

CLASSIFICATION
PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U-447

1. PROJECT TITLE Family Health Initiatives	2. PROJECT NUMBER 698-0662.01	3. MISSION/AID/W OFFICE Rwanda
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) <u>696-82-</u> <input type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION		

5. KEY PROJECT IMPLEMENTATION DATES A. First PRO-AG or Equivalent FY <u>80</u> B. Final Obligation Expected FY _____ C. Final Input Delivery FY _____	6. ESTIMATED PROJECT FUNDING A. Total \$ <u>725,000</u> B. U.S. \$ <u>500,000</u>	7. PERIOD COVERED BY EVALUATION From (month/yr.) _____ To (month/yr.) _____ Date of Evaluation Review <u>5/20/82</u>
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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
Evaluation was carried out by the Regional Population Officer, REDSO/EA and AAO Health Development Officer. A copy of the report is attached. There has been one more correction made on the report which has not been incorporated into the attached copy. On page 6, recommendation No.1 should read: "A 1982 work plan should be finalized and submitted to AID/Rwanda by the end of June 1982. Hopefully the APHA Report will be translated into French so that it can offer ONAPO assistance in developing this plan."	REDSO/EA- B. Kennedy AAO/Rwanda A. Getson	

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

<input type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	_____
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	_____

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)

Alan V. Getson
 AAO/Rwanda

12. Mission/AID/W Office Director Approval

Signature _____
 Typed Name Eugene R. Chiavaroli
 Date _____

FAMILY HEALTH INITIATIVES PROJECT

(698-0662.01)

PROJECT EVALUATION SUMMARY

Barbara Kennedy
REDSO/EA
Population Officer
May 18-21, 1982

FAMILY HEALTH INITIATIVES PROJECT
(698-0662.01)
PROJECT EVALUATION SUMMARY

SUMMARY

The Rwanda Family Health Initiatives Project (FHI) is a three year \$500,000 project which began in March 1980. It was designed as an interim project linking existing family planning activities supported by AID/W centrally-funded intermediaries such as the Pathfinder Fund with future activities being planned under a proposed bilateral Maternal Child Health/Family Planning (MCH/FP) Project (696-0113). The FHI Project, which is scheduled to terminate in December 1982, includes support for short and long term U.S. and third country training, in-country training, the development of a national MCH/FP Plan (with the major portion of this activity to be financed centrally through the American Public Health Association - APHA). It also includes the purchase of commodities, primarily vehicles.

Although the FHI Project was originally well conceived, a key problem immediately developed which affected project start-up and the implementation of the program. The original grantee was the Scientific and Advisory Council for Socio-Demographic Problems (C.S.E.). During the initial phase of the project, the Rwandan Government (GOR) was in a major transitional period. The GOR was in the process of creating a National Population Office (ONAPO) which would replace the C.S.E. This however took approximately one year before the GOR issued the decree to officially create ONAPO. Therefore all FHI project activities planned for the first year were postponed until the new grantee, ONAPO was organized in early 1981.

During this same period, plans for developing the bilateral MCH/FP Project progressed to the point where a design team arrived on site in June 1981. The team conducted a Population/MCH/FP Needs Assessment, developed a proposed MCH/FP National Plan and prepared a project paper for the follow-on bilateral agreement. The Rwanda MCH/FP Bilateral Project (693-0113) was approved in AID/W in September 1981. The program is a five year (FY 81-84) 6.2 million dollar project. Since the development of the MCH/FP Project progressed much faster than originally anticipated, many of the planned activities of the FHI were not completed by the time the new project was approved. In fact by the end of March 1982 only \$156,000 or approximately 31 percent of FHI funds had been obligated.

The project has financed the purchase of four vehicles, one Toyota Minibus and three Peugeots. The Toyota Minibus was unfortunately totalled in late 1981 but the insurance company is reimbursing ONAPO for 75 percent of the total cost. ONAPO is planning to provide the additional 25 percent to purchase a new Toyota. The other three vehicles are in good running condition.

The FHI project has also supported approximately fourteen (14) participants for out of country training. This has included training at CEPPA's Women in Management Program, the University of Connecticut Master Training Program and the University of Chicago Communication Course. Participants were sent to a Family Life Education Conference in Rome and a Population Conference in the Philippines. Two key Rwandan leaders also took an observation study tour to the U.S.

In addition a National MCH/FP Assessment was conducted by a four person APHA Team in June 1981. This resulted in the development of an MCH/FP plan which was funded under the AID/W centrally funded APHA Agreement. It was planned that ONAPO would develop their own National MCH/FP from this document but this has not happened to date primarily because the report has not been translated into French. The FHI Project is currently financing the translation of this report and it should be completed within the next few months.

Meetings were held with ONAPO to discuss the implementation problems of the current FHI Agreement and the large pipeline remaining in the project. ONAPO feels they can program and utilize the remainder of these funds and have agreed to develop a detailed training plan and budget by the end of June 1982.

Evaluation Methodology

Two evaluations were scheduled for this project, the first to be conducted in the first quarter of CY 1981; and the second the first quarter of CY 1982. Recognizing the implementation delays experienced by the project, it was decided to cancel the first evaluation. The current evaluation included a review of the original project purpose and planned activities to determine whether they were still valid. Recommendations were also made regarding the continuation of this project and the re-programming of project funds to best meet GOR MCH/FP needs.

External Factors

During the past eight years the GOR policy regarding population growth problems has evolved from one of unwillingness to recognize that a population problem exists to one of conservative support for the development of a national population policy including a national family planning program. Indeed, one of the most significant changes that has occurred during the FHI Project period has been the creation of the National Population Office (ONAPO). The fact that ONAPO would be created was known many months before the actual presidential decree. But as a consequence many activities planned under the FHI Project were delayed until ONAPO was established. The rationale for the delayed implementation was that it would be better to wait and work with the permanent GOR entity responsible for population matters rather than try to implement a project within the transitional structure (Scientific and Advisory Council for Socio-Demographic Problems). This delay was understandable and justified. However, it is also the cause of little progress on project activities and the current pipeline problem which will be discussed in more detail in the next section of this report.

Inputs

No difficulties were encountered with project commodity inputs. The commodities provided were primarily vehicles. The vehicles were procured on a timely basis and except for the one that is currently being replaced, are well used by ONAPO staff. The Pathfinder Fund, Intrah and APHA provided the primary technical assistance during this project period. The centrally funded APHA contract was used to finance the MCH/FP Plan Development Team who also assisted with drafting the MCH/FP Project Paper (696-0113). A major input problem has been that none of the in-country training planned under this project has taken place. Pathfinder was to have provided training assistance to three "pilot" prefectures (Ruhengeri, Butare and Kigali), and the FHI project was to support in-country training of health teams in the remaining seven prefectures. Unfortunately the training that was to be provided under the original Pathfinder Project has not been provided. As a result, the training under the FHI project that was to follow has not yet been initiated. The training in the pilot prefectures just began in April 1982 under a new

Pathfinder/Intrah project agreement. This year ONAPO plans to first focus on training of health teams in the these three pilot prefectures with Pathfinder/Intrah support before expanding to other areas. Therefore there has been no FHI project supported in-country training. An additional minor input problem has been the use of centrally funded AID/W training funds rather than the use of FHI funds to support the majority of out-of-country training. For example, since 1978 approximately 66 Rwandans have received out-of-country training in population/MCH/FP. Since 1980 22 participants received training with 14 being funded through the Family health Initiatives Project. Most all of the out-of-country training has been supported by A.I.D. All out-of-country training has been short term non-degree training. The FHI project budgeted for 10 candidates to receive long term degree training, however, only within the last few weeks has ONAPO identified candidates for such training.

Training funds are now also available in the new bilateral project. All of these factors explain why in the final year of the FHI Project there is a relatively large pipeline of approximately \$344,000.

Outputs

To a certain extent the output problems are related to the problems already discussed in the previous sections. Certain outputs were partially achieved. For example an APHA team did an MCH/FP assessment and National Plan for the delivery of MCH/FP services in Rwanda. However the Ministry of Social Affairs, the Ministry of Health and ONAPO have to date not been able to use the recommendations and information in the report as it was not translated into French. The report is now being translated and will be available from ONAPO for use in developing their National MCH/FP Strategy and Work Plan which will be completed by the end of June 1982.

The second output, which was to train teams of health workers to provide MCH/FP services did not take place. As mentioned previously no in-country training was conducted and very little out-of-country training was supported. This was due to the delayed project start-up and the delay of both the original Pathfinder and current Pathfinder/Intrah project in supporting training in the three pilot prefectures. Training programs planned through the FHI project were linked to the progress (or lack thereof) of the Pathfinder/Intrah training effort.

The output that was successfully achieved during the implementation of this project was the development and approval of a larger follow-on bilateral project in MCH/FP. In certain respects the FHI did serve as a bridging activity, as planned, between the Pathfinder funded activities and a larger more comprehensive MCH/FP A.I.D. supported program.

Purpose

The approved project purpose is to establish the trained human resources infrastructure for nationwide availability of MCH/FP services. The EOPS was to have been that MCH/FP services would be routinely available in each of the ten prefecture hospitals and MCH/FP information/motivation would be available in all 143 communes. During the design phase of this project the stated project purpose and expected EOPS may have seemed achievable but in retrospect, given the delayed start and resulting limited project inputs/outputs, the project purpose was perhaps a bit overly-ambitious. The EOPS projected for the FHI Project will most likely be achieved by the end of the MCH/FP Project or by 1985/86.

Goal/Subgoal

The sector goal approved for this project is "improved maternal and child health and reduced population growth." These goals are still valid and as such are achievable, but it would be difficult to relate the FHI Project Activities to positive changes in either of these goals. It is always quite difficult to show a relationship between the type of activities supported under the FHI Project which are primarily training and reductions in infant mortality and population growth rates. To see changes in these indicators one needs a data system considerably more developed than what currently exists in Rwanda and a longer time period. Changes in mortality and growth rates are difficult to detect during a short 2-3 year period, the effective LOP for the FHI Project. One assumes, for example, that better trained staff will provide better quality services which will result in the desired mortality and growth rate changes. The relationship between the training which occurred and the desired end result is indirect, at best, and difficult to measure.

Beneficiaries

Based upon the stated goal/purpose of this project, it is clear that the intended beneficiaries were married women of reproductive age, children, and those individuals who received training. Given the delayed start of this project and the type activities supported it would be difficult to document whether the married women of reproductive age and children actually received benefits from this project to the extent that the quality and level of family planning services increased as a result of the training which was provided and the plan which was developed under this project. There would be some benefits accruing to these beneficiaries, however difficult to document. Training activities have been fairly well documented, therefore the trainee "beneficiary" exists.

Unplanned Effects - not pertinent at this time

Lessons Learned - not pertinent at this time

Conclusion/Recommendations

Meetings were held with ONAPO to discuss the implementation problems of the current FHI Agreement and the large pipeline remaining in the project. ONAPO feels they can program and utilize the remainder of these funds and have agreed to develop a detailed training plan and budget by the end of June 1982. The plan will include projected in-country and out-of-country training plans for the next year. These proposed FHI supported training activities will compliment the current Intran/Pathfinder Agreement and the MCH/FP Bilateral Program. Specific recommendations presented below were jointly discussed and agreed upon. There is a strong likelihood that the current PACD may have to be extended by one year or through December 1983. This determination should be made by AID/Rwanda after ONAPO submits their training plan, schedule and budget next month.

1. A National MCH/FP Plan and 1982 Work Plan should be developed and submitted to AID/Rwanda by the end of June 1982. Hopefully the APHA Report will be translated into French so that it can offer ONAPO assistance in developing this plan.

2. A Training Plan should also be written up by ONAPO and submitted to AID/Rwanda by the end of June 1982. The plan should include in-country and out-of-country training activities to be supported through the FHI project. A detailed budget should also be included.

A. Out-of-Country Training

With the assistance of the APHA report recommendations on pages 94-99 (already translated into French) and the current A.I.D. list of U.S. based MCH/FP programs, ONAPO will project out-of-country training needs for the next two years. It is further recommended that all A.I.D. supported out-of-country training be supported with the remainder of the FHI project funds.

B. In-Country Training

ONAPO would like the FHI project to focus on supporting short two-day orientation sessions for prefecture government and local leaders. The purpose of these sessions would be to orient leaders to the ONAPO program, and discuss the importance of responsible parenthood and family planning. These sessions will be conducted by ONAPO staff and local MOH officials. ONAPO will also organize refresher training programs for health personnel that have already received family planning training. The training plan will include the number, location and tentative dates these training sessions will take place.

- C. After the training plan including budget is submitted to AID/Rwanda, a decision should be made as to the necessity of extending this project beyond the current PACD date of December 82. It is anticipated that in order for ONAPO to program the training activities mentioned above, the project will need to be extended by one year or through December 1983.

Project Related Recommendations

1. Intrah should review their current training work plan with ONAPO when they come to Rwanda in June. The Intrah agreement may need to be modified to accommodate the current ONAPO in-country training plan.

2. Physicians need to be trained in Family Planning. They will be both supervisors of Family Planning Services and will be the referral point for patients with problems seen in family planning clinics. They should be adequately trained in management, supervision, clinical family planning and infertility. It is recommended that JHPIEGO visit Rwanda to discuss the possibility of developing an in-country program. The FHI project could support the cost of the program with JHPIEGO providing the technical assistance.
3. AID/Rwanda should request a copy from Pathfinder of the facilities assessment form that was developed and used by Ms. Vansintejan during her January 1982 visit. It could be used for assessing facilities in prefectures other than Ruhengeri. Also if not already done, a follow-up and evaluation should be performed of the 20 Rwandans that received clinical training in the U.S.
4. Once training has taken place and services are provided in at least three prefectures, baseline data should be collected to document KAP and contraceptive prevalence type information. The result will help determine the emphasis and direction of future assistance in population MCH/FP in Rwanda.