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UNITED STATES GOVERNMENT

Memorandum

UNCLASSIFIED PD-AAF-780-B1
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TO : MO/PAV
LAC/DP/ES

DATE: Nov. 20, 1979

FROM : Eliseo Carrasco
Director, USAID/Guatemala

SUBJECT: Project Evaluation Summary

Attached is Project Evaluation Summary for Project No. 520-0237, Population and Family Planning.

Attachment: PES No. 80-1

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Clearances

PRM:JREyre: JRE

DDIR:HHBassford: HB

PHD:SWEdmonds: SWE

APRM:MEHauben: MH

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PROJECT EVALUATION SUMMARY (PES) — PART I

Report Symbol U-447

1. PROJECT TITLE	2. PROJECT NUMBER	3. MISSION/AID/W OFFICE
POPULATION & FAMILY PLANNING	520-0237	USAID/Guatemala

4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) 80-1

☒ REGULAR EVALUATION ☐ SPECIAL EVALUATION

5. KEY PROJECT IMPLEMENTATION DATES	6. ESTIMATED PROJECT FUNDING	7. PERIOD COVERED BY EVALUATION
A. First PRO-AG or Equivalent FY 77	A. Total $ 2,226,000	From (month/yr.) 03/77
B. Final Obligation Expected FY 79	B. U.S. $ 1,060,000	To (month/yr.) 10/79
C. Final Input Delivery FY 80		Date of Evaluation Review

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
Follow-on project to be developed by USAID/ Guatemala, APROFAM and host country. PID was sent to AID/W for review in November 1979.		Dec., 1979

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

- ☐ Project Paper
- ☐ Financial Plan
- ☐ Logical Framework
- ☐ Project Agreement
- ☐ Implementation Plan e.g., CPI Network
- ☐ PIO/T
- ☐ PIO/C
- ☐ PIO/P
- ☒ Other (Specify) Develop follow-on project.
- ☐ Other (Specify) _____

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

- A. ☐ Continue Project Without Change
- B. ☐ Change Project Design and/or ☐ Change Implementation Plan
- C. ☐ Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)

Scott W. Edmonds
Chief, Public Health Division
USAID/Guatemala

12. Mission/AID/W Office Director Approval

Signature

Typed Name: Eliseo Carrasco, Director

Date: November 23, 1979

AID 1330-15 (3-78)

13. Summary

The project was successful in meeting its objectives. The Grantee, APROFAM, Guatemala's private family planning association, has fulfilled its obligations in a timely manner.

Major activities under the Population and Family Planning project have been Information, Education and Communication through multi-media communications and person-to-person communication activities at the community level; direct distribution activities in which APROFAM has been supplying contraceptives and family planning technical-medical information and promotional materials directly to MOH area health offices, health centers and, until a recent temporary suspension by the MOH, rural health posts for use in providing family planning services; and community-based distribution activities in which six separate programs in varying geographical areas have achieved a total of 35,000 active users through a total of 479 active contraceptive distributors. Community-based distribution consists of distribution of contraceptives and dissemination of information by existing community institutions, e.g., farmers' organizations and cooperatives. The distributors receive the contraceptives from APROFAM free of charge, sell them at a fixed price, and keep 40% of the selling price, returning the remainder to APROFAM. In all, approximately 100,000 active users receive contraceptive services from clinics, hospitals and community distribution points.

The suspension of family planning activities in health posts touched upon in the preceding paragraph was ordered by the Minister of Health in mid-1979 and is reflective of his concern that oral contraceptives be administered only under medical supervision, as required by Guatemalan law. While such supervision is present in health centers in the person of a resident physician in charge, the small rural health posts are not assigned physicians, hence the halt in family planning activities at these facilities. The ordering of the halt coincided with the visit to Guatemala of the team of outside evaluators. Their attached report does not reflect the significant changes in the Ministry of Health toward family planning which occurred subsequent to its publication. The Minister has recently stated

his willingness to enter into an agreement with AID and APROFAM for the purpose of effecting a family planning program. The project currently being developed as a follow-on to the evaluated project will meet ministerial concerns by incorporating provision of medical supervision. This will allow para-medical personnel at the health post level to deliver family planning services. Family planning activities will resume at the health posts with the official sanction they did not enjoy prior to their suspension.

14. Evaluation Methodology

An overall evaluation to examine whether the objectives of the project were met was performed in June, 1979 by an outside team of four technically qualified experts assembled by the American Public Health Association, who conducted site visits, interviews of project personnel and an examination of extant records, reports and studies. A copy of this evaluation is attached.

The evaluators drew upon routine quarterly reports to AID as well as outside evaluation studies:

-- The Information, Education and Communication project component was measured by two national Knowledge, Attitude, and Practice (KAP) surveys, a baseline survey done in 1976 and a follow-up survey done in 1978. These studies were performed by APROFAM with technical assistance from the University of Chicago.

-- A National Contraceptive Usage Study designed and analyzed by the Communicable Disease Center, HEW, a sample survey which yielded, among other data, the number of currently married women who are contracepting.

15. External Factors

The absence of a clear GOG policy on population was an inhibiting factor which was reflected in inadequate re[illegible] and counseling of clients and which culminated in c[illegible]

family planning activities in health posts. However, the Minister of Health's stated desire to sign a tripartite agreement involving AID, APROFAM and the Ministry of Health in a family planning program and to include family planning in the National Health Plan augurs well for the follow-on project now being developed.

16. Inputs

Inputs were provided in a timely manner. AID inputs complemented those of eleven other donors, most notably Pathfinder Fund, FPIA, IPPF and AVS, who have been providing APROFAM with technical assistance as well as budget support covering approximately 2/3 of APROFAM's annual budget requirements. In 1978, APROFAM's $15. million budget supported a staff of 188 persons. Contraceptives supplied by AID outside the project were distributed by APROFAM to its own urban clinics, MOH rural clinics and APROFAM community distributors in both urban and rural areas, --a total of more than 1,600 distribution points.

17. Outputs

The contraceptive logistics program was supplying contraceptives on a regular basis to 580 MOH clinics prior to suspension by the MOH of family planning activities in health posts. A rural community-based distribution infrastructure is in place and serving 35,000 active users through a total of 479 distribution points, exceeding the planned 1979 target of 25,000 active users. The Information, Education and Communication project component was increasing awareness of family planning via 6 urban and 37 rural radio stations, which were broadcasting family planning messages three times daily. In 1978, 190,000 pamphlets were distributed.

18. Purpose

To assist the local Family Planning Association (APROFAM) to make contraceptives available nationwide to Government of Guatemala health facilities and through private systems; to disseminate fertility control information; to provide fa

planning services to at least 5% of women-in-fertile-age in 1977, 7% in 1978 and 10% in 1979.

The target of 7% of women-in-fertile-age receiving family planning services through the project by the end of 1978 was exceeded by 2%. Dissemination of information about family planning has been successful in reaching the Ladino population, less so in reaching Indians. In 1976, prior to initiation of the project, 73.3% of the rural population were aware of family planning; in 1978, 78.7% were aware of family planning.

Disapproval of family planning among Ladinos dropped from 25% to 20% from 1976 to 1978; disapproval among Indian decreased from 75% to 53%. However, contraceptive use among Indians is 4%, while it is 21.1% among rural Ladinos. The follow-on project will improve targeting of the Indian population through the use of Indian person-to-person communicators, Indian language radio broadcasts, and production of Indian-specific educational materials.

19. Goal/Subgoal

The goal, as stated in the PP, was "to progressively reduce the crude birth rate of approximately 39 per 1,000 in 1977 to 37 per 1,000 in 1979, and to assure conditions that would continue such a decline after AID assistance is terminated." The reduction of the CBR by 2 per 1,000 has been reached. However, the base of 39 per 1,000 was too low; it should more accurately have been stated as 42 per 1,000. The current rate is estimated at 40 per 1,000 according to data in the 1978 National Contraceptive Usage Survey.

20. Beneficiaries

At present, 195,000 currently married women are contracepting nationwide (18% of currently married women). 40.5% of currently married women in the Department of Guatemala are contracepting, as are 21.6% of rural currently married Ladino women, and 4% of currently married Indian women.

Of these, approximately 100,000 women are the direct beneficiaries of the subject project, i.e., women who receive services through facilities supported by the project. Both direct distribution of contraceptives through MOH facilities and community-based distribution have started to close the gap between urban and rural acceptance, although in rural Guatemala, Indian acceptance still lags significantly behind Ladino acceptance.

Women are particular project beneficiaries. The maternal mortality rate decreases with fewer births. Abortions, which constitute the method of last resort for women who desire no more children, are reduced.

The project involves women in the actual delivery of family planning services, as at the health post level most auxiliary health services are provided by females. In addition, the majority of Community-Based-Distribution distributors are female; the small amount of money which the sale of contraceptives provides them helps improve family income.

21. Unplanned Effects

None

22. Lessons Learned

The project served to underscore both the need for and feasibility of targeting the Indigenous population. Despite creditable success in urban and rural Ladino environments, the statistical balance sheet of project progress has shown that the kind of nationwide coverage necessary to impact upon the population growth rate cannot be achieved without addressing population growth in the Indigenous areas, e.g., the Western Highlands, where population density is 160/Km^2. The successful example of increase in acceptance of family planning from 20 families a year ago to a current 300 families in the Indian community of Santiago Atitlán has shown that an approach pr

attuned to cultural sensitivities and employing Indian person-to-person communicators can produce Indian contraceptors. The follow-on project will include a special thrust aimed at the Indigenous population.

23. Special Comments

Attachments - An Assessment of AID's Bilateral Population Program in Guatemala, 1977-1979.

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PHD:SWEdmonds:APRM:NEHauben:cs