9310971 (16)
PD-AAD-274-A1

AID 1020-25 (10-70) REPORT U-446

PROJECT APPRAISAL REPORT (PAR)

PAGE 1

1. PROJECT NO.	2. PAR FOR PERIOD:	3. COUNTRY	4. PAR SERIAL NO.
931-11-580-971	12/71 TO 8/75	Worldwide	

5. PROJECT TITLE

Development and Evaluation of Integrated Delivery Systems (DEIDS)

6. PROJECT DURATION: Began FY 72 Ends FY 81	7. DATE LATEST PROP	8. DATE LATEST PIP	9. DATE PRIOR PAR
	12/71		6/1/73

10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: $	b. Current FY Estimated Budget: $	c. Estimated Budget to completion After Current FY: $

11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
American Public Health Association	AID/csd-3423

I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X) USAID	AID/W	HOST	B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
	X		Revise the PROP into PP terms. The PP should be structured to: A) limit the project to one field demonstration; B) Provide quick-responsive, short-term consulting services to assist Missions in carrying out health assessments and in developing/implementing minimal cost, health delivery systems. Such services to include health planning, project design, evaluation, administration, training, and other. C) Establish a core staff capacity (supplemented by short-term consultants) for assisting Ministries and Missions to evaluate health projects. Such capability would include preparation of evaluation guidelines, planning and directing evaluations and include developing measures of coverage, effectiveness, etc. TA/H would have to make a technical judgment that APHA is the institution which should develop that capacity. D) Establish an information network to disseminate information to the field on minimal cost approaches to the delivery of health services. It would be based initially on the state-of-the-art survey presently being conducted, supplemented by results of their evaluations and a review of current literature.	

D. REPLANNING REQUIRES REVISED OR NEW: [X] PROP [ ] PIP [ ] PRO AG [ ] PIO/T [ ] PIO/C [ ] PIO/P

E. DATE OF MISSION REVIEW

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE
Merrill M. Shutt, M.D. MMS 10-6-75

MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE
office
Lee M. Howard, M.D. 10/29

September 2, 1975

DEIDS PAR Review

I. New Actions Proposed and Requested as a Result of This Evaluation

A. TA/H should draft a new PP by December 31, 1975 for DEIDS which would be restructured to cover the activity now being pursued in Thailand.

B. Prepare a new PP for:

(1) Providing quick-responsive, short-term consulting services to assist Missions in carrying out health assessments and in developing/implementing minimal cost, health delivery systems. Such services to include health planning, project design, evaluation, administration, training, and other.

(2) Establishing a minimum core staff capacity (supplemented by short-term consultants) for assisting Ministries and Missions to evaluate health projects. Such capability would include planning and directing evaluations and include developing measures of coverage, effectiveness, etc. TA/H would have to make a technical judgment that APHA Is the institution which should develop that capacity.

(3) Establishing an information network to disseminate information to the field on minimal cost approaches to the delivery of health services. It would be based initially on the state-of-the-art survey presently being conducted, supplemented by results of their evaluations and a review of current literature.

C. In performing B. above, particular attention should be given to establishment of indicators of performance which will furnish a guide to subsequent evaluation.

II. Performance of Key Inputs and Action Agents

A key element in implementing the DEIDS project was the ability of the contractor, in cooperation with the Mission and Bureaus and LDCs to move ahead with sub-projects in each of the Regional Bureaus. Unfortunately, due to a variety of circumstances, this was accomplished only in the EA Bureau. It appears that it is not possible to identify which party or parties failed in this regard or whether the failure may have been in erroneous assumptions embodied in the project concept. At any rate, inputs were not delivered in accordance with the project concept to 3 of the 4 bureaus.

III. Key Output Indicators and Targets

The only output indicators identified in the PROP were 4 demonstration projects - one of each Regional Bureau. The outputs of the demonstration were to be information on the level of services provided, the costs and effectiveness of such services and information on feasible alternatives. Additional outputs were various reports by the contractor on annual conferences, special confere nces or workshops, and on activities. As there has been only one sub-project initiated under the project and as this sub-project has been in existence for a little more than 1 year, it is not possible to measure the output from this one sub-project at this time.

IV. Project Purpose

It should be noted that the original PROP was not prepared in accordance with logical framework. Therefore, it is somewhat difficult to obtain from the document a clear statement or understanding of the original purposes. The PROP did state "The objective of the project is to test feasibility of access to and acceptance of delivered services by a large majority of target population in defined study areas which permit: (1) observation and analysis of existing resources and management practices, (2) determination of feasible alternatives for reallocation of existing resources, and (3) testing evaluation of elementary, simple alternative delivery systems with the primary focus on receptive acceptability to women of reproductive age and children under 5 years of age." The PROP went on to state "The project seeks to establish the concept that a continuous testing and evaluation in a defined study area may serve as a guidance system for national planning of cost effective delivery systems."

Comment:

The PAR review revealed that a major "problem" for the project has been that the idea involved in the project was more quickly and widely accepted by the Agency and recipient countries than was assumed. Since the establishment of the project TA/H reports a large number of health projects have been initiated with AID assistance which appear to expand and strengthen "low cost health delivery systems." It appears that Agency personnel and LDC officials were more interested in pushing ahead with extension and improvement of health services than they were in supporting a test of the concept embodied in the original PROP. It is not clear whether these project initiatives include adequate attention to measurement, testing, and evaluation to meet the objectives of the DEIDS project, that is, a testing of the concept and a comparison of the levels of services delivered, cost, etc. It is also not clear as to whether these project initiatives meet the criteria for demonstration sub-projects specified in the DEIDS PROP, i.e., a large population, integration of

delivery services, delivery of services to 2/3 of the target population, the specific focus on women of reproductive age and children under 5 years of age.

PROP Amendment

The original project was amended in July 73, 18 months after the original project to "provide the Agency with the necessary technical assistance and resources to support a worldwide effort in expanding low cost health delivery system development and implementation of the present projects as well as to provide the Agency with the response capability to enhance the development of LCHDS in the LDCs and to build on new advances and developments in the development of LCHDS."

Comment

This amendment was a significant departure (and in effect created a new project) from the original concept of the project. It broadened its scope to provide assistance and direct linkages to all Agency health projects which were identified as LCHDS. Panel members representing the Regional Bureaus indicated that this activity was particularly relevant and important to their moving ahead with health activities in the LDCs. They stated that they found the service to be responsive, efficient and effective.

V. Programming Goal

As the project was not described in logical framework terms, it is not feasible to clearly distinguish between project purposes and the overall programming goal. The project did state that "The long range Agency purposes of improving the quality of human life by helping population to make better physical, social and economic adjustment to their environment and given the importance of the slowing population growth rates, reducing pre-school malnutrition and removing key biological barriers as a means toward these long range Agency goals, neither the means nor the end become realistic targets in the absence of assistance to effectively reach the target population."

Special Note:

The PAR Panel believes that particular attention should be given to reviewing the following in relation to the Thailand sub-project: (a) the appropriate sharing of project costs by population funds, and (b) the amount of attention given to and the level of services provided in the area of nutrition. These elements should be given particular attention at the next evaluation of the Thailand activity.

..2011-721)
x C

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY 76 to FY 7
Total U. S. Funding $3,270,000
Date Prepared:

Project Title & Number: Integrated Health Delivery Services

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
...om or Sector Goal: The broader objective to this project contributes: Improve the health status and thus the quality of human life of the populations of LDCs through assistance in health planning, integrated health delivery services and ...ents in the environment.	Measures of Goal Achievement: 1. Increase in age specific life expectancy. 2. Decrease in age specific mortality rates. 3. Reduction in age/parity specific birth rates.	WHO and LDC statistics.	Assumptions for achieving goal targets: 1. LDCs are interested in improving the health status of their population. 2. Assistance in health sector will be acceptable to the LDCs. 3. Assistance in the health sector will improve health status.
...or goal: To make basic health ser- particularly those related to MCH, ...on & family planning available & acceptable to majority of LDC populations at ...ble costs. Target is women of child- bearing age & children under 5.	1. Majority of target population in assisted LDCs are aware of and use the health system developed. 2. Programs developed are affordable to host country.	1. Surveys, project statistics, projects evaluations, facility records. 2. LDC evaluation and decision to retain or modify the developed system. Nationwide replication of major elements.	1. LDCs will build in evaluation techniques useful in making decisions as to design, implementation, or replicability. 2. The target group is the appropriate intervention point. 3. MCH, & nutrition are appropriate primary interventions to affect health ...
...se: ...Agency's capability to res- ...to request from USAIDs and ...essment, project design a ...evaluation of systems to ...ned health population and ...on services to a national majority the limits of national resources	Conditions that will indicate purpose has been achieved: End of project status. 1. Thailand sub-project proceeding as planned (see PROP) 2. By end of 1978 the Agency will have 24-30 delivery systems projects planned or implemented. 3. Guidelines for evaluation will be available for use by USAIDs and health planners in LDCs. 4. Concepts and experience distributed throughout AID-assisted countries.	1. Annual project review. 2. Consultant reports, resulting AID program documents. 3. Evaluation reports. 4. Host country documents; seminars and conferences.	Assumptions for achieving purpose: 1. The World Health Assembly resolution (May 1975) represents a growing political demand among developing countries for low cost health delivery systems. 2. U.S. Legislative emphasis, UNGA Kissinger committment, and AID policy support continued growth of delivery syste programs. 3. Evaluation techniques will allow comparisons of alternative health interventions.
...ts: ...1 project supervised (includes evalu- activity) ...chnical assistance provided to ...sting countries. ...uation guidelines developed for ...ble HDS (local and national system). ...ork established for information ...tion, analysis and dissemination, ...tion of needs & resources and for ...	Magnitude of Outputs: 1. 57 mm provided Thai project monitoring. 2. 226 MM for T.A. 3. 300 copies evaluation guidelines distributed by end of project. 4. State of art document by 3/1976 In-depth study of 6 affordable HDS by 6/77; channels established with 10 international agencies, 50 universities & 30 PVOs by 9/76; 1 overseas, 1 domestic conference annually.	1. Project statistics; project review; evaluation plan. 2. Consultant reports; AID reports; contractors' documents. 3. Guideline documents. 4. State of art report; contractor reports; conference reports.	Assumptions for achieving outputs: 1. AID and the Thai government continue support of the demonstration project. 2. Contractor can provide suitable consultants. 3. Evaluation technique can be agreed upon by AID and LDCs to permit guidelines to be prepared. 4. Other donors, universities and PVOs are willing to exchange information. Contractor can design suitable network.
...s: . Project monitoring-TA/H. . $3,270,000 for Contract Services . Provide access to contractor to AID ...rojects for analysis of health sys- ...ems including evaluation methodologie ...tor: 1. Core staff 2. Consultants 3. Sub contractors ...untry: Inputs will vary depending ... projects developed through the ...ing contractor and other resources.	Implementation Target (Type and Quantity) Budget Personnel Fringe Benefits Consultants Travel & Per Diem Supplies Printing Contract Services (Computer) Other Direct Costs Overhead Total	Year 01: 291, 87, 182, 169, 9, 15, 10, 33, 262, 1058 Year 02: 310, 93, 175, 175, 8, 12, 10, 35, 279, 1097 Year 03: 322, 97, 166, 173, 7, 10, 10, 39, 291, 1115	Assumptions for providing inputs: 1. Congress will make funds available. 2. Contractor can provide required services. 3. LDCs are willing to support affordable health systems.