors, midwives and pharmacies stores as their source of FP services from 12 percent in 1987 to 20 percent nationally by 1994. The percentage of couples paying for family planning services and supplies from the public sector was to increase from 23 percent in 1987 to 50 percent in 1994 for urban couples and 40 percent for rural couples. The proportion of eligible couples nationally paying for all or part of the cost of family planning services and supplies was expected to increase from 36 percent in 1987 to 45 percent in 1994.

The EOPS for the major project components include the following:

a. Blue Circle Campaign:

Increase couple years of contraceptive protection (CYP) by private commercial sales from 1.3 million in 1988 to over 3.0 million by the end of 1994.

b. Community Based Distribution:

Decrease in current users obtaining fully subsidized family planning services in rural areas from 71 percent in 1987 to 60 percent by the end of 1994.

c. Private Sector Delivery and Professional Organization Development:

Training in modern family planning methods and providing technical contraceptive manuals by the end of 1994 for:

SUMMARY (Continued)

2,500 private doctors,
2,500 private midwives, and
2,000 private pharmacists

d. Longer Term Methods (improved Clinical Services):

Increase in the proportion of current users of long term contraceptive method (voluntary sterilization, IUD and implants) from 35 percent in 1987 to 41 percent by the end of 1994; and

Increase in Voluntary Sterilization procedures from 130,000 in Indonesia FY 1993/1994.

3. Findings

Most of the quantitative objectives of the project have been achieved: as can be seen from the following:

Objectives	Target	Achievement
Total Fertility Rate	3.00	2.86
Contraceptive Prevalence Rate	53 %	54.7%
Long-term Method Users	41 %	36.5%
Voluntary Sterilization per year	292,000	103,026
Acceptors utilizing the private sector	20 %	28.1%
Urban acceptors fully paying for FP through the private sector	59 %	NA
Rural acceptors fully or partially paying for FP through the private sector	40 %	43%
Commercial sales of contraceptives by couple years of protection (CYP)	3,000,000	3,000,000 +
Midwives trained in family planning	2,500	5,428
Doctors trained in family planning	2,500	1,682
Pharmacists trained in family planning	2,000	2,000

4. Conclusions

- (1) The PSFP project accomplished its targets within the planned time period with some exceptions.
- (2) The PSFP contractor provided excellent technical advisors and an outstanding chief of party. The Project Support Group (PSG) devised and carried out operations research that provided high quality analysis and information to BKKBN, USAID, professional organizations and the cooperating agencies (CAs). The PSG developed a mini-MIS that provided timely and accurate information on all project activities. It will be a loss for all parties if this mini-MIS is not continued. Either USAID or SDES should assume responsibility for maintaining the well-established data base. The PSG staff also played an important background role in facilitating the coordination with the growing number of CAs; it is not clear who will assume this function when the PSG staff leave at the end of December 1995.
- (3) The new emphasis within BKKBN on family welfare may put a strain on staff ability to carry out its family planning mandate. Since the family welfare and poverty alleviation mandates for BKKBN are rather new, it is not clear what direction they will take. But without additional staff, this could be a matter of concern for its abilities to meet the difficult challenges of increasing contraceptive prevalence.
- (4) Development and marketing of Blue Circle contraceptive products was successful; Blue Circle has high brand awareness and sales expanded quickly.

5) The PSFP project was the USAID "guinea pig" to shift from advance of funds to pre-financing by BKKBN. This had disastrous consequences for the project, holding up for at least a year. Most delays in project implementation stem from USAID, BKKBN and Ministry of Finance problems in implementing this new AID-mandated financial system. After a slow start, these problems were largely overcome.

(6) USAID project management staff were viewed by the contractor and BKKBN as supportive and responsive.

(7) Demand for removal of contraceptive implants will accelerate rapidly in future years as BKKBN continues to promote vigorously this method. There will be a need for rapidly increasing numbers of midwives and doctors to be trained in proper removal techniques.

5. Recommendations

(1) Given BKKBN's vigorous promotion of contraceptive implants and the growing need for more trained staff to remove implants, USAID plans to allocate most of the remaining PSFP project funds for training midwives in implant removals and for payment to midwives and doctors for the removals. USAID should discuss this growing issue with BKKBN and SDES project staff to determine how SDES funds can be utilized for this increasingly important program element in the future.

(2) USAID should encourage BKKBN and PKMI to determine the future role of PKMI and identify future sources of funding. Both parties need to be convinced that USAID funding really will stop soon.

(3) With growing interest in managed health care (JPKM), USAID and SDES project staff should review how future SDES activities can contribute to expansion of FP services through managed care and assist BKKBN in the transition to this new type of financial support for FP.

(4) USAID should encourage BKKBN to review mass media promotion for Blue and Gold Circle contraceptives to determine how these programs will operate in the future, what additional funding may be needed, and at what level of sales no future government subsidy are needed. In the same vein, BKKBN should review the options for strengthening private sector contraceptive distribution opportunities in rural area,

(5) The continuing large-scale procurement of contraceptives by BKKBN limits expansion of a real commercial sector. This is an important area for USAID and BKKBN policy dialogue.

6. Lessons Learned

(1) Midwives, rather than doctors, are the most important providers of FP services through the private sector, and that role will likely increase in the future. Except for VS, doctors have a limited role in the private sector. Pharmacists have almost no role in FP; assistant pharmacists play a more important role, especially for sales of condoms.

(2) A large majority of both urban and rural couples are willing to pay some or all costs of their FP needs, provided products are perceived as high quality, are affordable, accessible and provided by a well trained persons.

(3) BKKBN has an unusual capacity to train large numbers of people throughout the country.

(4) Without mass media promotion, private sector sales would not have grown from 12 to 28 percent of all contraceptive users in just 7 years.

(5) Major pharmaceutical companies are willing to make major price cuts for socially significant causes as long as there is a profit potential.

(6) A successful VS program requires strong government support and adequate publicity. Facilities, equipment and trained staff are not enough.

6

ATTACHMENTS

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

Attachment A: Final Evaluation: Private Sector Family Planning Project, Indonesia. Project No. 497-0355

Attachment B: Recommendations and Action Plan

COMMENTS

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

Mission Comments:

Mission values the final project evaluation report and agrees with its recommendations. USAID/Indonesia through other on-going projects will continue its efforts to assist the Government of Indonesia (GOI) in increasing private sector delivery of family planning services.

In addition to this final project evaluation, we refer the readers to two additional end of project reports, which were prepared by the University Research Corporation project team:

1. Private Sector Family Planning Project No. 497-0355: Final Project Report.
2. Lessons Learned from Research, Evaluation and Analysis Studies of the Private Sector Family Planning Project.

Mission is concerned about the shortfall in achieving some of the project objectives, particularly on increase in the proportion of long-term method users. While the evaluators made no specific recommendations in this area, they did underscore the high level policy issues and constraints that present barriers to increasing the proportion of LTM users. In its transition plan for the PHN sector, USAID has identified the availability of long-term methods as a key policy issue.

BKKBN Comments:

1. In principle BKKBN has prepared the new program of family welfare without reducing any effort on family planning program. The level of budget is consistency maintained to achieve the target of TFR reduction. BKKBN has improved its management structure in which family planning is maintained at the same management level as before. The family welfare program has been supported by high level commitment that has born a considerable high amount of support both from the government, major enterprises and the community.

Family planning program has been facing hard core group of the community in which family welfare approach will very much support the family planning program through socio-economic as well as cultural aspects.

2. Data on achievement of "Full Paying" can be derived from IDHS. Although it is not specified whether fully private or not, analysis of cost paid by client can give a picture of fully paying segment.

3. Achievement of acceptors paying for service was 84.3% (IDHS 94) which included 30.8% through Public Service, 25.9% through private service and 17.6% through other services.

E. Action Decisions Approved by Mission Director	Name of Officer Responsible for Action	Date Action to be Completed
<p>RECOMMENDATIONS MADE BY THE PSFP FINAL EVALUATION AND PLAN OF ACTION</p> <p>Recommendation:</p> <p>(1) Given BKKBN's vigorous promotion of contraceptive implants and the growing need for more trained staff to remove implants, USAID plans to allocate most of the remaining PSFP project funds for training midwives in implant removals and for payment to midwives and doctors for the removals. USAID should discuss this growing issue with BKKBN and SDES project staff to determine how SDES funds can be utilized for this increasingly important program element in the future.</p> <p>Action Plan:</p> <p>No action necessary. USAID has allocated the remaining PSFP project funds for training midwives in implant removals and for payment to midwives and doctors for the removals. Pathfinder International/SDES project has also budgeted provider training and implant removals activities.</p> <p>Recommendation:</p> <p>(2) USAID should encourage BKKBN and PKMI to determine the future role of PKMI and identify future sources of funding. Both parties need to be convinced that USAID funding really will stop soon.</p> <p>Action Plan:</p> <p>BKKBN and PKMI are aware that USAID will no longer provide assistance to PKMI after the SDES project ends at the end of 1999. USAID has contracted a consultant to analyze and develop reasonable scenarios on the future role of voluntary sterilization in the national family planning movement. Purpose of the analysis is to provide the decision makers with adequate analyses so that they can make appropriate policy, including the future role of PKMI and future source of funding. The role of the VS program will be defined in the context of the USAID Population, Health and Nutrition Transition Plan in 1996-2000.</p>	<p>No further action is necessary.</p> <p>Leslie Curtin Bambang Samekto</p>	<p>4/31/97</p>

E. Action Decisions Approved by Mission Director	Name of Officer Responsible for Action	Date Action to be Completed
<p>RECOMMENDATIONS MADE BY THE PSFP FINAL EVALUATION AND PLAN OF ACTION</p> <p>Recommendation:</p> <p>(5) The continuing large-scale procurement of contraceptives by BKKBN limits expansion of a real commercial sector. This is an important area for USAID and BKKBN policy dialogue.</p> <p>Action Plan:</p> <p>The Mission will continue dialog with BKKBN on the large-scale contraceptive procurement by BKKBN. This effort will be incorporated into the future POLICY Project workplan and monitoring of the results will be conducted by the project.</p>	Bambang Samekto	June 30, 1997