



1. Project Data:		Date Posted : 06/15/2004	
PROJ ID: P036038		Appraisal	Actual
Project Name: Population And Family Planning Project	Project Costs (US\$M)	US\$5.50 million	US\$3.14 million
Country: Malawi	Loan/Credit (US\$M)	US\$5 million	US\$3 million
Sector(s): Board: HE - Health (99%), Central government administration (1%)	Cofinancing (US\$M)	-	-
L/C Number: C3133			
	Board Approval (FY)		99
Partners involved : -	Closing Date	06/30/2002	12/31/2003

Prepared by :	Reviewed by :	Group Manager :	Group:
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2. Project Objectives and Components

a. Objectives

The objective of this LIL was to test the feasibility of a comprehensive Community -Based Distribution (CBD) approach to provision of Population /Family Planning services in three pilot districts through the public sector . Three neighboring districts were used as control areas . The goal was to increase the contraceptive prevalence rate for modern methods of family planning through increased knowledge, improved attitudes, and increased access .

b. Components

The four components of the project, with initial estimates of cost, were : (a) Community-Based Distribution of Contraceptives (US\$1.7 million). This component would support District Health Management Teams to recruit, train and supervise voluntary part-time CBD agents, train their supervisors, and provide allowances and transportation . The agents would provide family planning supplies, basic health and sanitation guidance, and referral to health centers for specialized family planning services . (b) Information, Education and Communication (IEC) (US\$0.6 million) This component would mobilize and sensitize communities, creating demand for family planning and other reproductive health services . It would support the development and production of appropriate materials, to be provided to the CBD agents, on family planning, sexually transmitted infections (STI) and AIDS; support for youth-related activities; and targeted IEC training for providers . (c) Strengthening of the Back-Up Support System (US\$2.4 million) Strengthen the capacity of skilled health workers and clinics to support the CBD agents through training, supervision, coordination, and provision of essential equipment and STI drugs, and support the Contraceptive Distribution Logistics Management Information System to ensure it provides information to evaluate workloads, training, and IEC programs, plus captures trends in new acceptors . (d) Training (US\$0.8 million) Training of CBD Agents, their supervisors, and family planning service providers, to expand the choice of family planning methods and provide a full range of reproductive health services .

c. Comments on Project Cost, Financing and Dates

The project was extended twice, for a total period of eighteen months . The objectives were not changed. US\$2.14 million was cancelled. Explanations for the under-utilization of funds include the deterioration in the value of the local currency (from 43 Kwacha to US\$1, to 120 Kwacha to US\$1), lack of counterpart funds which left some planned activities not implemented, and the fact that the project was over -costed.

3. Achievement of Relevant Objectives:

- All objectives were achieved; the project demonstrated that district -wide implementation of CBD activities to raise the contraceptive prevalence rate could be done successfully in Malawi .
- The CBD Agents made a significant contribution to change in the pilot districts . Initially the proportion of users who reported these agents as their source of contraception was 1% in both the pilot and control districts, but the end-project survey showed that, while this percentage remained the same in the control districts, it had increased to 24% in the pilot areas. This was accompanied by a significant shift from traditional to modern methods in the pilot districts.
- Efforts to mobilize communities, increase awareness, and change attitudes were effective . The demand for IEC materials was much higher than anticipated and created shortages .
- Clinical back-up was strengthened in health facilities in the pilot districts through training, provision of

equipment, and STI drugs.

- The training program met or exceeded all targets, with programs covering both technical and management issues.

4. Significant Outcomes/Impacts:

- In the pilot districts, 95% of the population had a positive view of family planning, compared with 81% in the control areas.
- The contraceptive prevalence rate in the pilot districts rose to 36% compared with 30% in the control areas.
- Almost twice as many CBD Agents were recruited and trained as planned (172 versus 100), with a very low rate of attrition. In addition, 270 Health Surveillance Assistants (HSA) were also trained, to act as supervisors of the Agents as well as being providers (in line with a newly introduced government policy to support CBD workers).
- Each of the CBD Agents exceeded the target of recruiting 200 new clients.
- An uninterrupted supply of contraceptives was effected.
- A popular program on reproductive health and family planning aired on national radio twice a week and was estimated to reach more than half the population of Malawi.
- 320 traditional and religious leaders were trained in leadership for reproductive health, shielding the project from adverse publicity and controversies.
- 65 peer educators were trained, and organized activities which generated strong support from the communities (i.e. youth forums, drama games, and Youth Friendly Health Services).
- Heavy investment in monitoring and evaluation produced baseline and end -project data which crystalized the lessons learned.

5. Significant Shortcomings (including non-compliance with safeguard policies):

- Implementation of the project highlighted the fact that paid CBD Agents could not be sustained for the long -term by the Ministry of Health. The role of the CBD Agents was therefore adjusted by incorporating opportunities for development of sustainable community-owned health care packages, to be delivered by the HSA and CBD Agents. The communities will design their own compensatory mechanisms.
- Although the number of CBD Agents trained far exceeded the target, it was insufficient and only 52-70% of the villages in the pilot districts were covered effectively.
- Coordination within the Ministry of Health was poor. The Project Steering Committee did not meet, leaving organizational issues unaddressed.

6. Ratings :	ICR	OED Review	Reason for Disagreement /Comments
Outcome :	Satisfactory	Highly Satisfactory	Project achieved, or exceeded, all targets set; design problems were identified and practical solutions developed.
Institutional Dev .:	Substantial	Substantial	
Sustainability :	Likely	Likely	
Bank Performance :	Satisfactory	Satisfactory	
Borrower Perf .:	Satisfactory	Satisfactory	
Quality of ICR :		Satisfactory	

NOTE: ICR rating values flagged with '*' don't comply with OP/BP 13.55, but are listed for completeness.

7. Lessons of Broad Applicability:

- A mistake was made in not discussing sustainability of the CBD agents with the communities at the outset, generating expectations which could not be met. The response by the Ministry of Health was tailored to the situation (with the decision to train more of their own staff (the HSA), and to develop sustainable community programs to support the CBD Agents.)
- Where there is a large unmet need for family planning, there is no need to wait until the rest of the health system has been fixed.
- A functional referral chain is essential in the design of CBD programs. While the CBD increased the number of clients, long-term and permanent methods of contraception (i.e. Depo Provera) are still obtained in health facilities. Efficient back-up services are therefore vital for the provision of comprehensive reproductive health services.
- Effective community mobilization through IEC and support supervision, rather than financial incentives alone, is essential for a successful CBD program in reproductive health.
- Putting in place a strong monitoring and evaluation program, with prompt feedback at every level and incorporating the CBD Agents, enables quick identification of needed adjustments.

8. Assessment Recommended? Yes No

9. Comments on Quality of ICR:

The ICR is sharply written, with the target and achievement data clearly presented. The government's comments provided a thorough complementary view. It would have been helpful to have all acronyms in the list of

abbreviations.
