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SUBJECT Project Evaluation Summary - Rural Health Delivery
Systems (0181), PES No. 79-5

REFERENCE

Attached is a copy of subject PES.

WRS
DIKEOS.

Attachment: a/s

PAGE 1 OF 1 PAGES

DRAFTED BY
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OFFICE
ODP

PHONE NO DATE
64-4011 05/09/79

APPROVED BY
William P. Schoux, ODP

AID AND OTHER CLEARANCES
None.

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PROJECT EVALUATION SUMMARY (PES) - PART I

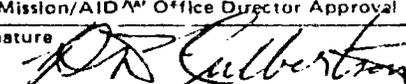
Report Symbol U-447

1. PROJECT TITLE Rural Health Delivery Systems	2. PROJECT NUMBER 525-0181	3. MISSION/AID/W OFFICE PANAMA
4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) most likely 12/78 DBS		
<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION		
5. KEY PROJECT IMPLEMENTATION DATES A. First PRO-AG or Equivalent FY <u>77</u> B. Final Obligation Expected FY <u>80</u> C. Final Input Delivery FY <u>81</u>	6. ESTIMATED PROJECT FUNDING A. Total \$ <u>18,180,212</u> B. U.S. \$ <u>9,500,000</u>	7. PERIOD COVERED BY EVALUATION From (month/yr.) <u>October 1976</u> To (month/yr.) <u>December 1977</u> Date of Evaluation Review <u>September 12, 1978</u>

B. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Review FAR/costs on aqueducts and allow for populations to be served outside of the 200 to 500 now approved.	H. Caudill J. Arroyo	3/31/79
2. Re-evaluate latrine program and make decision on use of all funds programmed for latrine construction.	Same	4/30/79
3. Develop final list of equipment for health facilities and give MOH procedures for purchasing.	H. Caudill	4/30/79
4. Prepare nutrition plan which will determine use of funds for gardens and small animal projects.	J. Arroyo	4/15/79
5. Prepare administrative plan which will show use of administration funds.	J. Arroyo	4/30/79
6. Revise financing procedure for health assistants to allow for better training conditions and strict accounting.	H. Caudill	4/15/79

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS <input type="checkbox"/> Project Paper <input type="checkbox"/> Implementation Plan e.g., CPI Network <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Financial Plan <input type="checkbox"/> PIC/T <input type="checkbox"/> Logical Framework <input type="checkbox"/> PIO/C None. <input type="checkbox"/> Project Agreement <input type="checkbox"/> PIO/P <input type="checkbox"/> Other (Specify) _____	10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT A. <input checked="" type="checkbox"/> Continue Project Without Change B. <input type="checkbox"/> Change Project Design and/or <input type="checkbox"/> Change Implementation Plan C. <input type="checkbox"/> Discontinue Project
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11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles) Herbert Caudill, Jr., Project Manager, HRD, AID/Panama Jaime Arroyo, M. D., Director, Family Health, MOH	12. Mission/AID/W Office Director Approval Signature  Typed Name Robert E. Culbertson, DIR Date May 8, 1979
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PROJECT EVALUATION SUMMARY - PART II

13. SUMMARY

The objective of this project is an improved integrated rural health delivery system which will provide basic preventive and curative health services and adequate environmental health conditions for most of the marginal rural population of Panama. The project is designed to produce these results by constructing aqueducts, wells, latrines, and health care facilities; establishing vegetable gardens and small animal farms; by training health personnel; and by assisting in the administrative streamlining of the Ministry of Health (MOH) and the Social Security System (CSS).

The project's progress was slow during 1977 and remains behind schedule in some areas but has improved in others. Specifically, the construction, nutrition and administrative components are still behind schedule, but the environmental health and training components are almost on schedule. The conclusion of the Mission is that the project, in general, is progressing, but slowly.

Some recommendations are made below to accelerate the rate of this progress.

14. EVALUATION METHODOLOGY

An evaluation was conducted in September 1978 in order to measure the progress of the project against its targets. It was conducted by Dr. Félix Hurtado, of the Office of Research and Development, U. S. Public Health Service. He gathered the data by reviewing project documents and interviewing some MOH officials and AID/P personnel. This PES is based on Hurtado's findings.

15. EXTERNAL FACTORS

There have been no major external factors that would tend to have an impact on the project. The original assumptions are still valid.

16. INPUTS

Environmental health component:
Funds budgeted - \$5,045,000
Funds disbursed- \$1,668,000

The construction of aqueducts has progressed well. There are 125 aqueducts completed, accepted and reimbursed, and an estimated 80 others are being constructed. (Target of loan is 300 aqueducts:) The hand-pumped portion of the component is ahead of schedule. AID has reimbursed 249 wells, out of the target of 400. The remaining 151 are now either completed and awaiting final AID inspection, or are under construction.

After thorough discussions between AID and MOH, a revised latrine design resulted in a lower price of \$31.00 per latrine, instead of the original price of \$60.00. AID is discussing with MOH how to use the \$400,200 which were saved as a result of the less expensive latrines.

Equipment:

Funds budgeted	-	\$252,000
Funds disbursed	-	-0-

Although no funds had been disbursed as of this evaluation, an international bid was held on September 25, 1978. Purchase orders were issued on 8 of the 10 items on the bid. MOH has been slow, however, in undertaking the appropriate administrative procedures to obtain the two items that were not bid.

Construction component:

Funds budgeted	-	\$2,203,000
Funds disbursed	-	\$ 8,000

Although MOH has requested reimbursement for only two health posts as of this evaluation, there are 52 health posts, under construction, in addition to 8 health sub-centers (three of which are complete, but for which MOH has not requested reimbursement) and 1 health center.

There are also 3 major remodelings underway, which have been approved by AID.

Nutrition component:

Funds budgeted	-	\$1,020,000
Funds disbursed	-	\$ -0-

MOH was reluctant for a long time to proceed with this component because there was no full-time Director of Nutrition. A Director has finally been named, and he has submitted a plan of action which is being reviewed. It is anticipated that this component will begin soon.

Training component:

Funds budgeted	-	\$ 580,000
Funds disbursed	-	\$ 48,000

MOH began Health Assistant training courses in October of 1977. As of the date of this report, courses have been held or are being held in San Blas, Darien, Eastern Panama, Veraguas, Cocolé and Western Panama, and more courses are scheduled to start in 1979. There have been some problems in the reimbursement procedures which are being discussed by AID and MOH. Until now, reimbursement has been based on the assumption that students were receiving a fixed, monthly amount of money. An investigation revealed, however, that this had not been happening. As a result a new procedure is being worked out whereby MOH will submit receipts for actual expenditures related to the courses.

MOH has submitted the names of 12 candidates for the Masters of Health program. One of these candidates is in the U. S., and two

others are at the University of Antioquia, in Medellin, Colombia. The appropriate documents are being processed for the remaining candidates.

Administrative component:

Funds budgeted - \$ 400,000
Funds disbursed - \$ 28,000

So far, the technical services for this component--probably the most important of the project after training--have not been obtained. The funds have been used for small courses and conferences, which have contributed little to the objective of integrating the health systems of MOH and the Social Security System. MOH has requested and received assistance from the Panamerican Health Organization (PAHO) to develop and implementation plan for this component. The plan is to be presented to AID late in March 1979.

In December 1978, MOH hired an engineer to improve its management in the health facilities portion of the project. Loan funds are being used to pay him \$500 per month for two years, in addition to his monthly salary of \$1,000 from MOH.

17. OUTPUTS

Satisfactory progress is being made toward the achievement of the output targets for the environmental health and training components. However, the outputs for construction and nutrition are not on schedule.

Construction delays have resulted because MOH has lacked the organization to complete the work. Late in 1978, however, at the suggestion of the Mission, MOH established a new management system for this portion of the Project, which has already accelerated the construction work. MOH is also considering using technical assistance from the Ministry of Housing or the services of a private local contractor in order to complement MOH's efforts.

The reasons why little progress is being made in nutrition are that the Nutrition Department in MOH had no director until last October and that MOH had developed no implementation plan. The Mission believes that the Ministry should use the type of organization and technical assistance that is needed to accelerate the pace of work in this component.

The following table summarizes current status of outputs:

ITEM	TARGET FOR TOTAL DECEMBER 78	TOTAL PLANNED FOR PROJECT	NO. IN PROCESS (Under Construction or in Training)	NUMBER COMPLETED
AQUEDUCTS	100	300	90	125
WELLS	200	400	151	249
LATRINES	6,900	13,800	4,000	3,457*
HEALTH POSTS	90	225	52	2
HEALTH SUB-CENTERS	4	14	6	3
HEALTH CENTERS	1	4	1	0
NURSE AUXILIARIES	80	200	0	497
HEALTH ASSISTANTS	120	300	92	39
SANITARY TECHNICIANS	10	20	63	20
GARDENS STARTED	0	48	0	0
SMALL ANIMAL FARMS	0	75	0	0
MPH'S IN TRAINING	0	15	3	0

* Because of apparent discrepancies in some aspects of the project, the Mission requested an audit, which was conducted after this evaluation. The number of completed latrines eligible for reimbursement under the Project is one of the questions at issue.

18. PURPOSE

"To institutionalize an improved integrated low cost public health delivery system providing preventive and curative health care services and adequate environmental sanitation conditions to the marginal populations residing in rural areas."

The EOPS conditions are still valid, but it is doubtful that all of them will be realized by 1981 unless the recommendations regarding the construction and nutrition components mentioned in the outputs section are adopted.

In addition, the following is recommended:

Administration component:

MOH should begin identifying the administrative problems in the health sector and preparing an implementation plan for technical assistance. MOH has requested preliminary technical assistance from PAHO to establish a plan for more efficient administrative systems which will facilitate the integration of the health system.

19. GOAL

"Raise the health level of the Panamanian marginal population to acceptable standards."

Although it is obviously too soon to compare 1975 data to 1981 data, which will tell whether or not this project has had any impact on the conditions it is designed to ameliorate, it is already evident that the project has made some progress in those areas where water systems have been constructed (e.g., out of 300 planned aqueducts, 125 have been completed and 80 are being constructed; out of a targeted 400 wells, 249 have been completed and 151 others are either completed and awaiting AID inspection, or are under construction).

20. BENEFICIARIES

1. 50% of the rural marginal population who will have greater access to basic health facilities.
2. 70% of the rural marginal population who will receive potable water.
3. 83% of the rural marginal population who will have latrines.
4. 60% of the women of childbearing age in the rural marginal population who will receive professional services during childbirth.
5. 60% of the rural marginal population who will receive immunization.

21. UNPLANNED EFFECTS

Not pertinent at this time.

22. LESSONS LEARNED

1. Construction and design of health facilities should be simple, practical, and flexible to the needs and capabilities of each region.
2. The community must be involved from the very start and should be expected to contribute heavily in terms of those things that they can best contribute: unskilled labor, sand, gravel, etc.
3. The executing agency must take seriously the need to act immediately on promises made to the community. Otherwise, traditional distrust of government projects is reinforced, and it becomes harder to generate interest again.

23. SPECIAL COMMENTS OR REMARKS

not
attached
-DBS

Enclosed is the evaluation report by Dr. Felix Hurtado on which this PES is based.

An IIS investigation of some aspects of this project is now being conducted.