Guinea: National Family Planning Programme

Ex post evaluation report

OECD sector	13030 / Family Planning	
BMZ project ID	1) 1994 65 642 (investment in fixed assets) 2) 1995 70 219 (personnel support)	
Project-executing agency	Guinean Ministry of Health	
Consultant	Royal Tropical Institute Amsterdam (KIT) Luise Lehmann (1999-2000)	
Year of ex post evaluation	**2006**	
	Project appraisal (planned)	**Ex post evaluation (actual)**
Start of implementation	Q1 1995	Q2 1996
Period of implementation	1) 01/1995 – 12/1996 2) 03/1996 - 02/1999	1) 05/1996 – 12/2000 2) 08/1995 – 03/1999
Investment costs	1) EUR 3.32 million 2) EUR 0.56 million	1) EUR 2.40 million 2) EUR 0.56 million
Counterpart contribution	1) - 2) -	1) - 2) -
Financing, of which Financial Cooperation (FC) funds	1) EUR 2.91 million 2) EUR 0.56 million	1) EUR 1.99 million 2) EUR 0.56 million
Other institutions/donors involved	1) UNFPA: EUR 0.41 million 2) -	1) UNFPA: EUR 0.41 million 2) -
Performance rating	4	
• Significance/relevance	4	
• Effectiveness	4	
• Efficiency	4	

Brief description, overall objective and programme objectives with indicators

The aim of the programme was to make a contribution to reducing population growth as well as maternal and infant mortality (overall objective) by introducing family planning services (including a pilot component covering sexually transmitted diseases) in public health facilities in Central and Lower Guinea. These services were to have an acceptable supply quality (programme objective). The programme was planned as a co-financing under the lead of UNFPA (United Nations Population Fund). Due to the complex chain of impacts, no indicator was defined at the level of the overall objective. The following indicators were defined to determine whether the programme objectives were achieved:

- Effective coverage of at least 10 % of the target group with family planning services (share of people in the target group who have taken part in at least two family planning consultations that were carried out correctly);

- The contraceptive prevalence rate (share of couples of reproductive age who use modern contraceptive methods on a regular basis) is at least 5%.

Programme design / major deviations from the original programme planning and their main causes

The programme was designed as an integrative element of the National Primary Health Programme, which received major support from UNICEF (United Nations Children's Fund) and other donors such as the World Bank, the European Union and USAID (United States Agency for International Development). The programme measures comprised the supply of equipment, medicines and contraceptives for 198 (planned 110) health care facilities, training on family planning (FP) matters for the health care staff and IEC (Information, Education, Communication) measures for the population. In the framework of a complementary measure the programme executing agency, the Guinean Ministry of Health, was given support by a consultant in the area of planning and coordination and in particular on designing the IEC measures to stimulate the demand for family planning (FP) services. The co-financing provided by UNFPA was mainly used to finance studies, training measures and and selected technical assistance measures. As the partner showed serious conceptual and management weaknesses, the selected measures were supported through additional advisory assignments. In the course of the programme UNFPA gradually withdrew from the co-financing. This caused increased management expenses to ensure the further financing and implementation of the services. The planned construction measure of the Coronthie family planning centre had been dropped at an early stage of the programme because the partner did not show enough interest in the planning. Given the fact that in the course of the programme the FP services were increasingly integrated into the public health care services offered this can be regarded as a reasonable decision. All other investment measures were implemented as planned.

Problems in the implementation of the complementary measure, i.e. with regard to advisory services relating to the IEC measure and the insufficient assumption of more comprehensive programme management tasks, were solved by switching the consultant and by adjusting the portfolio of advisory measures accordingly.

The overall concept of the FP programme can be rated as good. All major elements required in a programme that wants to achieve a sustainable impact did exist: co-shaping of the policy pursued in the area of reproductive health during the important phase of consolidation, training and further training in the clinical area, partner qualification in the area of planning and management, education of the population and development of the required information material.

Key results of the impact analysis and performance rating

Regardless of all political and administrative difficulties, the national FP programme was successful in the introduction of family planning as one of the services provided by the public health care system. The contraceptive prevalence rate (CPR) of 7.6%, which was achieved in the course of the programme, meant that the targets were even exceeded (a rise of 4.9% between 1992 and 1999). In 2005 the CPR was 10.5%. However, after the termination of the programme measures the increase in the rate slowed down considerably (only 2.9% compared with 4.9% earlier on). Data available on the rate of utilisation of the FP services suggest that the rates achieved were about 30%-40% lower than the target values. Thus, the programme objective was achieved with regard to the contraceptive prevalence rate but not with regard to the broad scale supply of the population. A problem that occurred was that the planned FP services were not provided on a sustainable basis. Due to scarcity of funds only an insufficient quantity of medicines was available. Moreover, the know-how of the staff did frequently not meet the requirements.

No indicator was defined to measure the achievement of the overall objective. The fertility rate declined marginally in 1999 but since then has risen again to the original level of 1992 (5.7%). No statements can be made, however, as to how the figures would have developed if the programme had not been implemented. Due to the fact that the services for reproductive health and FP did not work very well after the termination of the support measures in 2000 it has to be

assumed, however, that the programme did not render a significant sustainable contribution to the achievement of the overall objective in this area.

In general public basic health facilities are used by the poor rural population and lower income groups in the cities; higher income groups rather tend to go to private health care providers. The qualified FP services offered at the basic health facilities are targeted at satisfying basic needs and, thus, directly benefit the poor sections of the population. Qualitatively good family planning services are well accepted by women and in this way contribute to reducing population growth. This has a positive impact on the economic development of the country concerned because the limited public and private resources can be used more effectively. Women benefit both in terms of better health and socio-economically because they become pregnant less often and have fewer children. The prerequisites for achieving these positive impacts were created in the course of the implementation phase of the programme.

The objectives of improving participation and good governance were not pursued with the programme; the same applied to environmental and resource protection.

The programme was negatively affected by the weaknesses of the public health care system. In retrospect, these weaknesses become most obvious in the areas of personnel qualification and management, medicine logistics and budget flows.

The most important bottlenecks and risks for maintaining the family planning services on a sustainable basis can be summarized as follows: Systemic weaknesses in the public health sector; general shortage of budget funds in the sector; further training in the FP area only on an ad-hoc basis (there is no consistent further training policy); the staff placement policy pursued is not in line with the competence of the service providers; the financing basis is not sufficient to ensure that minimum standards are adhered to at the FP facilities; insufficient supply with contraceptives combined with the lacking willingness of the government to open itself to the proposals put forward on many occasions by the international community to improve this situation (adjustment of outdated and insufficient tariffs as well as restructuring of the institutional landscape for the supply of medicines).

On the basis of the criteria of effectiveness, efficiency and significance/relevance we assess the programme's developmental effectiveness as follows:

Production efficiency is given since the objectives of the programme measures were achieved during the implementation phase with a reasonable use of funds. However, capacity building measures (for example further training measures) or measures particularly targeted at achieving changes in behaviour require longer-term support to show an impact. After the conclusion of the external support measures in 2001, however, no sufficient support was provided. This is due to the fact that the funds available were not sufficient (government subsidies as well as tariff revenues earned by the health centres). The cost recovery (allocation efficiency) is insufficient. The programme’s efficiency is rated as slightly insufficient (sub-rating 4).

By the time the programme was concluded the programme objectives had been achieved to a significant extent (CPR in full, large-scale coverage of the population was not fully reached). In the five years after the conclusion of the support measures the CPR continued to rise, though the rise was not as high as would have been expected for well functioning family planning services. However, this is not only due to the programme alone, but also to the reduced promotion for family planning measures in the international context. The utilisation/coverage is lower than the expected 10% of the target group. Here, too, a rise in the rate of utilisation – with continuous IEC measures – could have been expected. Overall, the programme’s effectiveness is rated as slightly insufficient (sub-rating 4).

The sustainability of the programme is mainly due to the fact that the programme helped to introduce the buildup and integration of FP services in the basic health care system. Family planning services have been integrated at all centres in the former programme region. As the availability of FP services was good during the implementation phase of the programme it can be assumed that the programme made a contribution to reducing the fertility rate and, thus, to reducing natural population growth. Due to the weakness of the project executing agency, which did not succeed in ensuring the quality of the services offered through further training measures, and the insufficient financial resources available for the sector is has to be assumed that after the end of the support measures the programme did no longer make a contribution to the

achievement of the overall objective. Due to the high sustainability risks we rate the relevance / significance of the programme as slightly insufficient (sub-rating 4).

Since the conclusion of the programme measures the FP services deteriorated and functioned less well with regard to all major aspects (equipment, education measures, availability of contraceptives and medicines, further training measures). On the whole we rate the National Family Planning Programme as having a slightly insufficient degree of developmental effectiveness (overall rating 4).

General conclusions and recommendations

- When implementing programmes with very different advisory approaches (sensitisation/communication and programme planning/management) the programme objectives can usually best be reached if specialised consultants are assigned for the different areas.
- Besides determining an appropriate target system and defining clear indicators it has to be ensured that the necessary management and data collection instruments to measure the achievement of the indicators are available or will be introduced or provided in the course of the programme.
- In many countries the existing structures in the public health sector are inadequate and the available funds are not sufficient to ensure the quantitative or qualitative expansion of the system including coverage of the required higher follow-up costs. In consequence, such programmes bear a high sustainability risk. If it is not possible to substantially reduce this risk by launching a sector reform programme the following alternatives should, among others, be considered:
  - Appropriate non-governmental organisations and para-statal and semi-autonomous structures (to the extent available) should be involved in the implementation of the programmes. (In parallel, efforts need to be made to ensure that the health policy is targeted at implementing fundamental structural improvements in the health sector.)
  - The programmes should aim at increasing the efficiency within the existing health care system in order to free up funds that can in the next stage be used to further expand the system.

Legend

Developmentally successful: Ratings 1 to 3	
Rating 1	Very high or high degree of developmental effectiveness
Rating 2	Satisfactory developmental effectiveness
Rating 3	Overall sufficient degree of developmental effectiveness
Developmental failures: Ratings 4 to 6	
Rating 4	Overall slightly insufficient degree of developmental effectiveness
Rating 5	Clearly insufficient degree of developmental effectiveness
Rating 6	The project is a total failure

Criteria for the Evaluation of Project Success

The evaluation of the "developmental effectiveness" of a project and its classification during the ex-post evaluation into one of the various levels of success described in more detail above concentrate on the following fundamental questions:

- Are the **project objectives** reached to a sufficient degree (aspect of project **effectiveness**)?
- Does the project generate sufficient significant **developmental effects** (project **relevance** and **significance** measured by the achievement of the overall development-policy objective defined

beforehand and its effects in political, institutional, socio-economic and socio-cultural as well as ecological terms)?

- Are the **funds/expenses** that were and are being **employed/incurred** to reach the objectives appropriate and how can the project's microeconomic and macroeconomic impact be measured (aspect of **efficiency** of the project conception)?
- To the extent that undesired **(side) effects** occur, are these tolerable?

We do not treat **sustainability**, a key aspect to consider for project evaluation, as a separate category of evaluation but instead as a cross-cutting element of all four fundamental questions on project success. A project is sustainable if the project-executing agency and/or the target group are able to continue to use the project facilities that have been built for a period of time that is, overall, adequate in economic terms, or to carry on with the project activities on their own and generate positive results after the financial, organizational and/or technical support has come to an end.