

A.I.D. EVALUATION SUMMARY - PART I

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1. BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS.
2. USE LETTER QUALITY TYPE, NOT "DOT MATRIX" TYPE.

IDENTIFICATION DATA

<p>A. Reporting A.I.D. Unit:</p> <p>Mission or AID/W Office <u>USAID/Honduras</u> (ES# <u>FY93-2</u>)</p>	<p>B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan?</p> <p>Yes <input type="checkbox"/> Slipped <input checked="" type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY <u>92</u> Q <u>3</u></p>	<p>C. Evaluation Timing</p> <p>Interim <input checked="" type="checkbox"/> Final <input type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/></p>
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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)
522-0369	PRIVATE SECTOR POPULATION II	1989	1/95	\$16,000	\$10,904

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
1. USAID and ASHONPLAFA will revise the logframe and implementation plan, in order to consider extending the Agreement from June 30, 1994. The Foster Parent's Plan Grant will also be considered for extension.	USAID/HRD/POP ASHONPLAFA	4/30/93
2. Technical Assistance will be contracted from several different AID centrally-funded sources to carry out most of the recommendations of this evaluation. These will include FPMD, PCS, AVSC, RAPIDS IV, FHI.	USAID/HRD/POP	4/30/93
3. ASHONPLAFA will continue to explore ways of increasing revenues and becoming more administratively efficient.	USAID/HRD/POP ASHONPLAFA	4/30/93
4. USAID and ASHONPLAFA will reach a formal agreement on ASHONPLAFA's absorption of personnel costs and on fringe benefits.	USAID/HRD/POP ASHONPLAFA	4/30/93
5. ASHONPLAFA should create a separate training department.	ASHONPLAFA	4/30/93
6. PLAN and USAID will establish a more realistic target for contraceptive prevalence.	USAID/HRD/POP PLAN EN HONDURAS	4/30/93

(Attach extra sheet if necessary)

APPROVALS

F. Date Of Mission Or AID/W Office Review Of Evaluation: \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

G. Approvals of Evaluation Summary And Action Decisions:

Name (Typed)	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
	Francisco Zamora	Alejandro Flores	Donald Soules Carmen Zambrana	Marshall D. Brown
Signature	<i>Francisco Zamora</i>	<i>Alejandro Flores</i>	<i>Donald Soules</i>	<i>Marshall D. Brown</i>
Date	3/16/95	MAR 20/19/93		

H. Evaluation Abstract (Do not exceed the space provided)

The overall goal of the \$16 million Private Sector Population II project is to contribute 50 percent of the projected increase in contraceptive prevalence — from 41 percent in 1987 to 50 percent in 1994. The project provides support to ASHONPLAFA, the International Planned Parenthood Federation (IPPF) affiliate and to a variety of PVOs (private voluntary organizations) working in the country. The field work of this planned midterm evaluation took place from 3/9/92 to 4/11/92 in order to determine if the project was likely to meet its objectives. The major findings and conclusions are:

- The project is generally on track in meeting the significant targets of geographic coverage and Couple Years of Protection (CYPs), but it is too early to assess whether fertility reduction or contraceptive targets will be met.
- A start has been made in developing ASHONPLAFA as a regionalized institution and its community-based and social marketing programs are making good progress toward self-sufficiency goals.
- Additional institutional strengthening is needed in the areas of volunteer participation, regionalization, and organizational development.
- Project expenditures are behind schedule, particularly in the areas of mass media, advertising for social marketing, research, training, and technical assistance.
- Funds are available for an 18-month no-cost extension.
- No problem is so intractable that it precludes project success.

Lessons Learned

Of the several lessons learned in the project, the following three are considered the most significant for future project implementation:

- When there are conflicting objectives in a project (e.g., extending geographic coverage vs. cost containment, reaching the rural poor vs. self-sufficiency), clear policy determinations must be reached as to which of the objectives is to receive the greater emphasis under what circumstances.
- Cost saving through failure to implement essential program components is false economy.
- Significant institutional change is a long process and requires considerable understanding, patience, and nurturing.

C O S T S

I. Evaluation Costs

1. Evaluation Team	Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U.S. \$)	Source of Funds
Name  Affiliation  <b>POPULATION TECHNICAL ASSISTANCE PROJECT DUAL INCORPORATED</b>	<b>21 PDS</b>  <b>DPE-3024-Z-00- 8078-00</b>  <b>MOD #0026</b>	<b>\$117,453</b>	<b>PROJECT 522-0369</b>

2. Mission/Office Professional Staff Person-Days (Estimate) _____ <b>15</b>	J. Borrower/Grantee Professional Staff Person-Days (Estimate) _____ <b>15</b>
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# 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:**

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

**Mission or Office:**

**Date This Summary Prepared:**

**Title And Date Of Full Evaluation Report:**

USAID/Honduras

October, 1992

Midterm Evaluation of the Honduras Private Sector Population II (522-0369) 8/19/92

**PURPOSE OF ACTIVITY EVALUATED.** The project purpose is to contribute half of the increase in contraceptive prevalence (percentage of couples in union of reproductive age using family planning methods) from 41% in 1987 to 50% in 1994. The project especially supports the Mission objective of Healthier, Better Educated Hondurans. The interventions will increase contraceptive prevalence in Honduras in order to improve maternal and child health and reduce the excessive natural population growth rate in Honduras of over 3.0 percent per year.

The project focuses most of its support on: institutional changes in ASHONPLAFA --the implementing institution; increases in regionalized services through clinical, community-based and social marketing approaches; expansion of information, education and communication (IEC) activities; and, establishment of cost recovery mechanisms. Additionally it supports activities to stimulate other private and voluntary organizations to provide family planning services and information.

**PURPOSE OF THE EVALUATION AND METHODOLOGY USED.** The thrust of the midterm evaluation was to assess project progress towards its stated objectives. The fieldwork took place from March 9 to April 11, 1992 and the methodology was straightforward. It consisted of reviews of the Project Paper, subsequent contracts, and agreements; reviews of other project documents, including reports from ASHONPLAFA, PLAN En Honduras, The Population Council and other organizations involved in the project; and interviews with staff from the central offices of these organizations as well as a wide range of other staff people from all of ASHONPLAFA's six service regions.

**FINDINGS AND CONCLUSIONS.** The project is generally on track in meeting the significant targets of geographic coverage and Couple Years of Protection (CYPs) provided, while lagging in areas of participation of volunteers, regionalization and organizational development. None of the slower moving areas, such as mass media, promotion and advertising for the Social Marketing Program (SMP), research, training, transportation, and technical assistance, has problems of such an intractable nature that they preclude project success. Specific findings and conclusions follow.

**Coverage.** The major accomplishment of the project has been its continued extension toward national coverage despite substantial criticism from the influential Catholic Church. ASHONPLAFA family planning services are now available in over 2,200 locations in all 18 departments and all but 26 of Honduras' 291 *municipios* (counties).

**Achievement of Targets.** With the Community Services Program (CSP) producing 50,000 CYPs in 1991, the Social Marketing Program (SMP) 23,000, and the Medical and Clinical Program (MCP) (through surgical and temporary methods) 138,000, the total output of 210,000 CYPs for 1991 was about 86 percent of the CYP target for that year.

**Project Environment.** Recognition of the serious problem of rapid population growth is not apparent at high levels. There is no effective national population policy. However, the Ministry of Health is increasingly becoming aware of the impact of family formation patterns on maternal and child health.

**Financial Status.** The degree to which devaluation has resulted in additional lempiras available to the project is difficult to quantify. This, together with slow performance in implementing some elements of the program, produced a situation in which at mid-project only 25 percent of the dollars budgeted had been spent. Budget

performance lagged in all three institutions supported: ASHONPLAFA, PLAN en Honduras and The Population Council.

Dollars have been underspent in overseas training and technical assistance. ASHONPLAFA has underspent its lempira budget due to a combination of appropriate cost containment (e.g., use of MANDOFER for low-cost product distribution), delays in budget development and approval, policy differences with USAID/Honduras, the devaluation of the local currency, and failure to implement some needed actions. At the end of 1991, ASHONPLAFA had spent only 68 percent of its lempira budget for 1989 through 1991. The areas in which underspending of the lempira budget had the most significant programmatic implications were in promotion and advertising for SMP, development and use of mass media, in-country training, operations research, and field support for CSP promoters. (Mission does not agree, see comments).

Therefore, funds are available to extend the project for up to approximately 18 months.

**Self-Sufficiency.** ASHONPLAFA has increased the level of locally generated funds by 54 percent, largely through client charges. This policy, however, may be a problem for residents of the rural areas and poor women. In 1991, both SMP and the CSP surpassed their targets of 100 percent and 50 percent self-sufficiency, respectively.

Volunteer participation in national and regional boards of directors needs to be revived in order to develop the local and national support vital to ASHONPLAFA's financial self-sufficiency and long-term independence as an indigenous institution. However, there is no possibility that ASHONPLAFA can become completely self-sufficient during the LOP.

**Management Information System (MIS).** The financial accounting portion of the MIS has been computerized. However, mid-level management are not fully informed about the funds available to them during the year, and sufficient use is not being made of present financial reports in tracking program progress. ASHONPLAFA lacks data on costs for the delivery of each type of service and has no accurate way of ascertaining cost per CYP. However, they do have excellent service statistics. There is a need for training to upper and lower level staff in using these statistical reports for management decision making.

**Training.** The Evaluation Department carries out all training of ASHONPLAFA employees and the IEC Department carries out training of other groups. These training responsibilities divert these two departments from their prime responsibilities of research, MIS, mass media, IEC, public relations and policy development activities. ASHONPLAFA has trained 1,491 persons, both in Honduras and abroad, and has provided assistance to PVOs by training 1,500 community workers. Training and research have been accomplished in PLAN and Population Council's PVO component of the project.

**Service Delivery Programs.** High-quality clinical services, especially voluntary surgical contraception (VSC), are being provided in six ASHONPLAFA clinics and a network of eight private clinics nationwide supported by ASHONPLAFA to perform VSC procedures. These regional clinics also serve as a backup for the widespread Community Services Program (CSP) of community-based distribution, providing headquarters for the 30 CSP and 24 VSC promoters who work in the surrounding urban and rural areas.

Despite these advances, the rural population still has limited access to medical and clinical services. Constraints include high fees, high transportation costs, and clinic hours that tend to be more convenient for doctors than for clients. Vasectomy services are unavailable in most parts of the country. However, at the rate of only 100 to 120 vasectomies per year, the program will most likely meet the modest target of 500 procedures during the life of project (LOP). Observed demand is low, due in large part to the use of women-only promoters to recruit clients, the practice of training mostly ob/gyns to perform vasectomies, and the very limited mass media promotion.

Although the project paper called for an adolescent fertility strategy to be in place by the third year of the program, this strategy has not been developed.

A study needs to be carried out to determine the most effective and efficient location of community services

contraceptive distribution posts, to modify supervisory schedules, and to ensure greater coordination among the CSP, SMP, MOH, and PVOs.

**Decentralization.** Regionalization is progressing. Authority to make decisions is still a highly centralized function. There is no formal plan for the regionalization process. Regional boards have very limited power. They have no jurisdiction over financial matters, other than dues and donations collected locally; regional directors have little control over key administrative matters, and they receive little supervision from the central department heads. Insufficient progress has been made in developing lower level management skills through training, technical assistance, and the gradual increase in delegated authority.

**Marketing Strategy.** MANDOFER, one of Honduras' largest pharmaceutical distributors, is successfully distributing social marketing contraceptives. However, MANDOFER's reporting system does not allow for project tracking or analysis of expansion needs and advertising requirements by city or department. A baseline study for advertising is being developed. Advertising efforts to date have been limited. It is likely that, if promotion and advertising were increased, coverage of the smaller cities would follow.

**Information, Education and Communication (IEC).** A strategy has been developed and there has been an increased use of mass media to supplement the traditional interpersonal communication activities; a social marketing plan has also been developed. There has been little emphasis on mass media promotion of VSC. No studies have been done to assess whether mass media has affected the knowledge and behavior of clients in rural areas.

**PVO Participation.** PLAN en Honduras and Population Council have been slow in developing subprojects and entering the phase of service delivery. PLAN stopped distributing contraceptives and its new goal is to refer 2,400 cases of high reproductive risk to ASHONPLAFA and MOH facilities. However, the ASHONPLAFA reporting system does not include PLAN referrals. The strength of the POPULATION COUNCIL lies in operation research whereas the thrust of this activity was to step up the ability of small PVOs to promote family planning services. One area that needs clarification is the relationship between the PVO sector and the public sector (MOH and IHSS).

**Epidemiology and Family Health Survey.** The fieldwork of the 1991 EFHS has been completed and the analytical work is underway. This status of the survey did not permit any conclusion as to progress in meeting contraceptive prevalence goals. However, the EFHS seems to point to the need to increase efforts to reach the rural population with correct information and services.

#### PRINCIPAL RECOMMENDATIONS

- \* USAID/Honduras and ASHONPLAFA should carry out the necessary programmatic and financial review to prepare the basis for an extension of this project.
- \* ASHONPLAFA should take steps to accelerate project programmatic performance, especially in the areas of mass media IEC, and advertising and promotion in the SMP, training, research, transportation, and the utilization of technical assistance.
- \* ASHONPLAFA should revitalize its national and regional boards of directors, and pursue more actively internal reorganization and training of lower level managers for implementation of increased delegated authority.

For a complete list of recommendations and corresponding Mission response, please refer to Attachment B.

#### LESSONS LEARNED

- \* When there are conflicting objectives in a project (e.g., extending geographic coverage vs. cost containment, reaching the rural poor vs. self-sufficiency), clear policy determinations must be reached as to which of the objectives are to receive the greater emphasis under what circumstances.
- \* Cost savings through failure to implement essential program components is false economy.
- \* Significant institutional change is a long process and requires considerable understanding, patience, and nurturing to achieve success.

ATTACHMENTS

K. Attachments (List attachments submitted with this Evaluation Summary; always attach 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: Basic Project Identification Data

ATTACHMENT B: Complete List of Recommendations

ATTACHMENT C: Final Evaluation Report Titled: Midterm Evaluation of the Honduras Private Sector Population II Project (522-0369).

NOTE: This Evaluation Report was submitted to AID/Washington on September 22, 1992.

COMMENTS

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

The Mission believes that the midterm evaluation was carried out successfully and that it will provide good guidance to finish out the intended activities up to the end of the project. The report confirmed our belief that the project is on track and that there are no major problems. The team proposed many excellent recommendations that will be implemented as the project continues. The most significant recommendation is to extend the project for approximately 18 months. Discussions with ASHONPLAFA have already begun to plan for this possibility.

The principal emphasis during this extension period will be to strengthen ASHONPLAFA as an organization. The technical assistance recommended by the evaluation team will be contracted to make the organization more self-sufficient, effective and efficient. For example, during the coming years, ASHONPLAFA will be expected to absorb more of the salaries of its personnel and to increase its revenue generation. This process will involve making some fundamental changes in the organization and a greater outreach attempt, especially into rural communities.

The Mission disagrees with some of the findings and conclusions. For example, the report mentions that at project midpoint only 25% of the dollars budgeted had been spent, concluding that there was slow implementation performance. However, although some programs did not execute their planned activities completely, almost all targets were met. The underspending was due principally to the windfall of a suddenly more favorable exchange rate (6 lempiras versus 2 lempiras per dollar). With more dollars available because of the devaluation, the Mission had requested an analysis of the financial feasibility of an extension beyond the PACD. The report's conclusion was that since only 25% of the dollars budgeted had been spent, 75% of the funds were still available for reprogramming. However, this is not very useful information since accrued expenditures, commitments, or earmarkings to date need to be considered. For example, as of March 1992, total commitments (contracts, purchase orders, approved budgets) were \$7,506,000 or close to 47% of the project total. This means that only about 53% of the funds could be reprogrammed. Finally, the report's conclusions that ASHONPLAFA is trying to save money through failure to implement essential program components is not substantiated. As mentioned before, the most important reason the project will have unspent funds is due mainly to the more favorable exchange rate.

During the remainder of the project, the emphasis will be to improve administration, coverage and quality of services. Technical assistance will continue to play an important role. The Mission will take advantage of many centrally-funded resources as suggested in the evaluation. Finally, we will continue to try to positively influence the political climate towards family planning in the country to make it a more acceptable development tool.



ATTACHMENT B  
SUMMARY OF EVALUATION RECOMMENDATIONS AND MISSION RESPONSE  
HONDURAS MIDTERM EVALUATION  
OF THE  
PRIVATE SECTOR POPULATION II PROJECT (522-0369)

1. USAID/Honduras, together with ASHONPLAFA, PLAN, and the Population Council, should update the logframe and implementation plan of the project based on progress to date, the findings of this evaluation, and the 1991 EFHS.

2. Training plans should be updated and IEC targets clarified. ASHONPLAFA and USAID/Honduras should review technical assistance requirements as suggested in this evaluation.

3. USAID/Honduras, with ASHONPLAFA, should prepare a no-cost, up to 18-month extension for the project.

4. Most of the logframe indicators can remain as they are. A few changes are suggested.

1. USAID/Honduras and ASHONPLAFA have formed a committee to work on the changes to the logframe and implementation plan with all of the parties concerned. This action will be completed by April 30, 1993 (Action No. 1 on face-sheet).

2. The training plan has been revised and is being addressed in the 1993 budget plan completed in December 1992. Discussions are ongoing about the ASHONPLAFA IEC (Information, Education, Communication) strategy. Technical assistance is being considered from centrally funded sources such as Population Communication Services (PCS) to assist in this process. A PIO/T will be submitted to AID/W in April 1993 to buy-in to the PCS project (Action No. 2 on face-sheet).

3. An analysis of the budget is underway. The 18-month extension is being considered and a definite decision will be made in April 1993 (Action No. 1 on face-sheet).

4. The logframe is being reviewed jointly by USAID/Honduras and ASHONPLAFA to make the suggested changes (see #1 above and Action No. 1 on face-sheet).

5. ASHONPLAFA should define and develop a clear description of the role of regional board members and volunteers.

6. ASHONPLAFA should consider a reorganization that narrows the span of central supervision by creating three assistant director positions for administration and finance, program, and regional affairs.

7. Technical assistance should be sought to strengthen ASHONPLAFA's administrative structure.

8. Regional directors should receive timely and adequate statistical, programmatic, and financial (accounting) information, with a clear definition of who can have access to it.

5. This item is accepted by ASHONPLAFA as an area that needs improvement. The role of the regional board volunteers will be revised to increase his/her participation in decisionmaking activities. ASHONPLAFA has already increased orientation training for all regional board volunteers and is considering inviting them to attend national board meetings on a regular basis. Completion date will be in April 1993.

6. ASHONPLAFA has considered this suggestion but does not currently agree with it because of the increased costs involved in hiring extra personnel and the complications that would result from adding another bureaucratic layer. However, ASHONPLAFA has begun to review all of their administrative procedures and organizational documents to look for opportunities for streamlining their operations and will complete this exercise by April 1993 (Action No. 3 of face-sheet).

7. A buy-in from the FPMD (Family Planning Management Development) project will provide this assistance in April 1993 (Action No. 3 of face-sheet).

8. Closed. ASHONPLAFA through its MIS (Management Information System) is now doing this. The MIS was established through IPPF (International Planned Parenthood Federation) assistance. USAID procurement the computer system.

9. ASHONPLAFA should continue its work on the strategic plan with special attention to definition of goals, objectives, strategies and policies, long-term (five or ten years) planning, and project analysis.

10. If the project is extended, ASHONPLAFA and USAID/Honduras should work together to develop a new four-year budget that reflects priorities of both parties and makes clear what each will contribute in funding the budget.

11. USAID/Honduras should discuss the goal of self-sufficiency clearly with ASHONPLAFA, pointing out, for example, that achieving savings by keeping down expenses for essential program activities is counterproductive.

12. USAID/Honduras and ASHONPLAFA should adopt a level of advances adequate to eliminate cash-flow problems for ASHONPLAFA.

13. Consideration should be given to allowing the regions or program elements to retain some of the funds generated locally to cover program costs and to offer incentives for program personnel.

9. Closed. The ASHONPLAFA strategic plan was designed with IPPF assistance.

10. Discussion and analysis is ongoing and a determination will be made by April 1993 (Action No. 1 on face-sheet).

11. Closed. Neither the Mission nor ASHONPLAFA agree with team's conclusion that underspending is a result of attempts to save money. Rather, it was a direct result of the sudden devaluation of the local currency and implementation problems. ASHONPLAFA is very concerned with self-sufficiency and has increased its revenue generation significantly. It is also moving towards absorbing more positions with its own counterpart funding.

12. Closed. ASHONPLAFA does not consider the current system of advances a problem. There have been very few cash flow problems and there is no need to modify the current procedures. Mission agrees.

13. Closed. Regional Offices have been given more fund authority to purchase local goods and services. If lack of funds at the regional levels were a problem, then this recommendation would be necessary. However, with the

newly approved increases in local program funding there is no need to retain locally generated funds since cash flow and currency amounts now available are adequate.

14. ASHONPLAFA should continue its revenue-raising efforts by increasing prices for services on an annual or semiannual basis, expanding demand (e.g., through promotion and advertising), exploring private enterprise contracting of services, and increasing local charity donations and support from the government.

14. Ongoing. Family Health International has completed a cost study of ASHONPLAFA services that will help in establishing prices for services. Price changes are being analyzed and will be made in accordance with each community's ability to pay. The cost study results will be available by May 1993. ASHONPLAFA is also exploring ways of increasing revenues through private businesses especially those not being serviced by the Social Security Institute's family planning programs. It is not likely that the government can contribute financial support to ASHONPLAFA given their lack of resources.

15. USAID/Honduras should provide technical assistance and local cost support for expanding fund raising efforts and should urge ASHONPLAFA to develop operations research that would result in models for these services.

15. The buy-in Scope of Work scheduled to be contracted by April 1993 with the FPMD (Family Planning Management Development) project will include this recommendation (Action No. 2 on face-sheet).

16. ASHONPLAFA and USAID/Honduras should prepare a technical assistance scope of work to review the LAN to determine whether it needs modification to meet present and future needs.

16. ASHONPLAFA and the Mission agree that the LAN computer system needs to be evaluated. The buy-in to the FPMD project will include the analysis of the LAN computer network (see #15 above and Action No. 2 on face-sheet).

17. The chief of the data analysis section should receive additional training in LAN systems through an

17. Training for the chief of this section will have to take place at a private institution since AID/W does not have such

A.I.D./W course.

a course and would not normally make it available for non-AID persons. Training is scheduled for the second trimester of 1993.

18. ASHONPLAFA should install a cost accounting system for each type of service as soon as it is practical.

18. Work on this has already begun through a buy-in to Family Health International to carry out a cost study (see #14 above). ASHONPLAFA has also received training on cost-effectiveness through a workshop sponsored by The Population Council in November 1992. The cost accounting system should be operational by June 1993.

19. ASHONPLAFA should reduce the reporting requirements of the CSP to simple promoter reporting of monthly sales to distributors.

19. ASHONPLAFA has accepted this recommendation and is trying out methods for automating data collections for the Community Services Program (CSP) and will complete this action by March 1993.

20. USAID/Honduras should provide technical assistance to the Personnel Department in order to develop a structure that would allow the active participation of department heads and regional directors in personnel management.

20. In May 1993, a study through the FPMD buy-in will be carried out to see if a problem exists in this area. It is likely that this is no longer an issue since regional directors have been given increased authority for hiring temporary personnel and prescreen candidates for regional positions. However, ASHONPLAFA is open to suggestions for improvements (Action No. 2 and No. 3 on face-sheet).

21. In order to facilitate the delegation procedure, ASHONPLAFA should develop clear policies on delegation of authority at the executive director level on hiring, firing, and remuneration.

21. (See #20 above) These regulations are already contained in ASHONPLAFA's procedures manual but will be analyzed under the FPMD buy-in for further improvements (Action No. 2 and No. 3 on face-sheet).

22. Competency and performance evaluations should be used by ASHONPLAFA for promotions and salary increases and a system of rewards and recognition incentives should be developed, including the incentives called for in the project for regional directors.

23. ASHONPLAFA should create a separate training department that would provide better coordination of training activities and a centralized statistical system.

24. USAID/Honduras and ASHONPLAFA should reach a formal agreement on ASHONPLAFA'S absorption of personnel costs in exchange for USAID'S assuming some operational costs, and on the fringe benefits issues.

25. The communication strategy should be implemented as approved. The use of radio should be reactivated and intensified.

22. A system for relating performance to salary increases will be in place by June 1993. In addition, an agency-wide incentive system will also be created by June 1993 (Action No. 3 on face-sheet).

23. Accepted. The separate training department will be in place by April 1993 (Action No. 5 of face-sheet).

24. ASHONPLAFA has already absorbed 23 positions in 1992. Further reductions will be made after a study on severance pay is contracted for by the Mission. ASHONPLAFA needs to know the official USAID position on fringe benefits given the fact that this may put a huge financial burden on ASHONPLAFA if it continues absorbing additional personnel. Target date for completion of the study is March 1993. A formal agreement on this will be completed by April 30, 1993 (Action No. 3 on face-sheet).

25. Ongoing. The communication strategy is being executed as approved. Radio is being used more extensively nationwide. The education campaigns emphasize the rural areas. Promotion includes male and female voluntary surgical contraception, the pill, condoms, PAP smears, and especially the IUD.

26. ASHONPLAFA and USAID/Honduras should arrange a buy-in for technical assistance from the PCS project and from the Regional Audio Visual Center (CREA) for implementing the communications strategy and for developing skills needed to work with TV and publicity agencies.

27. The ASHONPLAFA communication strategy should take into account positive changes in public opinion about family planning, allowing ASHONPLAFA to take a more aggressive stance in publicizing family planning and working toward development of a more positive population policy.

28. The I.E.C. strategy needs to be operationalized in terms of simple and achievable goals.

29. A buy-in for RAPID model presentations to leaders should be considered.

30. ASHONPLAFA should provide continued support and technical assistance to Honduran PVOs in development

26. A buy-in will be made to PCS in April 1993 and a trip to CREA will be made in June 1993 (Action No. 2 on face-sheet).

27. Closed. ASHONPLAFA's publicity campaigns have significantly improved and increased. There is more openness, for example, in advertising condoms and pills through the radio, television, and billboards. While ASHONPLAFA is planning to educate decisionmakers through presentations, seminars, and literature, they are also highly vulnerable to attack by anti-family planning forces. Therefore, their strategy is to proceed with caution but with purpose.

28. Goals will be developed as suggested by May 1993.

29. A buy-in to the RAPID IV (Resources for the Awareness of Population Impact on Development) central project is in process. The consultants have already made a preliminary visit to Honduras to gather data and information. A second visit is scheduled for May 1993 (Action No. 2 on face-sheet).

30. This activity is ongoing. More I.E.C. materials are being printed for distribution to PVOs.

and supply of greater amounts of printed materials.

31. ASHONPLAFA/USAID should buy into AVSC for technical assistance to improve the monitoring of quality and safety issues in VSC (Voluntary Surgical Contraception) services, establish a complications reporting form to be processed by the MIS, improve counseling, and develop strategic policy for VSC and for training of physicians in Honduras and abroad. This technical assistance or assistance from IPPF should also review the issues of age and parity for sterilization and frequency of PAP smears.

32. The MCP Department should deemphasize tubal ligations with the laparoscope. Laparoscopes should be restricted to use in centers with a minimum average of 8-10 procedures per day.

33. ASHONPLAFA should promote actions that would lead to reconsideration by the MOH and the Honduran Medical Association of resolution No. 141-84, which discriminates against women younger than 24, even with three or more children, who wish to be sterilized.

34. ASHONPLAFA should request technical assistance for development of a strategy for

31. A buy-in is planned for early 1993 for services from AVSC (Association for Voluntary Surgical Contraception) to look into the IUD program and quality of care. ASHONPLAFA has already improved some procedures. Since January 1992, reports on complications have been registered in a special separate form for later analysis.

32. Closed. ASHONPLAFA agrees with this recommendation but they believe that sterilizations are increasing now to the point where laparoscopy is justified. With more PVOs referring increasing numbers of acceptors and with the availability of more vehicles for transportation, many regional centers are operating on more women daily.

33. In 1984, the Ministry of Health changed the minimum age for sterilization from 30 years and 4 children to 24 years and 3 children. ASHONPLAFA will use its expertise and influence with government officials to demonstrate to them the benefits of lowering the age of sterilization to 20 years.

34. Technical assistance will be considered from the Population Communication

adolescents.

35. ASHONPLAFA and USAID/Honduras should explore innovative service delivery patterns and transportation assistance to increase client convenience, expand VSC levels, and make full use of clinic facilities. Solutions might include offering VSC services in Tegucigalpa and San Pedro Sula during one or two afternoons or evenings a week and reimbursing clients for one day's lodging, meals, and transportation costs.

36. Consideration should also be given to increasing clinic incomes through leasing the operating rooms to doctors for ambulatory surgical procedures, e.g., ophthalmic, gynecologic, urologic, hernia repair, plastic surgery, etc.

37. Consideration should be given to modifying a number of current practices in provision of vasectomies, e.g., hiring and training urologists rather than ob/gyns to provide the procedure, using men rather than women to promote them,

Services (PCS) centrally-funded project by April 1993 (Action No. 2 on face-sheet).

35. Closed. New vehicles have been bought by ASHONPLAFA to transport rural patients to the clinics. ASHONPLAFA has also increased family planning promotion through physicians working in poor neighborhoods and has increased the number of facilities offering women's health services in order to attract additional potential family planning users.

36. Closed. This recommendation is not considered viable for several reasons. First is the possibility of contamination of the operating areas from other surgical procedures. Secondly, ASHONPLAFA wants to make it clear that its facilities do not provide abortion services. Opening the surgical rooms for other uses such as curettage (cleaning and scrapping of uterine lining) may create public confusion about ASHONPLAFA's policy on abortion and create legal and public image problems. Therefore, for the moment this recommendation is not being considered.

37. ASHONPLAFA has advertised for urologists but has not been able to recruit any. In any case, the gynecologists that are currently doing vasectomies have worked out well given that they are more oriented towards the family

having a physician trained in vasectomy surgery available to each clinic, and launching a well-thought-out publicity campaign with full involvement of mass media.

38. Before new construction of clinics is undertaken, ASHONPLAFA should consider additional contracting of private clinics to provide subsidized VSC services.

39. ASHONPLAFA should continue its modest expansion of the CSP program.

40. Fewer brands of contraceptives should be distributed through the CSP.

planning field. In the case of male promoters, two were hired initially but they did not work out. Another attempt will be made in April 1993 to recruit male promoters.

The publicity program for vasectomies will be re-evaluated and strengthened by April 1993.

38. ASHONPLAFA agrees that contracting private clinics to do sterilizations is a good investment. For the moment, additional private clinics are being considered in Tocoa, Puerto Cortes, and Santa Barbara.

39. In a meeting held from December 14-18, 1992, the Community Service Program personnel looked into strategies for increasing education, promotional activities, quality of services and contraceptive sales at the rural level. A strategic workplan was developed which will guide program personnel in their efforts to recruit more family planning users.

40. Closed. ASHONPLAFA disagrees with this recommendation because: a) a variety of products gives the consumer a better choice and sense of participating in the decision to use the contraceptive he/she prefers. b) prices of the CSP contraceptives are affordable to the consumer.

41. Transportation and field support should be improved for promoters, and steps should be taken to provide transportation for clients referred to the clinics.

42. Consideration should be given to funding incentives with lempiras generated by local sales, to awarding individual improvement in performance rather than choosing among peers for awards, and to managing the program on a regional level thus allowing judges to take into account regional differences that might account for varying levels of performance from one area to another. The VSC promoters should be included in the incentives program.

43. The SMP department should increase its efforts to develop other non-pharmaceutical channels of distribution.

44. ASHONPLAFA should seek ways to delegate increased authority to the SMP department without losing central policy guidance and the support of other departments. It should recruit an additional highly qualified staff person, experienced in the supervision of commercial advertising agencies, for the SMP department.

41. Closed. The line item amount for transportation of promoters and clients has been increased in the 1993 calendar year budget.

42. Closed. For the moment, incentives are being funded through the grant but, it is anticipated that ASHONPLAFA will take over this cost when donor support terminates. Changes already approved in the incentive system for 1993 include individual awards based on performance, inclusion of VSC promoters in the program, and increased funds for travel and per diem.

43. Although the SMP department at ASHONPLAFA is already using gasoline stations, liquor stores, and small grocery stores, it will increase its efforts to raise the number of establishments selling these products especially with regard to condom sales.

44. ASHONPLAFA believes that the SMP director has enough authority to administer the program adequately. A.I.D. would like the SMP director to have more flexibility to make routine decisions. These items will be discussed more fully in April 1993. Also, ASHONPLAFA is considering hiring an additional person to supervise the SMP advertising activities during the first quarter of 1993.

45. SOMARC and ASHONPLAFA should develop a realistic plan of technical assistance that takes into consideration the shortfalls in 1990 and 1991 and that attempts to meet the critical needs of the project, especially in managing the advertising program, in developing an adequate program of market research, and in developing new product lines and non-pharmaceutical channels of distribution.

46. Planned training of pharmacists and salespersons should be carried out as soon as possible to guarantee that there is at least one trained person and training manual in each sales location; continuing education material should also be developed and disseminated.

47. A study should be undertaken of the most efficient location of posts related to MOH and CSP expansion and varied levels of supervision for different kinds of areas and distributors.

48. ASHONPLAFA should continue and intensify coordination with other PVOs and the MOH to determine the best means to achieve total country coverage efficiently.

45. Closed. SOMARC and ASHONPLAFA have already developed a plan for technical assistance. During 1992, SOMARC and ASHONPLAFA carried out a much more intense program of advertising, research, surveys and new product introduction. More specifically, this included a nationwide publicity campaign using television, radio, billboards, posters, and pamphlets. In addition, pharmacy audits, baseline studies, and focus group studies for their products were carried out. ASHONPLAFA also negotiated with a private pharmaceutical firm the purchase of a new contraceptive pill and condom for introduction to the local market in 1993.

46. Closed. The Social Marketing Program restarted training for pharmaceutical personnel in June 1992. Monthly seminars are given at different cities around the country and participants are provided with a manual and promotional material to give out to the general public.

47. Closed. As stated in #39 above, the CSP (Community Services Program) met in December 1992 to develop a workplan for increasing sales. This meeting included discussion on the best location for CSP posts.

48. Closed. This is being accomplished through frequent meetings with PVOs and the MOH. In March 1993, ASHONPLAFA hosted a national congress on family planning for a variety of

organizations.

49. PLAN and USAID/Honduras should procure technical assistance from a centrally funded Cooperating Agency to assess PLAN's reporting system on referrals. Technical assistance should also be sought to design a simple and effective monitoring system for screening high-risk women and referrals. The technical assistance should help PLAN develop a system to monitor and document experience with reimbursing for transportation and lodging of VSC clients and to share results with ASHONPLAFA and other PVOs.

50. PLAN and USAID/Honduras should reassess the project target of increasing contraceptive prevalence in the project area by 20 percentage points and should, at the same time, extend the project for 18 months.

51. USAID/Honduras and the Population Council should review the actual budget performance of this component through March 1992 and make realistic projections of costs of new subprojects under consideration. This review should include consideration of full funding of the Population Council project and time extension.

52. A major emphasis of the Population Council should continue to be to work with small PVOs, with an emphasis on cost-effective approaches. USAID/Honduras, however, should also encourage the Population Council to develop

49. This is a good recommendation but qualified technical assistance is available locally. PLAN will request this assistance from ASHONPLAFA and the Honduran Social Security Institute to carry out these recommendations by April 1993.

50. The 20 percent point increase is probably unrealistic and a new target will be renegotiated with PLAN. The possibility of an extension of the project will be considered by the Mission. Target date for decisions: April 1993.

51. Closed. The analysis is finished. The Population Council buy-in will be fully funded. A PIO/T was submitted to AID/W in February 1993.

52. Closed. The Population Council and ASHONPLAFA already work very closely together in the area of operations research. During November 1992, these two organizations cooperated in a cost/effectiveness workshop

operations research projects  
with ASHONPLAFA.

53. The Population Council  
and USAID/Honduras should  
proceed with the development  
and review of the CARE and  
AHLACMA umbrella project.

and they continue to share  
information and cooperate in  
disseminating program results.  
If other opportunities  
develop, the Mission will  
encourage further  
coordination.

53. Closed. Both of these  
subprojects are operational.