

CLASSIFICATION
PROJECT EVALUATION SUMMA-

PD - AAS - 267

13N
42484

1. PROJECT TITLE Health Development Planning and Management (HDPM) American Public Health Association		2. PROJ 936-5901.1	S&T/H/HSD
		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) 8-2	
		<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION	

5. KEY PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING	7. PERIOD COVERED BY EVALUATION
A. First PRO-AG or Equivalent FY <u>81</u>	B. Final Obligation Expected FY <u>86</u>	C. Final Input Delivery FY <u>86</u>	A. Total \$ <u>2,500,000</u> B. U.S. \$ <u>2,500,000</u>	From (month/yr.) <u>October 1981</u> To (month/yr.) <u>March 1984</u> Date of Evaluation Review

000186

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., program, SPAR, PIC, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Agreement with APHA on program budget for 4 and 5 that reflects evaluation recommendations.	ST/H/HSD:A Randlov APHA:Gerald	Oct. 1984
2. Issue PIC/T reflecting budget/program revisions.	ST/H/HSD/:A Randlov	Nov. 1984
3. Amend Co-operative Agreement Between A.I.D. and APHA	SER/CM APHA:Gerald	Nov. 1984
4. Completion of all significant research activities	V.W.I.	Oct. 1984
5. Start of On-Campus Training Program	V.W.I.	Oct. 1984
6. Develop Evaluation Plan for In-Service and On-Campus Training Programs	APHA/VWI	April 1985

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 checked="" type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	_____
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify) _____
<input checked="" type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	_____

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

A. Continue Project Without Change

B. Change Project Design and/or Change Implementation Plan

C. Discontinue Project

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

S&T/H/HSD: Donald C.E. Ferguson, Project Officer
 APHA/HDPM: Alfred Gerald, HDPM Program Director
 APHA/HDPM: Richard Thelwell, HDPM Project Administrator
 UWI/Jamaica: Leslie Robinson, UWI Pro-Vice Chancellor

12. Mission/AID/W Office Director Approval

Signature: *Ann Van Dusen*

Typed Name: Ann Van Dusen

Date: 11/1/84

/

PROJECT EVALUATION SUMMARY (PES) -- PART II

13. Summary

The Executive Summary of the attached Evaluation Report (pp. 1-6) details the current project situation and need not be repeated. The Office of Health concurs with the Evaluation Executive Summary.

The Health Development Planning and Management Project (HDFM) is an AID/Washington funded project contractually procured by means of a Cooperative Agreement with The American Public Health Association and Subagreements with the University of the West Indies and the University of Pittsburgh.

It consists of four major components:

- 1) On-Campus training of health managers and planners,
- 2) In-Service training of personnel in health ministries in four countries of the Caribbean region,
- 3) Provision of technical assistance in health management to Caribbean nations,
- 4) An applied health services research program.

The project has a five-year duration and began in October 1981 and will reach a PACD on September 30, 1986.

14. Evaluation Methodology

This evaluation was a regular, scheduled mid-term evaluation of the HDFM project. Its purpose was to measure progress, assess performance within project components, and provide information on which to base project course correction as needed.

The team consisted of a financial analyst/public health administrator funded by the PRITECH project, a management specialist and a university health sciences educator funded by the MEDEX project, and an A.I.D. direct-hire project design and health policy team member funded from A.I.D OE funds.

Methodology consisted of 1) extensive document study and review prior to, during, and after the field visits, 2) visits to the Cooperators (APHA, UWI and PITT), 3) field visits to UWI, St. Lucia, Barbados, Trinidad and Jamaica, 4) discussions and interviews at Ministries of Health in all countries served by the project, 5) interviews of mission staffs in Jamaica and Barbados, 6) review of financial records and reports at APHA, UWI, and in ST/H, 7) examination of project files and project products in Washington and the field, and 8) a series of indepth interviews with all project staff members.

15. External Factors

There were no major changes in project setting or government policies impacting on the major purpose of the project over the period covered by this evaluation.

16. Inputs

The delay in bringing a Research Officer into place and the uncertain and uneven quality of studies undertaken as part of the research component resulted in the evaluation team's agreement with the Project Officer who believed losses should be minimized by phasing out this component of the project.

Legal and procedural requirements of the University of the West Indies has resulted in slippage in initiating the On-Campus Diploma program. The original project design was unrealistic in its assumptions concerning teaching manpower requirements for the Diploma course.

The in-service component has had an over-generous resource allocation. To provide the On-Campus component with more adequate resources, reallocation of existing resources has been made in the activities budget. Scope remains essentially the same but a gradual phase-down of outside inputs over remaining project life has been planned.

17. Outputs

Research outputs have not been of quantity or quality sufficient to justify continuation. Phase-out of this component has been implemented.

The On-Campus component of the project has been delayed for a number of reasons. The Evaluation Report (pp. 28-32) discusses associated problems and difficulties and recommends a course of action (see Ferguson to Gerald letter of 6/1/84) with which the Office of Health generally concurs (pp. 33-34 of the Evaluation Report.)

18. Purpose

The project purpose is to establish at the University of the West Indies the sustained capability to work with Ministries of Health and other West Indian institutions within the region to:

- 1) Train health planners and managers,
- 2) Give technical assistance in health development planning and management to countries' governments and health sector institutions,
- 3) Conduct an applied health services research program () improve the delivery of services.

The third element--applied health services research has been phased out after the determination had been made that this component was consuming resources with rather limited returns on investment. Inasmuch as on-campus training, in-service training, and technical assistance activities gave evidence of return and value for funds invested, these components have been continued.

19. Goal/Sector Goal

The goal of this project is "to provide support to the governments of the West Indies to strengthen their capabilities to plan and manage health sector resources in order to improve the health of their populations." The goal and purpose of the project remains valid as do the basic underlying assumptions. Some modification of the OVI's and other aspects of the Logical Framework are called for however, and a Logical Framework revision included on pages 85-88 of the attached Evaluation Report details a more accurate reflection of what can be expected given experience and lessons learned to date from this project.

20. Beneficiaries

The beneficiaries of this project will be the people, governments and institutions of the Caribbean region through a project which satisfies the criterion of Sec. 104(c) of the FAA as a "measure(s) to improve management of health programs, and other services and suppliers to support health and disease preventive programs." Individual beneficiaries will be those receiving increased access, higher quality, more affordable or more efficient and effective health services in countries served.

21. Unplanned Effects

Unplanned effects cannot yet be assessed. Products produced to date have not had time to result in quantitative impact on the health sector.

22. Lessons Learned

It was evident to the project Officer that design of this project required greater detailed knowledge of higher level education in the Caribbean region. Procedural arrangements within Caribbean Universities and particularly within the regional and regionally supported University of the West Indies introduced constraints which could not be glossed over or ignored. These omissions have been rectified.

A second major lesson is that such projects cannot be managed by an AID/W Project Officer by remote control. The "filtration-factor" operating when reports are massaged at three levels before reaching the A.I.D Project Officer results in "straining-out" of needed information and particulars. Unless on-site field visits can be made twice yearly at least to the project site by the Project Officer, such projects are better managed by missions from inception.

23. Special Comments

The evaluation team's conclusions and recommendations are largely concurred in by both the Project Officer and the Office of Health. The majority of recommendations made will be implemented in coming months.

A copy of the Final Evaluation Report is attached.