

MID-TERM EVALUATION REPORT

505-0000-04-6-12-00

Funded by

Regional Development Office

United States Agency for International Development

Grantee

Belize Family Life Association

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November 1987

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Glossary

BFLA	Belize Family Life Association
BFPA	Barbados Family Planning Association
CFPA	Caribbean Family Planning Affiliation
CARICOM	Caribbean Community
HECOPAB	Health Education and Community Participation Bureau
IPPF	International Planned Parenthood Federation
FPIA	Family Planning International Assistance
UWI	University of the West Indies

EXECUTIVE SUMMARY

The Belize Family Life Project (505-0000-04-6-12-00) is well underway and has advanced significantly to the mid-term. Delays in project implementation have been experienced and some project activities are behind schedule. However, with the exception of activities related to the data base development component of the program, the project is proceeding according to plan.

The project was initially conceived as providing the framework within which the Belize Family Life Association (BFLA) as a key private, voluntary organization, would be established. The Association was envisaged as being able to effectively respond to some of the important development needs of the Belizean society and more specifically, to the unmet need for family planning and family life education services in the country.

Considerable progress has been made in establishing the two BFLA Centres - one in Dangriga and the other in Belize City, in developing and implementing the IEC program and the resource development program. These achievements have been possible through the procurement of space, through the training and upgrading of staff, the conduct of seminars and workshops and through public awareness efforts.

The Dangriga centre has been in operation for 1 year. The clinical and counselling components of the services at the centre have been developed and implemented and appear to be functioning smoothly. Clinical and support staff has been exposed to and

involved in several relevant learning and training opportunities provided locally as well as overseas. The IEC program is well established. Through a number of media, the BFLA, on its own and in collaboration with other agencies, has implemented programs and activities which have resulted in an increased awareness of family life issues among members of the general public and among professionals from a variety of disciplines.

The data base development component of the project has been the component which has shown the lowest level of achievement.

A number of problems have been encountered in implementing the project. The most critical ones appear to be: the negative perception, among influential members of the society, of the role and functions of the BFLA; overambitious short-term objectives developed for the BFLA; a staff complement that is not adequate and financial management.

The project has the theoretical capability of accomplishing the goals. However, it would have a better chance of success if the short-term objectives were reviewed and if the human resource capability was increased..

I INTRODUCTION

Information available from the Central Statistical Office of the Government of Belize indicates that age specific fertility rates for Belizean women in all age groups are two or three times as high as those found in other countries in the Caribbean. This statistic, coupled with the high rate of births among teenage women and the obvious negative health, social and economic implications of that phenomenon, provided the motivation for a group of private citizens to actively explore, in 1984, the possibility of establishing an Association which would provide family life education and family planning services in Belize. Prior to the establishment of the Belize Family Life Association (BFLA) contraceptive supplies were available over the counter in pharmacies and from private medical doctors. There was no government policy on contraceptive use and services were not provided in government health facilities. Most women who purchased supplies over the counter did not have ready access to information and counselling. Little more was available from the few private physicians in the larger cities.

The emergence of the Belize Family Life Association (BFLA) as the provider of family life and family planning services is not unlike that observed in other countries - in the Caribbean and elsewhere - where the private non-profit organization has been in the forefront of comprehensive family planning service delivery. It is not unusual either for special groups, usually religious groups, in the community to oppose the programs of the

family planning/ family life organization.

The BFLA was incorporated as a not-for-profit charitable organization in 1985. As a member of the International Planned Parenthood Federation (IPPF/WHR) through its affiliate the Caribbean Family Planning Affiliation (CFPA), the BFLA became eligible to receive funding from the IPPF. In September 1985 the BFLA was the beneficiary of a 28-month grant of US\$ 78,000 from the USAID Belize Mission to IPPF. In June 1987, the grant was extended by three months, and an additional US\$ 20,000 added. The purpose of the grant was:

"to develop the BFLA so that it may effectively respond to the unmet need for family life education and services, including family planning".

Under the grant agreement, two evaluations of the BFLA were to be conducted: a mid-project evaluation in the second year and a final evaluation at the end of the project. The mid-project evaluation was conducted by an independent evaluator between June 15-19, 1987. The findings and recommendations arising from that evaluation are presented in this report.

II OBJECTIVES AND SCOPE OF EVALUATION

The overall purpose of the evaluation was to provide an objective assessment of the progress of the BFLA. More specifically, the evaluation was intended to indicate (1) the

validity of the project design, (2) the effectiveness of the project and the Association to accomplish project goals; and (3) the ability of the Association to respond to future family life education needs in Belize.

The methodology used to evaluate the BFLA was relatively simple and was influenced to a large extent by the life of the program, the duration of the evaluation period and the size of the evaluation team. The evaluation was directed at assessing program outputs, both goods and services. These were assessed within the context of specific program resources (inputs): staffing, funding, facilities and equipment. Specific program activities, both clinic and community activities (education, contraceptive distribution and examination and diagnostic) as well as supporting activities (staff training, management and research) were selected for review and observation. See Figure 1

During the 5-day period, the evaluator visited Dangriga, the site of the BFLA's only centre, and Belize City. A variety of activities designed to realize the objectives of the evaluation was carried out in each city. The activities carried out by the evaluator were as follows:

- A review of project proposals, budgets, financial reports, quarterly and annual reports, clinic and client records and procedure manuals and protocols;
- Discussions with the Executive Director and interviews with the staff of the BFLA;

- Interviews with the patron of the BFLA, the present and former members of the Board and with BFLA Volunteers and Members;
- Interview with the Executive Director designate;
- Interviews with representatives of public and private sector organizations and groups with which the BFLA had collaborated;
- Discussions with the executive and one member of the 'CORE' youth group;
- A site visit to the Dangriga Centre
- Observation of clinic procedures, including a time and motion study; and
- Interviews with clients in the waiting room.

A list of the persons interviewed as part of the evaluation is attached (Attachment 2).

III PROGRAM INPUTS

a. Financial Resources

The total funds allocated to the BFLA under the USAID grant was \$97,500. Grant funds were provided for four major program areas:

- (1) Information, Education and Communication (IEC);
- (2) Resource Development;
- (3) Data Base Development; and

(4) Establishment of Two Family Life Centres.

Other funds available to the BFLA have accrued from membership fees, from fees for services (pregnancy and Pap tests) charged to non-members and from other fund-raising efforts organized by the Board and the Association. The total income from these sources for the period November, 1985, to December, 1986, was reported at US\$ 1131.

b. Human Resources

The programs of the BFLA are administered from the Association's only centre in Dangriga by 3 full-time staff and 3 part-time workers. Administrative and management functions are the responsibility of the Executive Director who is also in charge of the program planning and implementation functions. Clerical assistance is provided by a full-time Secretary/Receptionist. Part-time staff includes an accountant, a centre assistant and a security guard.

Clinical services are provided by one registered nurse/midwife. Assistance and support, as necessary, with clinical and counselling services are provided by the Executive Director who is a registered nurse with a Bachelor's degree. The services of a physician are not available at the BFLA centre in Dangriga. Women for whom medical intervention is indicated are referred to one of the two Medical Advisors who provide support medical services to the BFLA. One of the Medical Advisors is a family health practitioner in Dangriga and the other is a specialist

obstetrician/gynaecologist in Belize City. In addition to referral services, the Medical Advisor located in Dangriga is available for telephone consultations whenever there are questions about a client.

During the past two years of program activity, the Association has received short-term technical assistance from three consultants provided by the IPPF/WHO New York office. Technical assistance has been received in the following areas:

Program planning and development	(5 days - Sept. 1985)
Office Management	(2 weeks - Feb. 1986)
Financial management	(3 days - Feb. 1986)

Assistance in specific program areas, has also been received during the period under review, from volunteers.

c. Material Resources

The BFLA provides services from its Dangriga Centre 5 days each week (Monday through Friday) from 8 a.m. to 5 p.m. The physical facilities at the Dangriga Centre are comfortable and are relatively well laid out.

Space in the 2-storey facility in which the BFLA is housed has been allocated in such a way as to allow the simultaneous, independent progress of a number of diverse activities. The upper level of the building is used for clinical and administrative activities with an office for the Program Coordinator, a counselling and examination room, waiting and

reception area, storage room and toilet facilities. The Association's audio-visual materials and equipment are located on the lower level. This level has been arranged in a manner as to facilitate group education and training activities.

One aspect of the lay-out of the centre which was identified as creating some degree of inconvenience is the lack of facilities on the upper level for the sterilization of clinic equipment. At present the bathroom on the upper level is used for the washing of equipment. Washed equipment is subsequently transported to the kitchen on the lower level for sterilization.

The equipment available to the BFLA for clinical service delivery seems adequate. The basic equipment has been purchased from the grant while other items in the inventory have either been donated or loaned to the Association. Two important pieces of equipment which appeared on the inventory were unavailable at the time of the evaluation: an examination light and a scale. Efforts are being made to repair the scale which, in the interim, has been replaced by a bathroom scale. A flashlight is being used for examinations until a proper examining lamp is procured. A gooseneck examining lamp has been ordered and is awaiting the Executive Director's trip to the United States of America in July to bring it back to Belize.

A comprehensive range of contraceptive methods is available from the BFLA. Contraceptive methods available from the BFLA are:

Hormonal (Oral) Femenal, Lo-femenal, Microgynon

	(Injectable)	Noristerat, *Depo-provera
IUD		Copper-T 380A
Spermicides		Ramses jelly
		Neo-sampoon (foaming tablets)
Barrier		Diaphragm
		Condom (Sultan - plain and coloured)

* Available but not dispensed currently.

Clients who desire sterilizations are referred to the appropriate medical sources.

The contraceptives are provided by IPPF which is responsible for procurement. The Association has not experienced any difficulties to date with the procurement of contraceptive supplies. Storage facilities for the contraceptive commodities are inadequate. Contraceptives are stored on open shelves in a room used for general storage. The room is not air-cooled.

The clinical activities of the Association are guided by a Manual of Standards for Treatment and Procedures compiled in January 1987 by the Medical Advisor, the Acting Executive Director and the Clinic Nurse. The protocol is a very comprehensive document. However, there is the understanding that revisions and additions may be required from time to time to ensure that the protocols remain current and relevant. Extracts from the Manual are attached. (Attachment 3).

Included among the audio-visual and educational resources of

the BFLA are a video recorder and monitor; videotapes produced by the CFPA and the March of Dimes; posters, booklets and pamphlets obtained from the CFPA and other Planned Parenthood Associations and pamphlets produced locally by the BFLA. Most of the locally-produced pamphlets are adaptations of materials produced for other Caribbean countries. The availability of a photocopier facilitates the production and duplication of reading materials for the BFLA clientele. The photocopier, which was not originally included in the grant, was purchased with additional funds provided by the USAID/Belize Mission.

Other material resources of the BFLA include a vehicle which the Association received in April, 1987. The vehicle which should have been available since March, 1986, is to be used to assist in the proposed mobile education program in the rural areas.

IV PROGRAM ACTIVITIES

One of the areas of the BFLA operations assessed during the evaluation was program activities. Analysis of these activities focussed directly on the in-clinic counselling and contraceptive distribution activities and on the training, management and research activities reported here under, a: Clinical and Community Activities and, b: Supporting activities. Notwithstanding, data obtained indirectly during the evaluation

process which would provide an insight into other aspects of program activities have been included in this report.

a. Clinical and Community Activities

The primary activities (especially educating, distributing and examining activities) of the BFLA, as opposed to the program support activities, have been the ones to receive the greatest input of human and financial resources during the two years of operation. Education activities of the BFLA have mainly been directed at increasing public awareness and knowledge about birth spacing and related issues. These activities have been implemented through the various media, but mainly through radio and print (newspaper and pamphlets), and through training workshops and seminars in human sexuality and family life issues provided for medical, health, education and other social service professionals.

In its education and communication activities, the BFLA has been responsible for sponsoring and organizing workshops but has also worked collaboratively with other local and overseas agencies in implementing education and training activities. Reports of these training and education activities indicate that they have been successful in achieving their objectives.

The in-clinic information-giving (counselling) activities are very well organised and thorough. Through lecture/discussions and demonstrations, each prospective client, at the initial visit, is provided with information on reproductive

anatomy and physiology and on contraceptive technology. The method of use, contraindications, possible side effects and management of the side effects of all the birth-spacing methods, whether or not they are supplied by the BFLA, are reviewed with each new client. When a client decides to accept a method, the prospective user is provided with additional information on the possible side effects and management of side effects of the method of her choice.

At present, each new client with an appointment is seen by the clinic nurse who obtains basic biographical and medical information and completes a physical examination. All female clients receive a pelvic examination and Pap test on admission. If there are no abnormalities, the client is counselled and started on a contraceptive method. Consent forms must be signed by clients who accept the IUD or the Injectable. Clients with medical problems are referred to one of the two Medical Advisors with a request to return to BFLA when treatment has been completed.

The intake, screening and counselling activities are very thorough as the BFLA aspires to provide quality care for all clients. A time-and-motion study conducted as part of the evaluation revealed, however, that for a new client with an appointment the process (from arrival at the clinic to departure for home) may be as long as 90 minutes. Although the screening and counselling process is lengthy, the length of time the client remains in the centre is affected by factors unrelated to the

interview and counselling process. Other important factors are, the day of the week and the number of clients who attend without an appointment - a practice that from all reports is quite common.

The BFLA has not become actively involved in the direct recruitment of clients and has relied on its media promotions and on referrals from health personnel. In view of the resistance in some communities, this seems to be an appropriate recruitment strategy. It may not be in the best interest of the Association at this time to actively recruit clients until Family Life Education (FLE) and Family Planning (FP) become more acceptable and less emotive and controversial topics in Belize.

Each client seen at the Dangriga Centre is given a return appointment (date and time) before leaving the centre for the first time. When the client returns for follow-up, she has a full screening, physical examination as warranted, and assessment of her status, including assessment of her satisfaction with the method chosen, (guided by the method-specific follow-up forms) before she is given a resupply of the family planning method she is using. At that time she is again given a return appointment for follow-up.

b. Supporting Activities

The supporting activities reviewed during the evaluation were training, financial management and research and evaluation. Of these, the program support activities which have been the most

well organized have been the staff training activities. All full-time staff have received training in specific relevant areas. The Executive Director participated in an 8-week course in Advanced Fertility Management at the University of the West Indies (UWI) Mona campus in Jamaica in late 1985 and has also benefited from a Familiarization Tour of other CFPA Affiliates. The UWI program provided training in FP program administration, in FLE and in some of the clinical aspects of family planning service delivery.

At the time of the evaluation, the clinic nurse had recently returned from Barbados where she had completed a 6-week attachment with the Barbados Family Planning Association (BFPA). The major objective of the attachment was to provide training in the insertion of IUDs and in completing physical assessments. The attachment also provided the opportunity for the nurse to observe the BFPA's records and management information system and the IEC programs and to compare the protocols and standards of procedure used by the two Associations.

Training for the secretary/receptionist has been provided locally - on an individual basis - by the Program Coordinator and through participation in training workshops and seminars organized by the BFLA. One of the areas in which she now assists the clinical staff is with pregnancy testing.

The evaluator feels that the two most unsuccessful areas of activity for the BFLA have been financial management and research and evaluation. In the area of financial management, the

difficulties can be partly attributed to the lack of expertise within the Association, both at staff level and within the Board, to adequately manage this important function. The financial management component of the project has always been identified as a problem area and, during the two years of the project, the Executive Director has sought assistance from a number of individuals who have helped on a temporary basis with the bookkeeping and accounting. Attempts have been made by IPPF/WHR to provide assistance in this area and, as indicated, financial management was one of the areas in which the BFLA received technical assistance. It would appear however, that the quality and duration of the assistance were not adequate and consequently had no impact on the problem.

The present financial reporting requirements do nothing to improve the situation. The Association, as an affiliate of IPPF, is required to report using two reporting formats: one required by IPPF and the other required of IPPF by USAID. If the present staffing arrangements and levels are maintained, a more efficient system of reporting needs to be adopted by the Association so that the time of the Executive Director can be devoted to other more critical areas of program planning and implementation.

The BFLA has established a very detailed information and service statistics system. These statistics are compiled manually by the Clinic Nurse at the end of each day from which daily and monthly summaries are prepared. Because the number of clients is still relatively small and because the BFLA currently

operates out of one centre, the system of information gathering works relatively well and data retrieval is relatively easy. The system has the potential, however, for making retrieval of service and other data very cumbersome in the future when clientele and service outlets increase.

V PROGRAM ACHIEVEMENTS

The project was expected to promote greater knowledge and awareness about child spacing and its health and economic benefits, to encourage women's development and to motivate the population in the safe and proper use of family planning services. This goal was to be achieved through the following: the establishment of 2 centres; training of BFLA staff and volunteers and of government health personnel; and community lectures and discussions and promotion campaigns. In order to support these activities, the BFLA would implement a resource development program and undertake socio-demographic and attitudinal research. The relationship between actual outputs and projected outputs is shown in Table 1.

The evaluation indicates that most of the achievements of the BFLA during the two years have been in 3 areas: the Development of the Program Centres; in Information, Education and Communication (I.E.C.); and in Resource Development. There were no achievements in the area of Data Base Development.

Of the 12 activities proposed for achieving the

establishment of the Dangriga Centre, only one (rural mobile education program) was not completed. Further, 7 of the 9 activities proposed for ensuring the opening of the second centre - Belize City - were completed. It is anticipated that the Belize City centre will open in late 1987.

The operation of the Dangriga Centre, opened in April 1986, can be assessed as being relatively successful in terms of attracting and supplying users. Between July, 1986, and June, 1987, a total of 104 clients registered with the Association. The records indicate that in the first 6 months of the BFLA clinic operations (July 1, 1986 and December 31, 1986), only 28 clients registered with the BFLA. The mean monthly intake of new clients increased, however, from 4.7 in the first 6 months to 14.8 for the period January to May, 1987.

Data available from intake interviews with clients indicate that 60 percent of them were from urban areas and 40 percent from the rural areas. The age of the clients ranged from 14 years to 52 years with an average age of 26 years. Although 72 percent of the clients had used a modern contraceptive method prior to their first visit to the BFLA centre, only 19 (25%) of them were still using a contraceptive at the first visit to the Centre: most were users of oral contraceptives (68% of them had used the pill). Information gleaned from client records and from discussion with clients in the waiting area seems to suggest that the high cost of the pill in the pharmacy as well as a desire to become pregnant are the two most important reasons for the

discontinuation of oral contraceptive use. The method selected by most of the clients who have visited the Centre is the pill (33 clients) followed by injectable (20 clients).

As part of the I.E.C. and Resource Development activities, the BFLA has conducted:

1. a one-week workshop for BFLA Volunteers
2. 3-day workshop in "Peer Counselling" for youth leaders
3. a workshop in "Natural Family Planning - Billings Method" for volunteers and interested community members
4. 2 one-week workshops - Youth Awareness Week for youth in Dangriga and Punta Gorda.
5. National Youth conference
6. one-day workshop in "Counselling Adolescents" for teachers at one high school
7. A 3-day Family Life Education workshop for Community Health Workers (CIWs) in Toledo District (for Project Concern International).
8. A 1-day Family Life Education workshop for Community Health Workers (CIWs) in Stann Creek District (for Health Talents International).
9. A "Youth Awareness" weekend in Dangriga.
10. One-day Family Life Education for Primary School teachers in conjunction with the Health Education and Community Participation Bureau (HECOPAB), MOH.

11. Presentation on BFLA and its activities to the Child Survival Task Force (MOH, NGOs, and donor agencies).
12. Presentation on BFLA and its activities to the National MCH Workshop (all Public and Rural Health Nurses in Belize).
13. Presentation on Factors Affecting Women's Health in Belize, using BFLA client data, to the Belize-American International Nursing Seminar.

In addition, the BFLA has disseminated posters and pamphlets to local and national groups and has developed and produced 12 radio spots for airing on Radio One, the national station of Belize.

Some of the projected activities in the area of IEC and Resource Development have been modified in their implementation. For example, the previously mentioned workshops for BFLA volunteers and the workshops for nurses, were conducted by the Margaret Sanger Centre of New York. The nurses' workshops should have been organized by HECOPAB with BFLA support. However, the Margaret Sanger Center, with funding from FPIA, were willing to provide the resources to conduct those seminars. This change in sponsorship occasioned not only financial savings to BFLA but also provided the opportunity for the Association to gain from Margaret Sanger Center's greater experience. In addition, the collaboration with HECOPAB was expected to, and resulted in, developing that critical relationship between BFLA and the

Government of Belize.

In addition to achieving the projected targets in the area of resource development and I.E.C., the BFLA, during the first two years of its operation, has been represented on a number of committees involved with women's issues and with the development of population and health policies. One of these is the National Population Task Force established under the CARICOM component of the USAID Population and Development project for the Caribbean.

VI CONSTRAINTS TO IMPLEMENTATION

In the view of the evaluator, the lack of achievement of some of the objectives of the project by the mid-term is related not so much to the design of the project but to difficulties experienced in a number of areas. Some of these difficulties should have been anticipated at the time the project was developed and the necessary budget and program elements built in to accommodate them. The evaluator would like to suggest that there have been six constraints to the smooth implementation of the project. The position of each item on the list does not necessarily reflect the degree of importance attached to it.

1. Lack of government policy on family planning/child spacing.

The BFLA, like most of the private family planning

associations in the Caribbean, was established at a time when family planning/family life was a politically sensitive topic. For the government there is a conflict between its goal of increasing population for geo-political and economic reasons and that of supporting the provision of family planning services. So that, while there may be interest and desire on the part of the politician to provide quality health services, it is not considered to be politically expedient for an official policy to be enunciated. The role of the BFLA is therefore made more difficult. The Association must survive in a system where there is no official policy. It must adapt its approach and strategies to promote family planning as a service critical to ensure better health for women and children rather than as a population control measure. In spite of this approach, the Association will be viewed with suspicion by some sectors within the society.

2. Negative perceptions about birth spacing and family planning.

Closely linked to the problem of lack of official political support and direction for family planning and family life services and programs is the negative perception that some sectors of the society have of the role of an agency like the BFLA and of family planning and contraceptives in general. One view expressed in Belize is that the provision of family planning services has been established with the objective of reducing the numbers of a specific sub-set of the society. The siting of the

BFLA's first centre in Dangriga has unfortunately served to further reinforce this feeling. The opening of the Belize City Centre where the population is more racially mixed should serve to allay some of the fears about the BFLA's objectives.

3. Unrealistic objectives for the program.

It is clear that the problem of high fertility rates, especially among certain age groups, and the social and personal consequences of these high rates have contributed to the establishment of the BFLA. These same concerns have guided the formulation of the BFLA program objectives. In an effort to deal with the several concerns and address some of the development needs of the country, the short-term objectives and activities developed for the Association may have been somewhat over-ambitious. In 3 years, the BFLA was required to establish a basic organizational unit and program and to initiate the delivery of quality clinical services. It was also expected to identify and undertake research to assess needs, and to conduct public education and information programs.

In the context of the existing political and social climate and given the staffing problems, the lack of achievement of some of the program objectives is therefore not surprising.

4. Inadequate organizational structure.

Several of the problems encountered by the BFLA in planning and implementation were related to the organizational structure

within which these activities were expected to take place. The staffing levels proposed when the project was designed were never realised. To compound the problem, technical assistance needs were not always identified and in some of the cases when they were identified, the assistance provided was not always beneficial.

5. Financial management.

Problems with financial management appear to have been a constraint to the smooth operation of the BFLA. These problems were due in part to a difference in the reporting rules and procedures of the two donor agencies but primarily to the lack of expertise within the agency to handle that function. It also appears that, in the interim, adequate provisions were not made to secure permanent outside assistance. Because there was only sporadic assistance available for financial management, the Executive Director, who was wearing several other hats, had to devote her scarce time to bookkeeping. A function for which she is not trained.

6. Communication difficulties between IPPF and the BFLA.

During the first 2 years of BFLAs program operations, there seems to have been difficulties in the communication between the Association and the IPPF/WIR. The poor communication appears to be due mainly to what has been described by the Association as a lack of feedback from the IPPF/WIR office on specific matters,

especially budget related matters. While BFLAs perception may have been informed by anxiety on the part of the young association to receive on-going support, the perception may be accurate. It should be possible however, to resolve the problem if there is understanding on both sides and if efforts are made, within the constraints of time and money, to increase dialogue.

VII EVALUATOR'S ASSESSMENT

The BFLA project has advanced significantly to the mid-term inspite of several constraints. Under the circumstances the achievements of the two years have been impressive. Public awareness of the BFLA appears to be high and generally, community attitude towards the Association is positive. Some negative comments and reservations about specific activities of the BFLA have been expressed by members of the religious and secular community in Dangriga. These negative views have been expressed especially in relation to the BFLAs youth education and clinical programs. The BFLA is seen to be encouraging and promoting sexual activity among teens. There is concern that providing the youth with sex education/contraceptive education will encourage them in irresponsible sexual behaviour.

There is also a current wave of attacks on the BFLA from the hierarchy of the Roman Catholic Church who question the

motivations and objectives of the Association. The sentiments expressed by those religious leaders do not appear to be endorsed generally by other members of the community. It appears that most people perceive that the BFLA is providing a very useful and necessary service.

Another positive factor for the BFLA is the fact that, in spite of the reluctance on the part of successive governments to enunciate a population policy or a policy on child spacing, senior administration as well as lower-level service providers within the Ministry of Health are supportive of the work of the BFLA. It appears that they have accepted the role that the BFLA must play, especially given the lack of a stated government policy on child spacing.

The public relations and motivation efforts of the BFLA have been concerned with the preparation of radio spots, press releases and announcements and interviews, pamphlets and newspaper articles and advertisements. A total of 12 radio spots have been aired over the 2-year period, targetting teens, men and women in the reproductive age group. The government radio station has aired BFLA spots as a public service and reports that due to public demand/request, airing of each spot has been increased from the initial frequency of twice daily to 4 times daily.

The management of the radio station is also willing to provide an additional 15-minute weekly slot to the BFLA for education/promotion activities. If the offer materializes, it is

important that the time is used in a way that will benefit the BFLA and the community. The BFLA could use this time to deal with questions from the public about contraceptives and their management as well as other health issues related to fertility. The involvement of a qualified physician, through a radio call-in format, to deal with health and other related concerns would not only serve to enhance the image of the BFLA but provide credibility while at the same time serve to address an education and public awareness need.

Although inputs have generally been timely, delays have occurred in the procurement of certain necessary items (a vehicle and the airconditioning unit), as well as in the disbursement of funds for program operation. These delays have served to affect the rate at which certain aspects of the program could have developed. The fact that BFLA has not yet received the airconditioning units provided for in the budget has resulted in the storage of contraceptives in conditions that are less than ideal. This matter must be addressed in the very near future because to delay might provide another issue on which the BFLA can be criticised - contraceptives with reduced effectiveness.

Staffing has been a problem area for the BFLA. In the opinion of the evaluator, the staffing levels proposed in the grant agreement would have been adequate for the program operations. The proposed staffing allowed for an Executive Director, who would be responsible for coordinating the overall work of the BFLA, one secretary to the Executive Director; 2

program coordinators with responsibility for the day-to-day activities in each of the centres and in addition, to serve as Clinic Nurses for family planning services in each Centre. Each centre was expected to have a Secretary/Receptionist. Back-up medical services to the BFLA centres were to be provided by part-time Medical Advisors.

These proposed staffing levels were not achieved during the first 2 years of the program and given the level of effort required to execute the program, the BFLA was understaffed. The Centre established in Dangriga has 3 full-time staff (a program coordinator who was also acting Executive Director, 1 Clinic Nurse, and a Secretary/Receptionist).

The Executive Director is over-extended, having to manage the administrative as well as the clinical functions. Attempts should be made to attain the staff levels outlined in the original project agreement. Further, the present situation suggests the need for at least two other professionals - one clinic nurse and an accountant.

Some of the difficulties related to staffing that have been experienced by the BFLA could have been minimized or eliminated if the level of technical assistance outlined in the project budget had been achieved. A total of US\$9,500 was provided in the USAID grant and another \$2,000 should have been contributed from IPPF resources for technical assistance. The BFLA was provided with technical assistance on 3 occasions during the 2-year period. However, in the opinion of the evaluator, the

experience was not always beneficial to the BFLA either because of the length of the consultancy, the consultant selected or because of the inability of the BFLA to incorporate the type of systems suggested by the consultant. The latter appears to have been the case with the technical assistance in financial management.

VIII. CONCLUSIONS AND RECOMMENDATIONS

In spite of the very ambitious goals set for the Association, and the constraints experienced, notably with staffing and technical assistance, the evaluator has found that the project has progressed more or less on target toward the achievement of many of the project objectives. The BFLA has completed several of the stated activities in spite of a number of constraints. There is an increased awareness about the Association among other professionals in Belize and the BFLA has contributed by means of workshops and training seminars to increasing knowledge about family life and human sexuality issues among youth, health and education professionals and among community members.

The project, as designed, has the theoretical capability of accomplishing most of the project goals. However, for it to accomplish all the goals, the present human resource component of the project (staffing levels as well as types of expertise) must

be reassessed.

Based on the interviews and observations, the evaluator would like to make a number of specific recommendations. These recommendations, if accepted and acted upon, should serve to enhance the effectiveness of the project and enable the BFLA to respond to the FLE needs in Belize.

1. At the earliest time, the BFLA, in collaboration with the USAID and IPPF/WHR, should undertake to review the short-term program objectives of the Association. The review of the objectives, and consequent refocusing/redirection of effort, would ensure that the activities and work plans developed for the next two years of the grant will be more realistic in terms of the human resources available and the perceived family life priorities.

2. Simultaneous with the review of the short-term objectives, the BFLA, USAID and IPPF/WHR need to review the present organizational structure of the BFLA with a view to providing additional program management staff and increasing the technical personnel. This becomes critical at this time in light of the proposed opening of the second centre in Belize City.

3. The Executive Director has done an excellent job but has had to function at too many levels. The evaluator feels that efforts should be made to strengthen the program planning and

resource development capability of the Board so that Board members in turn will be able to contribute more meaningfully to the operations of the Association. These objectives can be achieved through the selective recruitment of board members in the future to provide the skills or expertise required at the point in time. Further, the involvement of present Board members in training activities organised by the IPPF/WHR or by the CFPA would assist in developing the human resources available on the Board.

4. Efforts should be made to rationalize and simplify the BFLA financial reporting system. The BFLA should report directly to IPPF/WHR in the required IPPF format and IPPF/WHR in turn should report to USAID using the AID format. Alternatively, IPPF/WHR and USAID should review the project budget and reporting format to make transformation simpler. Further, more permanent staff with accounting skills should be secured to carry out the accounting and bookkeeping functions of the Association.

5. The provision of technical assistance needs to be carefully handled. One needs to be aware of the concerns of the receiving agency as well as those of the donor agency. The evaluator would like to suggest that in the future more consultation is conducted with the BFLA concerning technical assistance needs and that both the Association and the consultant are fully appraised of the scope of work that is to be

undertaken. Further, although the IPPF/WHR should make the final decision on the consultant, a mechanism should be established, which would ensure that The BFLA has an opportunity to make an input into the development of the objectives and scope of the assignment and the selection process. The mechanism would ensure that all concerned would have a clear understanding of the purpose and objectives of the assignment and of the scope of work of the consultant.

6. The present system of collecting service statistics is relatively simple and very complete. However data handling and retrieval could become more difficult in the future with increased users and service outlets. The evaluator would like to suggest that the service statistics system be modified. However, before any modifications are made to the present system, the Executive Director should explore whether Belize will be one of the participating countries in the USAID-funded project to improve Management Information System (MIS) of FPAs in the Eastern Caribbean or whether Belize could participate in the system to be developed by IPPF/WHR for Central America. If Belize is not selected to participate in either of these projects, the evaluator would suggest that technical assistance be secured for the purpose of modifying the present MIS to allow for the:

- (a) inclusion of new Centre(s), Belize City and others;
- (b) easy retrieval of data; and

(c) collection of data similar to that collected in other Caribbean countries to ensure comparability.

7. At present, special emphasis is placed on ensuring the highest quality care to all clients. Although this is a very commendable policy, the present screening and counselling process can result in increased waiting time, especially for new clients. In order to ensure the maintenance of high standards, while giving consideration to the anxiety generated by the long waiting time, the evaluator would like to recommend that, as the need arises, the waiting time be used to conduct group counselling and education activities.

A further reduction in the waiting time could be achieved by shortening the intake interview. A review of the intake questionnaire should be undertaken by the Executive Director, Program Coordinator, Clinic Nurse and other qualified personnel with a view to reducing the number of questions asked during the intake interview. This review should constitute one component of the revision of the MIS.

8. The proper storage of contraceptives at the Dangriga Centre should be of immediate concern to the RFLA. Efforts should be made by the Executive Director to procure and install airconditioning units, or overhead fans, for the storage facilities in Dangriga. The provision of ideal storage conditions should also be a priority for the Belize City centre

scheduled to be opened in August, 1987.

9. At present, physician services are not provided at the BFLA Dangriga Centre. Telephone consultations are conducted as necessary with one of the two Medical Advisors. Women with specific medical problems are referred to the Medical Advisors. It is the opinion of the evaluator that the image of the BFLA, in the Medical community as well as with clients, would be tremendously enhanced, especially in the Belize City area, if the services of a Medical Advisor were available at each Centre. The BFLA should explore the possibility of retaining the services of a physician to provide services in the Centre.

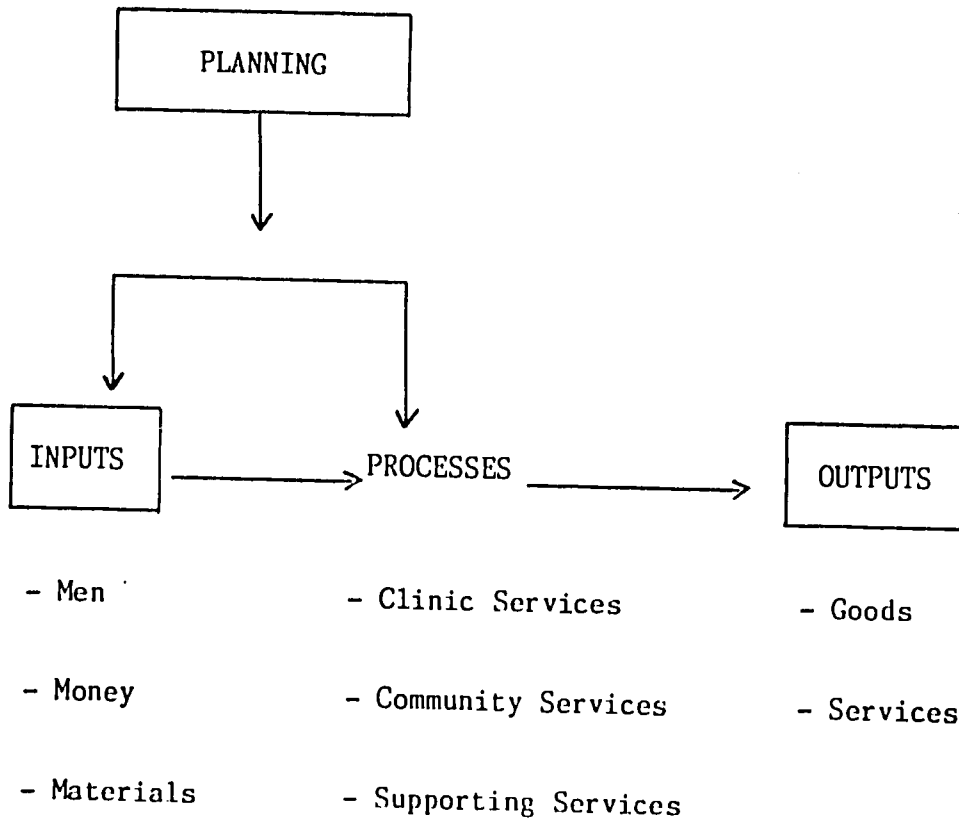
10. With the exception of the resistance/criticism from the hierarchy of the Roman Catholic Church, it appears that there is general community acceptance of the role and functioning of the BFLA. The evaluator would suggest that the BFLA continue to exploit all forms of media to promote the work of the organization. While general public awareness efforts are commendable, education campaigns which target special groups need to be developed and implemented. Further, in the short term, rather than mount method-specific campaigns, public education campaigns should be concerned with issues of child-spacing - the risk factors and the benefits for the individual, family and society.

11. The evaluation revealed that "research and evaluation" was the area in which there was the lowest achievement and further, that the expertise to conduct the research outlined in the 1985-1988 work plan does not exist within the organization. The evaluator would recommend therefore, that the Executive Director through the IPPF/WHO and the USAID Belize Mission explore research possibilities with national and international agencies to seek the technical and financial assistance necessary to conduct the required research.

12. The BFLA should continue to collaborate with other agencies as necessary in the design and implementation of in-country FLE training activities for Ministry of Health personnel, youth, and women at increased risk for pregnancy.

Figure 1

SUMMARY MODEL OF THE EVALUATION FRAMEWORK



SOURCE: Reynolds. A Framework for the Selection of Family Planning Program Evaluation Topics

Attachment 1.

PERSONS CONTACTED DURING EVALUATION

Board Members

Ms. Marion Liu - President
Ms. Phyllis Cayetano - Secretary
Mr. Tom Behrendt
Rev. Lloyd Neal
Ms. Abby McKay
Ms. Karen Henry
Ms. Linda Bowman - Former Member

Representatives of Service Agencies

Dr. E. Vanzie - Director of Health Services, Ministry of Health
Dr. L. Reneau - Director of Maternal Child Health
Nurse Busano - Rural Health Nurse (Dangriga)
Nurse May Neal - Rural Health Nurse (Stann Creek Valley)
Dr. P. Subbarao - Acting Medical Advisor
Ms. Dorla Bowman - WASA
Dr. Arturo Lizano - PRIDE

Community Leaders

Ms. Nora Bradley - Teacher
Mr. Flores - Principal (HS)
Father Short - Priest (Roman Catholic)
Ms. Felicia Nunez - Home Economics Officer
Ms. Ruth Williams - District Accountant
Mr. Michael Evans - Priest (Assembly of God)
Mr. F. Francisco - Principal, Methodist High School
Mr. Ed. Yorke - Belize National Radio
Ms. Barbara Congora -
Ms. P. McKenzie - Nurse

BFLA Staff

Ms. Judith Behrendt - Executive Director
Ms. Eleanor Jacobs - Clinic Nurse
Ms. Alda Smith - Secretary/Receptionist
Ms. Jewel Quallo - Executive Director designate

"CORE" Youth Group

Ms. Gaynor Martinez - President
Mr. Benjamin Augustine - Vice President
Mr. Anthony Ramos - Treasurer
Ms. Maruca Palacis - Member

Clients

Table 1

Projected and Actual Achievements of the BFLA Program

<u>Projected Outputs</u>	<u>Actual Outputs</u>
A <u>Developing Program Centres</u>	
1. Open Family Life Centre in Dangriga	Established
2. Open Family Life Centre in Belize City	Scheduled for August, 1987
B <u>Information-Education-Communication</u>	
1. Training of BFLA staff and volunteers	Implemented and ongoing
2. Training of government health personnel, health workers, teachers, pharmacists, etc.	Change in implementation
3. Reaching youth and teenagers	Implemented and ongoing
4. Reaching the general public	Most activities implemented
5. Reaching influentials	Some activities implemented and ongoing
6. Women's Education and Development	Not implemented according to USAID action plan

C Resource Development

Inform public and leaders
about BFLA

Most activities implemented

D. Data Base Development

1. Conduct community attitude surveys (attitude to BFLA) Not implemented
 2. Conduct male attitude survey Not implemented
 3. KAP Survey among TBAs, Village health workers and traditional leaders Not implemented
-

Attachment 3

Extracts from: Manual of Standards For Treatment
and Procedures - January 1987

The following Manual of Standards for Treatment and Procedures
(Protocols) were compiled during 1986 by the following persons:

Dr. M. Reddy, Medical Advisor, BFLA

Eleanor Jacobs, RN/Midwife, Clinic Nurse, Program Co-
ordinator

Judith Behrendt, RN. BSN, Executive Director

The standards were arrived after a lengthy co-operative process using current research, past experience, and lively discussions, and all changes and revisions were done with the final agreement of all involved. They are the first attempt of the Association, and it is expected that more revisions and additions will be needed as the Association grows, develops, and learns from its own experience. However, currently, they exist as the "standing orders" by which this Association will conduct its medical affairs under the additional supervision and direction of our medical advisors.

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Criteria:

All members of the Association who have paid the minimum \$10.00 yearly registration fee will be eligible to receive the Centre's services, regardless of age, sex or nationality.

Services available to members:

1. Complete Physical Assessment including Pelvic examinations and breast exams for women.
2. Pap (cancer) tests.
3. Haematocrit
4. Counselling and education in the area of human reproduction, sexuality, infertility and family planning.
5. Family Planning Services.
Contraceptive methods will include:
 - (a) Oral Contraceptives
 - (b) Injectable Contraceptives
 - (c) Intra-uterine Devices
 - (d) Condoms
 - (e) Diaphragms
 - (f) Spermicides
 - (g) Fertility Awareness
 - (h) Referrals for sterilization

Any of the above methods will be provided on the appropriate schedules for the entire year that the client has paid the minimum member fee.

6. Pregnancy tests will be provided at the fee of \$4.00 per test both to members and non - members.
7. Pap tests will be provided to non-members at a \$5.00 fee.

Admission Procedure

1. On first visit all clients will be interviewed by a volunteer counsellor (or staff member if v.c. is not available).
2. The screening process will determine how client will be directed. For further counselling, date and time will be arranged; to receive clinical services, client will be referred to receptionist who will register client and give appointment date and time or admit client to services.
3. The receptionist will obtain basic biographical information and set up client chart. Client will then wait on a "first come, first serve" basis to be seen by the nurse.
4. The nurse will take a basic health assessment on each client including complete history and physical examination. All females will receive a pelvic exam including a Pap test on admission.
5. If there are no abnormalities detected and client does not need further evaluation by the doctor, the client will be started on the family planning method that has been deemed most appropriate and acceptable to both the client and the nurse, based on the criteria and protocols governing each method and after being fully informed of the advantages and risks of each method. If it is necessary for the client to wait to start a method i.e. pill or IUD, an appointment is given and also a barrier method to be used during the interim.
6. If there are abnormalities and/or the nurse feels the client needs the evaluation and recommendation of the doctor, the client will be given an appointment to come back to see the medical advisor when he is here.
7. After evaluation by the doctor, the client will be given the prescribed method and/or counselled and referred accordingly.
8. Any tests necessary (i.e. pregnancy, blood test, urine, tests, etc.) will be ordered.

General

1. All clients will receive complete physical assessment at initial visits.
2. Follow-up visits will be scheduled according to the type of contraceptive the client is using. Blood pressure, weight, and general evaluation must be taken at each follow-up visit.
3. Each member will be entitled to at least one complete annual physical exam and check up with pap test and breast exam included for all female clients.
4. Should contraception fail, clients will be counselled, referred to antenatal care, and advised to report back for contraception after six weeks post-partum check up.

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