

FD-1011-025
CLASSIFICATION 6490102/15
PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U-447

<p>1. PROJECT TITLE</p> <p>Rural Health Delivery Project</p>	<p>2. PROJECT NUMBER</p> <p>649-0102</p>	<p>3. MISSION/AID/W OFFICE</p> <p>Somalia</p>
<p>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) FY 83-3</p>		

<p>5. KEY PROJECT IMPLEMENTATION DATES</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">A. First P/O-AG or Equivalent FY <u>79</u></td> <td style="width: 33%;">B. Final Obligation Expected FY <u>85</u></td> <td style="width: 33%;">C. Final Input Delivery FY <u>85</u></td> </tr> </table>	A. First P/O-AG or Equivalent FY <u>79</u>	B. Final Obligation Expected FY <u>85</u>	C. Final Input Delivery FY <u>85</u>	<p>6. ESTIMATED PROJECT FUNDING</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">A. Total</td> <td style="width: 50%;">\$ 20,405</td> </tr> <tr> <td>B. U.S.</td> <td>\$ 15,249</td> </tr> </table>	A. Total	\$ 20,405	B. U.S.	\$ 15,249	<p>7. PERIOD COVERED BY EVALUATION</p> <p>From (month/yr.) <u>June 1979</u></p> <p>To (month/yr.) <u>April 1983</u></p> <p>Date of Evaluation Review <u>May 18, 1983</u></p>
A. First P/O-AG or Equivalent FY <u>79</u>	B. Final Obligation Expected FY <u>85</u>	C. Final Input Delivery FY <u>85</u>							
A. Total	\$ 20,405								
B. U.S.	\$ 15,249								

8. 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, P/O, which will present detailed request.)

A.	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Revise Project implementation plan	MSCI	6/30
2. Develop clear educational and experience criteria for Contractor faculty and review the employment of current faculty against these criteria.	USAID & MSCI	6/30
3. Provide a detailed plan for construction, equipping, supplying and staffing fifteen Primary Health Care Units.	USAID/MSCI/MOH	6/30
4. Plan development and implementation of health information and planning system.	MSCI & MOH	7/15
5. Develop maintenance and vehicle allocation plan.	MSCI & MOH	6/30
6. Assess the need for Ministry of Health technical and professional strengthening.	MSCI & MOH	7/15
7. Produce Project work plan.	MSCI	6/30
8. Assess and adopt curricula content and design, training methodologies, competency testing standards, student selection criteria and training schedules.	USAID/MSCI/MOH	7/15
9. Produce revised Project financial plan.	USAID	8/30
10. Initiate periodic tripartite coordination meetings between USAID, Contractor and MOH.	USAID	6/15
11. Review performance of all Contractor support personnel to determine their suitability and need for changes in supervision system.	USAID & MSCI	6/30

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

<input type="checkbox"/> Project Paper	<input checked="" type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify)
<input checked="" type="checkbox"/> Financial Plan	<input type="checkbox"/> P/O/T	
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> P/O/C	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> P/O/P	

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

A.	<input type="checkbox"/> Continue Project Without Change
B.	<input type="checkbox"/> Change Project Design and/or
	<input checked="" type="checkbox"/> Change Implementation Plan
C.	<input type="checkbox"/> Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Name and Title)

Charles Habin, USAID Project Officer
 Dr. Qasim Egal, MOH Project Director
 John Cipolla, MSCI Team Leader

12. Mission/AID/W Office Director Approval

Signature Gary Nelson

Typed Name Gary Nelson

Acting Mission Director

Date 6/28/83

13. Summary

Summarize the current project situation, mentioning progress in relation to design, prospects of achieving the purpose and goal, major problems encountered, etc.

Discussion

The 5-year Project was established: to deliver primary health care services to both rural settled and nomadic population groups in four areas of Somalia; to establish a training program capable of educating enough primary health care workers and supervisory staff for the entire country; and, to develop a primary health care program model that would be replicable throughout Somalia. The evaluators strongly believed: that there was a need for primary health care manpower development and that this Project should focus on the development of training centers at Baidoa and Burao as national training centers; that a training program responsive to the specific primary health care needs/should be implemented; that training staff should be provided with appropriate training resources; and, that there should be a proper setting for the practice of clinical aspects of learning during training.

The evaluators found that the Contractor's technical staff has on the average met Project targets and that progress is being made in each of the training areas. The curricula developed and used by the training staff, however, was not viewed as technically sound, but as more of a topical outline.

Problems were viewed to be caused partially from the fact that the job and other qualification criteria developed and approved by the Ministry of Health, for each cadre to be trained, was not known by the Contractor's technical advisors. Although training manuals for health workers of different cadres were developed, they were seen as in need of revision, editing, adaptation to the Somali culture and environmental conditions, and lacking necessary details. Some of the problems impacting on the quality of training and training programming were caused by the quality of some of the technical staff, according to the evaluators.

The evaluation noted that the Project-inspired Ministry of Health Primary Health Care Program has: established a primary health care supervisory and managerial structure at the regional level to work with the national, regional and village primary health care efforts; created a nationwide training program for health workers; and established primary health care unit level care as a fundamental feature of the national health plan.

Some of the major problems encountered by the Project, as determined by the evaluators, have been: 1) delays caused by USAID Mission and Ministry of Health in some critical aspects of the Project implementation schedule, such as unforeseen delays on the construction of training centers and primary health care units; 2) USAID Mission's inability to procure in a timely manner commodities such as drugs and school and teaching supplies; 3) inability of the Contractor to field a team from the time the Project began; 4) inability of the Contractor to provide qualified professionals to carry out effective training; and 5) inability of the Contractor and Ministry of Health to establish

rapport and an effective working relationship between themselves.

The evaluation report proposes several ways to make the training program and technical assistance more effective. It recommends more structure, improved qualifications of professional staff and frequent coordination contact between the Ministry of Health, the Contractor and USAID.

14. Evaluation Methodology

What was the reason for the evaluation, e.g., clarify project design, measure progress, verify program/project hypothesis, improve implementation, assess a pilot phase, prepare budget, etc.? Where appropriate, refer to the Evaluation Plan in the Project Paper. Describe the methods used for this evaluation, including the study design, scope, cost, techniques of data collection, analysis and data sources. Identify agencies and key individuals (host, other donor, public, AID) participating and contributing.

Discussion

The internal evaluation was conducted by AID/W and outside consultants. Its purpose was to review progress to date and make recommendations to possibly modify Project design and Project implementation. The procedure followed involved a review of the Project Paper and documents in the USAID Mission file, Contractor technical and work plans and reports, procurement documents, technical contracts, and work plan directives and reports issued by the Ministry of Health, Primary Health Care Program. Discussions were held with the Vice Minister of the Ministry of Health, the Director General of the Ministry of Health, the Director of the Primary Health Care Program and staff, Contractor team members, the WHO representative and USAID Mission staff. Also, field visits were made to Project areas in and around Baidoa, Burao and Mogadishu.

15. External Factors

Identify and discuss major changes in Project setting, including socioeconomic conditions and host government priorities which have an impact on the Project. Examine continuing validity of assumption.

Discussion

There have been no significant external factors which constrained the Project. The delays which have occurred are internal to the Project.

Note: The following comment has been added to the PES by USAID:

The MOH incorporation of Primary Health Care as a major portion of their future planning occurred much more quickly than we had hoped and this should accelerate the program. Other donors have begun programs using this Project as a model so replication is occurring more quickly.

16. Inputs

Are there any problems with commodities, technical services, training or other inputs as to quality, quantity, timeliness, etc.? Any changes needed in the type or amount of inputs to produce outputs?

Discussion

Commodities

The commodity and supply inputs to the Project were initially to have been managed directly by the USAID Mission in order to ensure prompt action. The commodities and supplies that were procured by USAID have been received. However, the condition and quality of some commodities procured, such as vehicles, proved to be poor and unsuitable to Somalia's conditions.

There were several categories of essential commodities and supplies which were not ordered, such as drugs and medicines, equipment and supplies for health workers and training centers, because USAID had not prepared a commodities procurement plan nor had USAID taken any other action to determine the precise needs for these commodities. In recognition of this problem, the USAID Mission transferred the responsibility for procurement of commodities to the Contractor through a contract amendment in November 1982.

Training Program

Participant Training:

The Project allocated \$244,000 to fund four long-term and fifteen short-term participant trainees in the U.S. and a third country.

Total funds earmarked to participant training at the time of the evaluation was \$223,000. The USAID Mission had prepared six PIO/P's for academic training

in the U.S. The progress made on processing long-term academic training to the U.S. was viewed as excellent. The evaluators' conclusion was that a plan should be prepared between Contractor, USAID Mission and Ministry of Health for the remaining participant training program.

In-country Training:

The Project Paper allocated \$1,526,000 to provide for the orientation of tutors, retraining for trainers and basic training for health workers. At the time of this evaluation none of the proposed budget for this type of activity was earmarked.

The training activities set forth for Phase I were intended to produce tutors, trained supervisors (midwives and public health nurses), community health workers and traditional health attendants. The following is a list of health worker training completed at the time of the evaluation:

Tutors	13
Trainers	81
CHW's	18
TBA's	30
Orientation	<u>56</u>
Total	198

The evaluators reported that the curricula developed by the Contractor did not reflect a technical teaching document but rather a topical outline. The Contractor was unaware of the curricula developed and approved by the Ministry of Health.

The evaluation indicated that there was no evidence that the Contractor did a needs assessment in preparation for developing a curriculum nor did

they avail themselves of an opportunity to discuss nuances, ambiguities or misinterpretations of expressions or facts in the curriculum with their counterparts.

Training has been carried out in the field by each technical advisor using topical outlines as reading and teaching materials. At the time of the evaluation, manuals had not been distributed. Information indicated that the Ministry of Health was in the process of putting together a revised draft of the manuals. The evaluators recognized that in spite of the many difficulties encountered by the Contractor, the following were achieved:

- a number of primary health care workers were trained for the two Project regions and other regions as well.
- the trainees expressed satisfaction with the training.
- the training centers were designated national training centers by the MOH.

Construction

The civil works component includes the construction of two national Health Training Centers and technical assistance housing in Baidoa and Burao, sixty-four Primary Health Care Units and the renovation of sixteen District Health Centers in four Somali regions.

The Project Paper implementation plan calls for the completion of training centers, technical assistance housing, Primary Health Care Units and District Health Centers in Bay and Togdheer Regions / part of Phase I Project implementation activities (to November 1981). At the time of this evaluation (April 1983) the training of MOH personnel and housing of the technical assistance team were still located in temporary facilities. The training centers were being completed and the construction of fifteen Primary Health

Care Units and renovation of four District Health Centers was soon to begin. In view of the delay in implementation of the construction program, the Contract Team and the Ministry of Health has had to conduct training programs in the field in temporary facilities. According to the evaluators, the training program has suffered from the lack of adequate training facilities as well as the lack of practical clinical health training.

Technical Assistance

A total of 44.7 person years of technical assistance was planned for in the Project. According to the implementation schedule, an eight-person team was to begin work in the Ministry of Health and in the Bay and Toghdeer Regions in October 1979. It wasn't until October 1980 that the team arrived and not until one year later began teaching in the Bay and Toghdeer Regions. Amendment Number 5 to the contract in October 1982 added one position for an in-country logistics officer.

In reviewing the biodata for the technical assistance team, the evaluators reported that a few of the staff have outstanding qualifications for their assignments and met all of the criteria which were presented in the Contractor's Technical Proposal dated November 9, 1979. However, detailed review of the personnel records of the long-term and short-term Project personnel showed that many personnel who were presently working or who had worked on the Project were underqualified or marginally qualified for their assignments.

The evaluators indicated that the progress of the Project was poorly served by the uneven and apparently haphazard use of professional standards of training and experience in the selection of long- and short-term consultants.

Recommendations

The evaluators recommended that:

- a) Jointly, the USAID Mission and the Contractor should write clear educational and experience criteria for the Contractor faculty of the training centers and review the employment of current faculty.
- b) The Ministry of Health, the Contractor, the USAID Mission, UNICEF and other significantly involved organizations should act together to design curricula, adopt training methodologies, establish competency testing standards, design student selection criteria, and develop training schedules.
- c) The Contractor, MOH and USAID should promptly develop and implement a plan for the construction, equipping, supplying and staffing of the fifteen Primary Health Care Units to serve Bay and Toghdeer Regions. A plan should also be developed and implemented to construct/renovate the District Health Centers and to meet their equipment, supply and staffing needs.
- d) The Contractor should recruit a logistics officer with significant experience in primary health care systems and cold chain management.
- e) The USAID Mission and Contractor should assure that the new Chief of Party would be a health professional, trained and experienced in primary health care and health manpower training.

17. Outputs

Measure actual progress against projected output targets in current Project design or implementation plan. Use tabular format if desired. Comment on significant management experiences. If outputs are not on target, discuss causes (e.g., problems with inputs, implementation assumptions). Are any changes needed in the outputs to achieve purpose?

Discussion

The logical framework of the Project Paper lists three major outputs for the Project.

"CIW's workers and PHC tutors/supervisors trained and functioning in PHCP in four population groups"

The Ministry of Health Primary Health Care Program has selected and assigned staff to become Primary Health Care tutors/supervisors. These have been trained by the Contractor and are functioning as tutors/supervisors in two of the four population groups. At the time of the evaluation, training classes were being held in two of the four Somali regions. The training conducted was preparing primary health care nurses and nurse-midwives. To that date there were a total of 198 primary health care workers trained out of the 900 health care workers which the Project Paper called for.

The Project Paper called for primary health care workers trained and functioning in four population groups by April 1983. Most of the trained primary health care workers have not been placed in suitable primary health care program assignments as proposed in the Project Paper. The evaluators listed several reasons, two of which were: Primary Health Care Unit infrastructure was not established and commodities such as pharmaceuticals were not available.

Most of the primary health care workers trained returned to their original jobs and no follow-up and refresher courses were conducted. The evaluators strongly believed that Project-employed personnel could identify sites of assignment of nurses, midwives and sanitarians who had completed the Project's training program in Baidoa and Burao. However, the Project staff had no awareness of how the trained personnel were performing or precisely what they were doing in their assignment.

"Necessary facilities developed"

The Project Paper called for the construction and renovation of training centers, technical assistance housing, Primary Health Care Units, District Health Centers and health post. By year three of the Project, the Project Paper facilities plan anticipated two training health centers and technical assistance housing, thirty-two Primary Health Care Units and eight District Health Centers constructed and renovated. At the time of the evaluation, the two training centers in Bay and Toghdeer Regions were practically completed. Primary Health Care Unit design plans and construction bids process with the Ministry of Health were being discussed and were ready to be carried out. The latest information was that fifteen Primary Health Care Units and four District Health Centers would be constructed/renovated by the end of year three of the Project.

"Ministry of Health Infrastructure strengthened to support program needs and to replicate primary health care program throughout country"

The Project Paper called for a supervisory management system, systems for primary health care program planning, logistical support, information (data) system and health education installed and functioning, and Expanded Program for Immunization, Maternal Child Health, T.B. and Malaria programs linked with/ integrated into the Primary Health Care System.

At the time of the evaluation, the evaluators reported that there was some evidence that the Contractor had assisted the Ministry of Health on the conceptual development of the Primary Health Care System. Several discussions were held on health services, commodities and logistics, but there was no indication that issues relating to the development of a system for integrating existing services such as MCH, EPI and malaria control into the Primary Health Care Program were addressed by the Project.

In the area of health information (data) the Contractor and Project staff had collected reporting forms, reviewed the function and level of training of the Division of Statistics and conducted a sixty-eight-hour training course for thirteen statistical personnel. The Project had developed many forms for activity planning, reporting, patient records, birth and death, morbidity, and community and health facility assessment. However, the system of information (data) transmission collection and analysis was not functional.

Recommendations

- 1) USAID Mission should submit a request for a two-year extension of the PACD because of delays in training health workers and delays in the construction program.
- 2) The Contractor, Ministry of Health and USAID Mission should promptly develop and implement a plan for constructing, equipping, supplying and staffing the fifteen Primary Health Care Units and renovating District Health Centers.
- 3) The Contractor, with appropriate short-term technical assistance, should assist the Ministry of Health in the development and implementation of a health information and planning system.

18. Purpose

Quote approved Project purpose. Cite progress toward Each End of Project Status (EOPS) condition. When can achievement be expected? Is the set of EOPS conditions still considered a good description of what will exist when the purpose is achieved? Discuss the causes of any shortfalls in terms of the casual linkage between outputs and purpose or external factors.

Discussion

The logical framework of the Project Paper lists four verifiable indicators to measure progress toward the purpose:

1. "800,000 people in rural settled and nomadic populations being served by PHCP"

Progress toward the End of Project Status as stated in the Project Paper is that nine hundred primary health care workers will be posted in four Somalia regions within a two-phase implementation program in the five-year life of the Project. The evaluators have reported that 142 primary health care workers have been trained and have already been assigned to the field during the period of this evaluation. (A point of importance which was not clearly stated by the evaluators is that many of the primary health care workers trained by the technical assistance of this Project have been assigned to areas other than the four targeted Project regions and others were assigned to work only in the two targeted Project regions, Bay and Togdheer as part of Phase I Project Implementation.)*Furthermore, the evaluators have indicated that the Contractor has prepared two technical papers, "The Establishment of the Primary Health Care Delivery System of Somalia," and "The Infrastructure of the Primary Health Care Delivery System in Somalia" as a means to meet Contractor Project objectives in 1) assisting the Ministry of Health in the

*USAID comment.

conceptual development of the Primary Health Care Program, and 2) assisting the Ministry of Health in preparing the professional and supportive personnel required to direct, manage, and staff a Primary Health Care Program. Another technical paper was prepared by the Contractor: "An Anthropological and Epidemiological Health Perspective of Rural and Nomadic Populations in Somalia." This helped meet one Project end; supporting the task of developing an approach for delivering health services to nomads described in the Project Paper as one of the largest and most important tasks in the Project.

It did, therefore, appear that the end of Project target to provide health services to 800,000 people in rural and nomadic populations could be achieved in 1985.

2. "Decrease incidence of pertussis, measles, tetanus, and polio"

Very little progress could be seen in this area. The evaluators reported that the Contractor had made recommendations to the Ministry of Health as initial steps to combat childhood and adult diseases by establishing a reporting system of births and deaths as a mandatory measure and that the Ministry of Health adopt a list of 27 reportable diseases.

3. "Increase quality/quantity of water for human consumption"

This indicator was difficult to quantify at the time of the evaluation. As the number of trained primary health care workers increased, and materials, supplies and transportation became more available, the greater was the likelihood that improved sanitation standards would be seen and followed at the village level. The 142 primary health care workers trained and assigned had already begun to tackle the issue in some villages, and therefore, might have a significant

number of population concentrations maintaining water quality standards and quantity of water sources for human consumption by 1985.

4. "Ministry of Health willingness/desire to replicate PHCP in other regions"

The Ministry of Health has adopted the Primary Health Care Unit level of care as a fundamental feature of the National Plan (1980-85) of the GSDR and has plans for it to be implemented countrywide over time. This EOP was achieved beyond expectations much earlier than had been expected.

Recommendations:

1. The Contractor, Ministry of Health and USAID should promptly develop and implement a plan for the construction, equipping, supplying and staffing of the fifteen Primary Health Care Units to serve Bay and Toghdeer Regions.
2. The Contractor should assist the Ministry of Health in the development and implementation of a health information and planning system.
3. The regions of Bay and Toghdeer should be fully developed with primary health care services to provide optimal curative, preventive and promotive care and to provide a model of primary health care.

19. Goal/Subgoal

Quote approved goal, and subgoal, where relevant, to which the Project contributes. Describe status by citing evidence available to date from specified indicators, and by mentioning the progress of other contributing projects. To what extent can progress toward goal/subgoal be attributed to purpose achievement, to other projects, to other causal factors. If progress is less than satisfactory, explore the reasons, e.g., purpose inadequate for hypothesized impact, new external factors affecting purpose --subgoal/goal linkage.

Discussion

The goal stated in the Project Paper is "Improvement of health among Somalia's rural and nomadic population through a health delivery system (PHCP) reaching to village level." It was impossible at the time of the evaluation to comment very thoroughly on progress of goal achievement, since the Project had a slow start. There were various Project activities which had to be considered during the implementation phase. These were: the training component; infrastructure development; data and information system; and construction. Each of these components were in themselves full programs requiring intensive coordinated labor and planning which, as the evaluators pointed out, had seldom been conducted.

20. Beneficiaries

Identify the direct and indirect beneficiaries of this Project in terms of criteria in Sec. 102(d) of the FAA (e.g., (a) increase small farm, labor intensive agricultural productivity; (b) reduce infant mortality; (c) control population growth; (d) promote greater equality in income; (e) reduce rates of unemployment and underemployment). Summarize data on the nature of benefits and the identity and number of those benefitting, even if some aspects were reported in preceding questions on output, purpose, or subgoal/goal. For AID/W projects, assess likelihood that results of projects will be used in LOC's.

Discussion

The major implementation activity undertaken in the Project has been in the area of training primary health care workers and Ministry of Health administrative and logistics personnel. Training has been provided to 198 Ministry of Health staff through in-service training in Bay and Togdheer regions and in Mogadishu. Thus, the beneficiaries have been primary health care workers assigned to regional and field level positions. There has been no quantifiable indication that other recipients at the primary health care level are benefitting from the trained primary health care workers which were assigned to field positions. However, there were indications by observation only, that primary health care was being provided to children and mothers at the village level and that some villages had guidance and support to improve health status by the introduction of water quality and preservation, plus latrine construction and use during the practical training of primary health care workers conducted by the Contractor. This indication was not seen, however, to objectively measure whether the

Project goal/subgoal purpose was being achieved. The training activities so far undertaken and the benefits shown were basically a very minor Project achievement.

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NO. 20

22. Lesson Learned

What advice can you give a colleague about development strategy, e.g., how to tackle a similar development problem or to manage a similar project in another country? What can be suggested for follow-on in this country? Similarly, do you have any suggestions about evaluation methodologies?

Discussion

Several points of importance were revealed by the evaluators which were pertinent to the pace and effectiveness of Project implementation.

The most critical points concerned the contracting method and implementation planning. For a project such as this, where implementation consisted of applying methods and techniques to several distinct programs, a preliminary stage containing detailed implementation plan development should have been undertaken prior to deploying a force of manpower, materials and supplies.

23. Special Comments or Remarks

Include any significant policy or management implications. Also list titles of attachments and number of pages.

Discussion

The slow progress on this Project has resulted from management deficiencies in USAID, overconcentration of responsibilities in USAID and a lack of communication between the principle actors (USAID, the Contractor, and MOH). USAID undertook functions which it had inadequate staff to accomplish (procurement, construction, contracting, etc.) and the Project became a USAID project rather than a MOH project. Over the past 1 1/2 years, in order to hasten progress on the Project and to meet its acquired responsibilities, USAID spread action responsibilities over numerous offices and devoted a high level of Senior Management effort to bringing some order out of the chaos of two years of mismanagement. It appeared that there was reason for optimism that the Project was getting back on track.

The evaluators suggested 1) that the USAID Mission assign a project officer to manage, coordinate and monitor the Project contracts and technical assistance and that USAID should be discouraged from practicing task assignment to several project officers as a management method for this Project; and, 2) that the Contractor in consultation with the Ministry of Health and USAID Mission, develop a Project work plan and maintain a close, coordinated implementation effort with the Ministry of Health.