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THE DELIVERY OF PRIMARY HEALTH CARE SERVICES

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IN THE RURAL PHILIPPINES

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An Analytical Framework for a Comparative Analysis of the

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PANAY and BICOL Regional Projects

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Prepared by

Kenneth F. Smith

Project Management Consultant

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for

Dr. Lois Godiksen

Office of Evaluation
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FOREWORD

This report has been prepared to provide guidance in conducting a comparative study of the Bicol and Panay Integrated Primary Health Care Services projects, focussing on four basic questions:-

- Financial viability
- Institutional effectiveness and viability
- Effectiveness and sustainability of health workers. and
- Critical factors leading to success or failure

A companion report, subtitled "Towards a Comparative Analysis of the PANAY and BICOL Regional Projects", reviewed and summarized the information on the two projects which was available to AID/Washington. That report also outlined several analytical courses of action which could be pursued in terms of "health impact", "project accomplishment", "project process" and "development evaluation", together with the data requirements for each, the estimated resources required for obtaining it, and its probable utility.

A draft of that report was reviewed by Dr. Lois Godiksen, PPC/E, William R. Goldman, ASIA/TR/PHHR; Gary Cook, NE/TR (former Bicol project officer), and Dr. James R. Brady, M/PM/TD (formerly ASIA/TR), to determine the most appropriate course of action to take, given the various interests, data availability and prospects for obtaining more; resources to conduct the study, and the timing. It was reasserted that a report on the projects accomplishments, current status and future prospects would be of value to both the mission and AID/Washington. Knowing what was tried, what worked (and how), what might be transferable, as well as what issues still remain, has immediate practical utility in terms of follow-on activities in these areas, as well as more general interest in what elements and/or approaches might be applied in other situations (or avoided); i.e. lessons learned. It was recognized that there was neither sufficient data nor the resources to examine everything of interest, while realizing that there was probably a lot more information accessible to the mission than was available in AID/Washington. However, it was also agreed that an in-depth statistical evaluation was neither feasible, nor warranted, given the circumstances.

Thus, the scope of this report is limited to outlining the precepts for a special study which could provide some relatively rapid feedback on the above four primary areas of interest, the information necessary, and an estimate of the type of skills and level of resources required to conduct the study.

THE DELIVERY OF PRIMARY HEALTH CARE SERVICES
IN THE RURAL PHILIPPINES

An Analytical Framework for a Comparative Analysis of the
PANAY and BICOL Regional Projects

SUMMARY

The information provided by USAID/Philippines to AID/Washington - project documents, reports and studies - on the Panay and Bicol regional integrated health projects contains much useful background information and data on development, objectives and project implementation, and provides some invaluable insights upon which to build a special study. It is quite evident, however, that without additional information - both quantitative and qualitative - and follow-up with project participants, and some on-site follow-up and verification, the conclusions drawn from a secondary source documentary review could not possibly capture the essence of the projects in terms of AID's continuing interests regarding financial and institutional viability, institutional and individual health worker effectiveness or critical factors contributing to success.

Given these major areas of interest, and the quality and quantity of data which is likely to exist in the field, combined with the complexity and variety of project activities in each area, no attempt should be made for a rigorous statistical causal analysis or comparison of these projects. While the study should be bolstered by as much statistical evidence as is readily available, the objectives of this study can best be achieved through "rapid reconnaissance" techniques - group discussions with project participants (administrators, deliverers and target beneficiaries); interviews with key informants, and direct observation.

An interdisciplinary team of six persons, possessing skills in public health, public/development administration, sociology/anthropology, and economics/financial management, - all with prior working experience in or with AID, and familiarity with the Philippines - should be able to conduct such a study and provide a draft report with approximately a month of work in the Philippines. Their time should be allocated as follows:-

- one week to review project background data, formulate and refine approach, and develop itinerary for interviews and field visits. Also interview key informants in Manila.
- One week interview and observational visit in each region - Bicol and Panay (two weeks total)
- One week summary discussion, follow-up cross-checking with USAID and appropriate Philippine government counterparts, and preparation of draft report (in Manila).

Each aspect of the study is outlined in more detail on the following pages

FINANCIAL VIABILITY

The issue of financial viability is an important, but often overlooked aspect of a project, during the early stages of project development and implementation. The donor provides the wherewithal to get the project started, and it is usually assumed that the availability of these funds will be sufficient to ensure their utilization during the project's active externally funded life. While economists always ask about the long term "maintenance" cost implications of AID-assisted projects, their concerns are usually met with optimistic assumptions of self-sustaining systems, or the intent to find "other donors" to continue the work, once it has been begun; especially after it has been demonstrated how worthy the project's objectives are, from either an economic or social standpoint. As the instigator donor's term of assistance draws to a close, the question takes on greater import, and the issue must be addressed for the project to be sustained.

In both the Bicol and Panay situations, the project designers were far-sighted enough to anticipate that their projects would eventually reach the maintenance stage, and built in a procedure whereby the local government entities would gradually take over the funding of all required expenses to maintain the existing health delivery system network that had been established. Apart from mentioning that most, if not all, local communities have agreed to incur this follow-through obligation, the project documentation provided to AID/Washington contains no evidence - quantitative or qualitative - of financial viability when AID support is withdrawn.

There were some funding problems noted during implementation however, both in the utilization of available funds, as well as in the transition from external aid to self-support. While there is little, if anything that can be rectified at this late date in terms of actual funding amounts for project activities, a closer examination of the funding approval and disbursement process - with a view to identifying systemic impediments - could be beneficial for subsequent projects. Furthermore, although the local governments have taken on additional financial obligations by agreeing to support the health projects in their areas, a fuller awareness of what this entails, financially, may also be useful for them and others who might be interested in adopting a similar approach.

Information Requirements

Essentially, three general aspects of the financial picture should be reviewed:-

- The funding/disbursement process, and accounting practices
- The expenditures of the health system to maintain it "as is"
- The income that can be expected in those areas which have a health system in operation

On the process and accounting practices aspect, an analyst should attempt to obtain an overview of the way in which money moves through the system - the various steps involved, the justification required for each step (in terms of documentary support and signatures), the time that is involved, and the bookkeeping practices. The adequacy and capability

of the existing staff to handle the workload at each level, and the levels of accuracy maintained in the past. The reasons for the difficulty in developing and processing reimbursement requests between USAID and the Philippine government should also be reviewed for possible improvements in the process for subsequent projects.

In looking at the expenditure burden which the local governments are assuming, an analysis of historical line-item costs would be useful. These would include the amount and percentage of available funding which went for:-

- Personnel costs, further sub-divided into:-
 - salaries of field workers (BHAs, BHWs)
 - intermediate level technical staff
 - administrative and supervisory management and support staff
- Equipment (depreciation costs) and expendable supplies
- Maintenance costs for vehicles, facilities, utilities, etc.
- Other operating and administrative expenses (travel, per diem, honorariums, etc.)
- Training, and promotional materials
- New equipment acquisition costs - in the event that some continued expansion is anticipated (in such areas as environmental sanitation, for example)

Finally, the past, and anticipated income sources should be studied in terms of:-

- Amounts from each source
- Consistency of amount - or variability
- Regularity of receipt by the project's coordinating office (i.e. is it appropriated and allocated on a cyclical basis or is it received only irregularly. Upon whose initiative is this dependent? The donor, the recipient, or "the system"?)
- Timing of receipt - distributed evenly throughout the year, in periodic lump sums, or irregularly.
- Is income related to project needs, or contingent upon the ability of the donor to provide at various times in particular amounts?

- Cash flow - is there enough income on hand to meet continuing project activity requirements, or is project activity often curtailed or delayed because of lack of timely funding?
- In the past, and currently, are project personnel payrolls being met in a timely manner, or are substantial delays still being encountered?
- Is the Barangay Fund for small health project activities in the Panay Project being utilized effectively, or are there problems in either concept, or procedures?
- What percentage of the funding entity's monies are being allocated to the integrated health project?
- Are income totals sufficient to meet a stable, or expanding, integrated health program?
- What other "competitive" activities are there, and what is their priority compared to integrated health program maintenance.
- What other potential sources of income exist - i.e. local taxation, fee for service, compulsory health insurance, regional, or national grant, subsidy, etc.?

Obviously, it is not possible in a short time to conduct a census of the foregoing questions in every Municipality in which the project is currently operating. Such is not necessary however. A purposive survey in each region, starting with the regional project office and following up with several selected Municipalities should be sufficient to get the flavor of what the financial process is, and what the prospects are for financial viability.

Skills and Resource Level Requirements

Financial management and accounting is a highly specialized field, and a study such as outlined above would best be undertaken by an individual (or individuals) well versed in such practices and procedures. An auditor, accountant, controller or financial analyst would be most appropriate for such a task, although the generally negative image of an auditor/inspector general examination might create the wrong impression of what is being undertaken. A public administrator with a financial management background could address most of these issues - particularly the systems issues - but would probably need to be supplemented by an accountant/auditor for a complete financial viability assessment.

In any event, I would recommend that the task be undertaken by a Philippine national, and as soon as possible. Although the results of the study will be useful for the team, this is one aspect that can be conducted relatively independently of the other team members. One possible approach would be a short-term contract with a reputable Philippine management/auditing firm, such as Sycip, Gorres and Velayo (SGV) in Manila.

The data and information, while not available in the project documentation submitted to AID/Washington, should be readily available in the project offices in Manila, Naga, Iloilo; as well as the municipal treasurers offices in participating municipalities. A review of existing records and interviews with key informants should provide a sufficient basis upon which the entire study team could reach an assessment regarding prospects for general project financial viability.

Approximately eight person-weeks of effort would be required to carry out this phase of the study - to go into some depth with respect to the overall system at the regional level, and then sample several selected municipalities - from those reputed to be providing "good" support, "poor" support, and some on some other meaningful basis. (Failing agreement on what might be purposive categories, several municipalities could be selected quite at random.) If an organization was contracted to do this study, the overall time could be foreshortened by having several of the municipalities interviewed concurrently. It would not be necessary for the same individual to conduct each interview and record examination.

An individual should be able to cover two to three municipalities per week, depending upon accessibility and available transportation. Allowing one week each for Manila, Naga and Iloilo level reviews, plus a week for preparing a summary report, this schedule would permit eight to twelve additional municipalities to be visited. This should be sufficient for our purposes.

The importance of financial viability cannot be overstressed, for without financial support, no health program will continue, no matter how worthy its objectives. Before attempting to expand, or replicate the program in other areas, project officers should be aware of, and in a position to provide guidance on the cost of supporting health workers, procurement and delivery of supplies, and maintenance of health facilities. For the targetted area, AID should determine whether it has indeed made a lasting contribution, and that the health aspirations of the population will continue to be met after the termination of AID assistance. If there is no follow-through, and the network of personnel, services and supplies disintegrates - either abruptly, or gradually, the targetted population may, in effect, be worse off than before - having been placed on the road to greater awareness and better health care, then denied access.

Comparative studies of costs between different municipalities may also reveal areas where cost efficiencies can be introduced, or methods utilized for raising more funds to support the program. Thus, the time devoted to gathering such information will be well spent.

It would be preferable if this study could be completed, or at least in progress (and in a position to provide preliminary findings) by the time the other members of the study team begin their work.

INSTITUTIONAL EFFECTIVENESS AND VIABILITY

"Nothing is more difficult to carry out, nor more doubtful of success, nor more dangerous to handle, than to initiate a new order of things." So said Machiavelli many years ago - but in development work, we are still trying.

Both the Bicol and the Panay integrated health projects attempted to accomplish similar objectives - namely, to improve the health status of the relatively poor, and predominantly rural communities - by similar means. A principal difference between the two projects (at least in the planning stage) was the administrative structure for managing, monitoring and funding them. While both were to be 'integrated', necessitating coordination and cooperation with a plethora of organizational entities at all levels, from national to barangay, the arrangements were different in each case. The Bicol project relied upon the regional Ministry of Health office (itself a field office of the national ministry program structure) to be responsible for the program, serve as the 'lead agency' for implementation, and coordinate with other organizations as necessary. The Panay project, on the other hand, was to be much more closely managed and monitored by the regional office of the National Economic Development Authority and the Regional Development Council, composed of provincial governors, city mayors and regional directors of national agencies which were operating in the region. Thus, although the Ministry of Health was involved in the Panay project, it was in a different role than in the Bicol, and local political will was planned to play the 'lead'.

These projects were to interact with established organizations, and also some new committees which were created for the sole purpose of dealing with the projects and their activities.

Nothing ever works out exactly as planned, and there is some evidence in the project documentation that these projects were no exception. There is some indication that the Ministry of Health did not participate to the extent anticipated, at least in the early phases of the project. There were also other indications that the projects did not address their complete charters equally - giving more attention to some aspects, such as environmental sanitation, than others; that there was some overlap with single-purpose organizations operating in the target area, and in general, that things might have been somewhat less integrated in reality than was anticipated in the planning.

Much of this is to be expected, and is mentioned merely for awareness, not criticism. What is important at this stage, however, is to assess whether one approach was discernibly more effective than the other; clarify the current institutional arrangements which have evolved from several years of experiment and operation, and weigh these factors and trends in terms of continued project sustainability and longevity.

Information Requirements

'Effectiveness' and 'Viability' are two separate issues. While they are both concerned with the Institutional aspect, and may be examined

by the same individual analyst, the questions to be posed for each are quite different, for the most part.

For effectiveness, the single most important issue is whether the project, however organized, was able to deliver the goods and services to the target area that it was established to do. Pages 65 - 67 of the companion report "Towards a Comparative Analysis of the PANAY and BICOL Regional Projects" list these targets for each project - extracted from their Project Papers and supporting documentation, as follows:-

<u>Indicator</u>	<u>Bicol Target</u>	<u>Panay Target</u>	<u>Source of Data & Means of Verification</u>
# targetted barangays - classified as most depressed'	400	600	Project records Site visits - sample survey
# barangay health aides/workers recruited, trained, equipped and deployed	400	600	Project records Site visits - sample survey
# barangay development centers established from local funds	400	N/A	Project records Site visits - sample survey
# regional training teams organized and institutionalized	1	1	Project records Site visits
# new barangay health stations constructed	9	N/A	Project records Site visits - sample survey
# municipal health centers renovated	7	N/A	Project records Site visits - sample survey
# municipal health center extensions constructed	52	N/A	Project records Site visits - sample survey
# city health center extensions constructed	3	N/A	Project records Site visits - sample survey
# regional and provincial laboratories upgraded and equipped for bacteriological and chemical analysis of water	3	4	Project records Site visits - sample survey
# barangay drugstores established and stocked with basic medicines and supplies	400	600	Project records Site visits - sample survey

<u>Indicator</u>	<u>Bicol Target</u>	<u>Panay Target</u>	<u>Source of Data & Means of Verification</u>
# community-type water supply facilities constructed	1,266	N/A	Project records Site visits - sample survey
# 'appropriate' barangay domestic water supply facilities constructed (chlorinated)	400	N/A	Project records Site visits - sample survey
# cooperative associations to own, operate and maintain community water facilities. Determine and collect fees monthly, and remit to municipal treasurer	400	N/A	Project records Site visits - sample survey
# households with chlorinated drinking water	64,000	N/A	Project records Site visits - sample survey
# drilled deep wells constructed	N/A	560	Project records Site visits - sample survey
# driven shallow wells constructed	N/A	1,200	Project records Site visits - sample survey
# open dug wells improved	N/A	5,400	Project records Site visits - sample survey
% households with an 'adequate' supply of improved quality' water	N/A	80	Project records Site visits - sample survey
# water-sealed toilets constructed	32,000	40,000	Project records Site visits - sample survey
% water-sealed toilets used regularly	N/A	75	Site visits - sample survey
% population using satisfactory toilets	50	N/A	Site visits - sample survey
% families in barangays with blind drainage systems	100	N/A	Site visits - sample survey
% households using 'sanitary waste disposal facilities' unclear what is encompassed by this definition	N/A	60	Site visits - sample survey
% targetted households using 'recommended health practices'	90	N/A	Site visits - sample survey

<u>Indicator</u>	<u>Bicol Target</u>	<u>Panay Target</u>	<u>Source of Data & Means of Verification</u>
# school toilets constructed	400	N/A	Project records Site visits - sample survey
% communal school toilets maintained by the barangay	100	N/A	Site visits - sample survey
# rural health units supplied with vaccines and TB drugs	N/A	100	Project records RHU records Site visits - sample survey
% target population immunized with BCG and DPT	N/A	70	Project records RHU records Site visits - sample survey
# school entrants immunized with BCG	37,480	N/A	
# school entrants immunized with TOPV - trivalent oral polio vaccine	14,560	N/A	
# infants immunized with BCG	29,120	N/A	
# infants immunized with DPT	28,120	N/A	
# persons immunized with CTPs	784,000	N/A	
# pre-natal cases immunized with tetanus toxoid	22,400	N/A	
% infants participating in nutrition programs	80	N/A	Project records Operation TIMBANG MOH & NNC records Site visits - sample survey
# infants participating in nutrition programs	N/A	10,000	
# family planning supply points, providing services and supplies	N/A	600	Project records Site visits - sample survey
% married women of reproductive age using family planning methods	40	38	Project records POPCOM records Site visits - sample survey
% local government entities completely funding all required expenses to maintain the existing health delivery system network established, on the termination of AID assistance	100	100	Project records Site visits to regional project offices and sample local government budget & fiscal offices - municipal treasurers, etc.

Some of these indicators have been reported upon quite regularly in the progress reports - particularly the environmental sanitation "hardware" aspects - number of wells dug, toilets installed, etc. Other items, such as the extent of target population involvement in immunization programs, nutrition programs and family planning, are not mentioned in the reports in any consistent way - nor indeed would it always have been practical to do so.

While not all of the target indicators listed were regularly reported upon, making it impossible for AID/Washington to analyze from the documentation at hand, it should be a relatively simple matter to ascertain the current status of these indicators, either from secondary sources in the Philippines, such as Rural Health Unit service statistics, Operation Timbang and POPCOM reports, records or special studies - or by conducting some selected site visits and utilizing rapid reconnaissance methods. If there is a major disparity between the recorded data and the impressions gained from judgemental site visits, a more formal sample survey might be warranted in order to ascertain the statistical probability of accomplishment of particular targets. For the most part, however, this should not be necessary.

An important consideration in evaluating 'actual accomplishment' v's 'planned targets' is that many of these targets may have been set at unrealistically high, or low, levels - due to inexperience in the actual operating environment. Thus, it is important also, to view the additive effect - i.e. what has been accomplished during the project's life over the base-line situation. In as much as there were other service delivery organizations at work in the project area at the same time, the project cannot necessarily take credit for all of the improvements. However, to the extent that change occurred, and the project was involved, a reasonable case may be made that, ceteris parabus, the project did have a discernible impact.

Other indicators of effectiveness are:-

- Funding levels sufficient to support the organization's personnel, and program operational needs
- Staffing levels in sufficient numbers, and technical competence, to undertake the organization's technical program and administrative management support in a timely and competent manner.
- External support by key personnel in the regional community - political, religious and socially active groups as well as individuals
- Acknowledgement, recognition and/or perception by peer service organizations - such as the Rural Health Units, POPCOM and Nutrition Council field offices, rural sanitation units, etc. - that the project was/is providing a useful service to the community
- Perceived effectiveness of the organization by the project's target clients, in terms of satisfaction with the services provided, and the personnel providing them.

Perception by non-involved organizations, and key personalities in leadership positions, that the organization is serving a useful function

As can be seen from this short-listing, most of these indicators of effectiveness are subjective, rather than objective. As such, there is likely to be a range of opinions expressed, which will require some skill in sifting to identify individual biases, and perhaps professional and/or internal territorial struggles. Cross-checking and validation of anecdotal information will not always be possible, but opinions widely held - whether accurate or not - will tend to persist, and contribute to the popular perception. This in turn will generate more support, or undermine the current support level, which will directly impact upon the organization's ability to be effective. Thus, although subjective, it would be a mistake to ignore such perceptions.

Skills and Resource Level Requirements

The foregoing investigation and assessment could be conducted quite effectively by a two-person team skilled in social science research methods such as a public/development administrator & sociologist/anthropologist. The advantage of two individuals is that they have an opportunity to cross-check their perceptions with each other to improve their questioning probes and temper their own professional biases. The presence of two different personalities during a key informant, or group interview, also tends to facilitate the flow of information.

Four weeks is probably the minimum time to conduct this qualitative assessment of organizational effectiveness, if key people were accessible at various levels, and travel is not too time consuming between project areas. Essentially, one week would be necessary for the two interviewers to become acquainted with each other, the project background, identify key informants at the first (i.e. regional) level, and establish a travel schedule and interview protocol. This would be done most effectively in Manila. Thereafter, one week of field travel and on-site visitation in the Bicol and Panay (two weeks total) would probably be sufficient, with a final week in Manila to collaborate in summarizing field notes and report writing. It would be most effective if the same team conducts the field study in both the Bicol and Panay, rather than separate teams for each, as subjective perceptions do not travel well, even between professionals.

Exact timing for such a study is difficult to estimate since the process is relatively open-ended. The greater the available time, the more visits, interviews and information that could be gathered. It is probable that diminishing returns would be realized after doubling the above schedule - with the possible exception of the report writing period. The more data one gathers, the harder it is to compile. Accessibility to knowledgeable individuals is the critical determinant in this interview process, and this can best be determined by knowledgeable personnel from USAID and the Philippine government. It would facilitate the process if the team were accompanied by, or included, an individual familiar with the project(s) - either a U.S. or Philippine national who could provide

access to appropriate individuals. as well as guidance and clarification to the 'outside' team.

The quantitative assessment of institutional effectiveness could be done independently - either gleaned from project records, or from a separate, special 'one-time' report, supplemented by secondary data which may be available from other, external organizations. Preferably, this should be done in the interim, before a formal team evaluation. The gaps remaining in the data could be added to the interview protocol, without any overall time or effort required. If this assessment is not done prior to the team's arrival, it would probably take them an additional week to gather and analyze.

Practically anything can be done for a short term, given sufficient resources and high-level attention. Long run viability is a different matter. For this, other indicators are important. As indicated earlier, access to continuous sources of funding in adequate amounts is one key factor. Other indicators (given a current effectiveness status) are:

- Ability to attract and maintain sufficient numbers of qualified technical and administrative personnel
- Stability of staffing levels, through continuous recruitment programs
- Continuous internal career development opportunities
- High personnel morale
- Ability to grow and provide additional outreach services to the same target communities, as needed, and to expand the current level of services to other communities within the geographic/political jurisdiction
- Ability to provide equal or better service to the target communities than "competitive" deliverers of similar services (i.e. single line agency services, and/or other volunteer organizations in the community)
- Ability to maintain a "reasonable share" of the potential activity in the area
- Ability to maintain high level political and peer organizational support for the program
- Ability to maintain high level of community satisfaction for the services provided, and meet the newly perceived needs of the community as they arise - i.e. flexibility

None of these indicators are reported upon, or even alluded to, in the the documentation furnished.

While these indicators examine a different facet of the institution, and tend to look towards the future, much of what is being sought depends upon the patterns and perceptions of the past, and current opinions.

Consequently, information from the financial viability assessment and effectiveness assessment will contribute to this assessment also. Other questions could be added to the effectiveness survey and gathered simultaneously, without any perceptible additional burden.

EFFECTIVENESS AND SUSTAINABILITY OF HEALTH WORKERS

Similar to Institutional effectiveness and viability, the key indicators in this area are as follows:-

Effectiveness

- Accomplishments, compared to the Plan
- Change in health status of the community served, compared with the base-line situation (i.e. reduction in incidence of communicable diseases, improvement in well-being of target population, improvement in level of environmental sanitation, enrollment in nutrition and family planning programs, etc.)
- Change in knowledge, attitudes and practices of the target population towards environmental sanitation, cause and effects of diseases/unsanitary practices, nutritional food awareness and consumption, etc.
- Local demand for health worker services in the targetted communities
- Self-perception of health workers
- Perception of clients/recipients and other target area residents
- Perception of peer service deliverers

Sustainability

- Adequate funding and administrative support for the health worker - salaries, equipment and supplies
- Acceptance by community
- Recognition by superiors, and peers that the program is important and the provided services are necessary and effective
- Career progression opportunities
- Continued professional training opportunities
- Recruitment potential in the area

As indicated earlier, "Accomplishments vs Plan" is partially available, but the other indicators have not been addressed in the documentation reviewed.

Skills and Resource Level Requirements

Investigation and assessment of the Health Worker aspect could be conducted by the same types of individuals as conduct the Institutional assessment, but would be more effective if they were supplemented by a Public Health Specialist. This is particularly desirable in conducting an on-site evaluation, by observation, of what has been accomplished, and in interviewing selected health workers and other health professionals.

While some additional questions need to be asked, and some additional sites (barangays) and individuals contacted, the process would be much as outlined earlier - a week in Manila for preparation, followed by a visit to each region for a week or two, emphasizing field visits to the selected barangays. I estimate that from one to three barangays could be covered per day by a team, provided they had their own transportation. It would also be desirable if one of the team members were a Philippine national; otherwise, the team should be supplemented by a knowledgeable individual, familiar with the local culture and dialect.

If conducted independently of the Institutional assessment, this activity could probably be done in a minimum of four weeks - (1 week Manila preparation, 2 weeks in the Regions, and 1 week for summary and assessment in Manila). If it is carried out by utilizing the same personnel as the the Institutional Assessment, but supplementing them with the Public Health specialist, then probably an additional two weeks (one in each region for barangay visitations) would probably be the minimum, or six weeks in all. As long as each specialized skill was represented on the team, it matters little who or what combination the evaluators are - American, Pilipino, direct-hire, contractor, public administrator/social scientist, and public health specialist. For follow-up action, however, it would seem expedient to include at least one Ministry of Health official as either an accompanying observer, or action member of the team. Similarly, within the Bicol and Panay regions, it would be desirable to make provision for a project representative to participate in the site visits and interview process, for at least part of the time.

CRITICAL FACTORS LEADING TO SUCCESS OR FAILURE

While there is no clear-cut predetermination of critical factors which contribute to the success of an integrated project of this nature, or which might contribute to its failure, several working hypotheses appear to be implicit in each project's formulation. For example, the concept of recruiting a health worker from the area, as opposed to 'importing' one from outside the barangay was originally built into both projects. Since this concept has been bandied about in other projects (i.e. Thailand and Korea) and since it was not rigidly adhered to in the Bicol and Panay situations, it might well be worth examining to see if there is any significant difference between the perceived performance of the two. Similarly, the concept of a mid-wife health provider, as opposed to a generalist health-facilitator could be examined. The emphasis upon preventive, as opposed to curative services should also be a fertile area for study. The provision of commodities along with technical assistance

is another highly debated area in the development assistance dialogue. Since the Panay project initially emphasized environmental sanitation and the provision of commodities, while this aspect of the Bicol's project was delayed, another opportunity presents itself for a comparative study, albeit impressionistic.

Other, major aspects to examine would be the organizational structure that was utilized to carry out each project - the one through the Ministry as a lead agency, and the other through the political, local governmental hierarchy. The organizational mode leads one to also consider the projects 'integrative' aspects - as compared to the single line agency delivery service. Was one approach perceived as more effective than another, and if so, why?

Skills and Resource Level Requirements

The foregoing issues, as well as others that might be identified by the evaluation team members, either a priori, or during the course of their field work, could be handled by individuals possessing the skills and attributes of the interdisciplinary team. In my experience, a closely knit team, working and travelling together for several weeks should be able to identify, investigate and reach some tentative conclusions about these issues concurrently with their other, on-going field work. Thus, no separate level of effort should be planned. It should be recognized, however, that such conclusions will be quite subjective, rather than statistically provable. Nevertheless, they should be of value in moving the debate forward with additional anecdotal evidence.

CONCLUSION

The financial viability study, and the gathering and analysis of data quantitative data for the institutional, and health worker effectiveness study should be set in motion by USAID/Philippines as soon as possible in preparation for the study team's visit.

Since much of the other information required is subjective, and is not available except by extensive travel in the field, the level of effort for the team depends upon the rapidity with which they can visit different sites, meet with appropriate individuals, assimilate data, and the extent of the coverage desired. My estimates are thus approximations, rather than absolutes, and should be modified by the Philippine Mission, as they see most appropriate. I suggest that four people for four weeks would be a minimum (excluding the financial viability study) and probably four people for eight weeks, or eight people for four weeks the maximum required to obtain and develop a meaningful, useful end product.

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