

PD - AAS-311
ISN 42584

W.R. Brown

CLASSIFICATION
PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U-447

| | | | |
|---|--|--|---|
| 1. PROJECT TITLE Rural Health Support Project | | 2. PROJECT NUMBER 650-0030 | 3. MISSION/ADW OFFICE USAID/Sudan |
| | | 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) <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. Final PRO-AG or Equivalent FY <u>80</u> | B. Final Obligation Expected FY <u>85</u> | C. Final Input Delivery FY <u>87</u> | A. Total \$ _____ | B. U.S. \$ <u>18,063</u> | From (month/yr.) <u>9/80</u> | To (month/yr.) <u>1/85</u> |
| | | | | | Date of Evaluation Review <u>7/3/85</u> | |

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, PIO, which will present detailed request.) | B. NAME OF OFFICER RESPONSIBLE FOR ACTION | C. DATE ACTION TO BE COMPLETED |
|---|---|--|
| 1. Amend the PPS, logframe, Pro-ag, and Amplified Project Description to reflect the following changes. In the South: a. restrict project activities to Equatoria region; b. reduce resident TA staff to 6 persons; c. hire a long-term logistics advisor to be one of the resident staff; d. convert some short-term participant training funds to 2 long-term participant training programs; In the North: a. extend the PACD to Sept. 30, 1989; b. focus project efforts on MCH activities (ORT region-wide, EPI in pilot zones, and continued TBA training) and on improving the delivery of primary health care by developing systems of supervision and supplying drugs in rural areas on a cost-recovery basis; c. recruit a long-term logistics advisor; d. recruit a long-term ORT or EPI management advisor; e. stress community based primary health care activities; | R. Macken R. Greene AMREF AMREF AMREF AMREF R. Macken OAI OAI OAI OAI | 9/85 7/85 7/85 10/85 8/85 9/85 ongoing 8/85 11/85 ongoing |

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

| | | |
|--|---|--|
| <input checked="" type="checkbox"/> Project Paper Suppl. | <input checked="" type="checkbox"/> Implementation Plan a.o., CPI Network | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Financial Plan | <input checked="" type="checkbox"/> PIO/T | _____ |
| <input checked="" type="checkbox"/> Logical Framework | <input type="checkbox"/> PIO/C | <input type="checkbox"/> Other (Specify) _____ |
| <input checked="" type="checkbox"/> Project Agreement | <input type="checkbox"/> PID/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)

Richard Greene, Project Manager
Richard Macken, Project Officer
T. Eighmy, Evaluation Officer
Dr. Abdel Hamid El Sayid, GOS, Project Coordinator

12. Mission/AID/W Office Director Approval

Signature: *William R. Brown*
Typed Name: W. R. Brown, Director
Date: Sep 4, 1985

Continuation Sheet
Block 8

ACTION

| Responsible Officer | Date Activities to be completed |
|---------------------|---------------------------------|
|---------------------|---------------------------------|

- | | | |
|--|------------------------|---------|
| f. eliminate the planned health economist position; | OAI | - |
| g. provide short-term TA to back-up the MCH/FP advisor; | OAI | 10/85 |
| h. cancel the CDC pregnancy surveillance study; | R. Greene | |
| i. establish a Medical Education Training Unit in Kordofan; | OAI | 3/86 |
| j. delay full project implementation in Darfur Region until January, 86 (the project would support the establishment of a RPIU with LC budget prior to that time, if practical); | OAI | |
| k. restructure the health services in Kordofan Region to overcome the present split between curative and preventive services; | RMOH | 6/86 |
| 2. Conduct a budgetary analysis for the full Northern Component (Kordofan and Darfur) to determine if some of the funds removed from the AMREF contract should be added to the OAI contract; | R., Greene OAI | 8/85 |
| 3. Strengthen the Educational Development Center's capability to develop and revise curriculum and design training materials; | OAI | ongoing |
| 4. Amend PIO/T 3-30068 to incorporate the above changes into the the AMREF contract; | R. Macken R. Greene | 8/85 |
| 5. Amend PIO/T 3-20044 to incorporate the above changes into the OAI contract; | R. Macken R. Greene | 8/85 |
| 6. Transfer the funds which have been reduced from the AMREF contract and which have not been added to the OAI contract to the Pro-ag account; | R. Macken R. Greene | 8/85 |

Attachments:

Annex A "Rural Health Support Project Sudan: Report of the Mid-Term Evaluation"
John Snow Inc., (4/85), 165 pp.

LIST OF ACRONYMS

| | |
|--------|--|
| AMREF | African Medical Research and Education Foundation |
| CDC | Centers for Disease Control |
| CHW | Community Health Worker |
| CMOH | Central Ministry of Health |
| CP | Community Pharmacy |
| CPIU | Central Project Implementation Unit |
| EDC | Educational Development Center |
| EPI | Expanded Program of Immunization |
| GOK | Government of Kordofan - also GOE Government of Equatoria |
| GOS | Government of Sudan |
| HIS | Health Information System |
| HPMB | Health Planning, Management, Budgeting |
| HV | Health Visitors |
| LOP | Life of Project |
| LS | Sudanese Pounds (currency) |
| MA | Medical Assistant |
| MCH/FP | Maternal and Child Health/Family Planning |
| METU | Medical Education Training Unit |
| MOFEP | Ministry of Finance and Economic Planning (Kordofan) also MOFE - Ministry of Finance and Economics (National) |
| MOH | Ministry of Health |
| MOPS | Ministry of Public Services |
| NPHCP | Northern Primary Health Care Project |
| OAI | One America, Inc. |
| ORT | Oral Rehydration Therapy |
| PHC | Primary Health Care |
| PHCP | Primary Health Care Programme |
| PHCU | Primary Health Care Unit |
| PIU | Project Implementation Unit |
| PP | Project Paper |
| PPS | Project Paper Supplement |

LIST OF ACRONYMS (Continued)

| | |
|--------|---|
| RHSP | Rural Health Support Project Also - RHSP/N - Rural Health Support Project/North - RHSP/S - Rural Health Support Project/South |
| SMA | Senior Medical Assistant |
| TA | Technical Assistance |
| TBA | Traditional Birth Attendant |
| UNICEF | United Nations Childrens Fund |
| UNFPA | United Nations Fund for Population Activities |
| USAID | United States Agency for International Development/Sudan |
| VMW | Village Midwife |

13. Summary

The Rural Health Support Project was authorized in August, 1980, and designed to assist the government of Sudan to support its Primary Health Care Program (PHCP), which is the principal health activity in the rural areas. The project purpose is to strengthen the capability of the GOS, especially in the area of management, planning and budgeting, logistics and supply to improve the delivery of primary health care and MCH/FP services in project areas.

Since authorization, the project has experienced many delays in implementation. The most serious of these delays was in contracting. The contract for the Southern component was signed 20 months after project authorization while the contract for the North took 28 months. The contractors had difficulty fielding advisors. In the South, advisory positions were vacant for varying periods of time. In the North, while the Chief of Party (COP) arrived soon after contract signing the Regional Coordinator for Kordofan only arrived in the region in September, 1984.

Many of the problems which have hampered project implementation stem from an inadequate design. The major flaws in design were the lack of an overall strategy linking the diverse activities, insufficient emphasis on delivery of health services, and the failure to take into proper account the many environmental constraints to project implementation. In 1983, USAID undertook a revalidation study of the project, and subsequently a modified design was developed as a Project Paper Supplement (PPS). The major change was a reduction in the projects recurrent cost liability. The PPS, however, had an implementation plan with more than 100 activities identified. The long list of activities was an ambitious attempt to push the project along on a broad scale yet there was no significant effort to show how these activities could be prioritized, sequenced and made to complement each other using development guidelines and strategies. It was not clear how the output targets could be achieved within the existing LOP.

14. Evaluation Methodology

This is a scheduled mid-project evaluation that focussed on project implementation, contractor performance and recommendations for action within the present scope of the project. The 9 person evaluation team was asked by the mission to structure the evaluation around the logical framework. Project logframes were constructed by USAID on two occasions: A logframe was included

in the original Project Paper and two logframes were included in the PPS - one each for the Northern and Southern components. For issue identification purposes, the team analyzed project outputs, the assumptions of the logframes, and held interviews with project personnel. The field work for the team consisted of a 10 day trip to Kordofan region. Field work in the South was not possible due to the security situation.

Cost of Evaluation:

| | |
|----------------|-----------------|
| PIO/T 650-0030 | \$76,695 |
| USAID/Sudan | 35 working days |

The Evaluation Team's report is enclosed as Annex A to this PES, "Rural Health Support Project/Sudan: Report of the Mid-term Evaluation," April, 1985, 165 pages.

15. External Factors

There are a number of environmental factors which have seriously affected, and continue to affect project implementation. Among these are:

- 1) A severe economic and budgetary crisis that has weakened GOS ability to finance regular health operation in project locations,
- 2) A "brain drain" that has reduced the ranks of trained health workers,
- 3) Security problems in the South that have impeded implementation of project activities and have now deteriorated in Upper Nile and Bahr El Ghazal to such an extent that project operations have ceased,
- 4) Regionalization and decentralization policies that have affected manpower resources in the South and have created unclear lines of authority and jumbled administrative procedures, and
- 5) A severe drought that has caused the displacement of large numbers of villages and weakened the health status of the population.

The original Project Paper was deficient in identifying the magnitude of constraints on specific project activities and then relating project strategy

and targets to these constraints. Particularly erroneous, were the project assumptions regarding transport costs and availability.

On the more positive side, the GOS wishes to maintain health as a national priority despite continuing recurrent cost problems which have been exacerbated by the budgetary crisis and the drought emergency.

16. Inputs

The team stressed that project resources should be increased to make up for the dearth of resources in the health sector. The number of vehicles and the amounts of fuel, drugs and other commodities planned as AID inputs are not sufficient in themselves to reach project goals. In addition, the team states that an increase in the resources for the project will be necessary to give health workers actual on-the-job training and experience in the delivery of services rather than taking them through the paces with nothing to apply. The local currency budget should be at a high enough level to finance adequately the community-based activities stressed in the evaluation.

The team recommended that project activities in the South be limited to Equatoria Region and the extra dollar funds not utilized for the South be transferred to Kordofan region. Other recommendations concerning inputs:

In the South (page numbers below refer to Annex A).

- a) hire a long-term logistics advisor for the duration of the project (page 11);
- b) convert short-term training funds to 3 long-term training programs in areas of priority (endorsing the AMREF proposal) page 13;
- c) reallocate resources for the construction of two birthing subcenters for the peri-urban settlements of Gumbo and Lologo outside Juba (endorsing the AMREF proposal) page 13;

In the North:

- a) hire a long-term logistics advisor to be based in Kordofan region (page 11);
- b) hire a long-term advisor in management systems (page 9);
- c) eliminate the planned long-term health economist position (page 9);
- d) provide short-term TA to back-up the MCH/FP advisor and assign her a counterpart (page 12);

17. Outputs

The evaluation team argued that the 100 identified activities in the PPS implementation plan were not prioritized, sequenced or made to complement each other through development guidelines and strategies. The team recommends that substantive activities not be started until the process to enable these activities to be properly planned, supervised, monitored, and evaluated are in place. In addition activities should be carefully linked by a defined order to maximize the effect of one upon the other. And, more emphasis should be placed on the role of counterparts and transfer of skills above the level of the health workers so that project activities can be sustained once the project ends.

Progress Against Selected Output Targets

- 1) Has a regional capacity in health planning, budgeting and information been developed?

In the Northern Component, there has been little progress in these areas. The RHSP has not participated in the development of a regional health plan or budget for the Ministry of Public Services (page 30).

- 2) Have targets been met in the development, implementation and institutionalization of a training program in health planning, management, and budgeting?

The project targets have not been met.

- 3) Has a program of Supportive Supervision of CHWs been instituted?

In the Northern Component, the only steps taken towards achievement of the output target is the initiative of a "management by exception" project in which two Senior Medical Assistants have been given an RHSP vehicle to enhance their supervisory activities. This project lacks merit because it is more oriented to management of a vehicle than management of primary health care.

In the South, there has been significant progress towards achievement of the output target "Supervision proforma developed and revised; used by 60% of supervisors." A draft of the proforma has been developed, tested, and distributed to 55% of the health staff in the area (page 35).

- 4) Has a Health Manpower Development Plan been drafted and implemented?

In the North, a plan has not been developed, and no activities have been initiated for achieving this output activity.

In the South, a plan has not been completed either. However, the report completed by AMREF on Health Manpower in Southern Sudan provides a foundation for a Health Manpower Development Plan (page 38).

- 5) Have effective training programs and supervisory procedures for medical store-keepers been planned, and implemented?

In the South, AMREF has developed training courses for storekeepers.

In the North, no activities in this area have taken place. (page 43)

- 6) Have Community Pharmacies been developed and are they an appropriate vehicle for increasing the availability of low cost drugs in rural areas?

The three community pharmacies, as initiated in the North, serve mainly urban populations. Whenever urban community pharmacies are found, private pharmacy business has been adversely affected. Community pharmacies have cost advantages against which private dealers cannot easily compete. If the private pharmacies are driven away and the community pharmacies lose their subsidies and cannot continue, the local population will be without a commercial source of drug supplies (page 46).

- 7) Has the Northern TBA Training Program achieved planned targets?

Only one-fourth of the expected output at the end of the project has been achieved. For the two courses given, no written curriculum was designed nor tutor guides developed. Tutors were not trained except casually on-the-job during the course. (page 51)

In the South, have MCH/FP training programs been developed and curricula for all cadres of front-line health workers been designed?

The project activities in relation to these outputs are seriously behind schedule.

Has the Medical Education and Training Unit been established in the South?

The unit was established and has been functioning in Equatoria although its activities are now on hold due to the current problem in all Southern Regions.

Three counterparts who were appointed to the unit were instructed in training methodology but work only part-time. The Senior Medical Officer in charge, who gives his full-time to the unit, has not been exposed to the concept of competency-based training nor does he have experience and skills in training methodology. (page 55)

- 8) Has the RHSP developed and implemented a focussed intervention in MCH/FP in one district in Kordofan and institutionalized MCH/FP activities in the North?

No. The institutionalization of MCH/FP has been severely hampered by lack of policies, plans and a department of MCH/FP at the national level, as well as an unworkable division of preventive and curative services at the regional level. (page 56)

- 9) How has RHSP instituted MCH/FP activities in Southern Sudan?

The lack of a national MCH/FP policy for planning and implementing interventions has greatly delayed any progress in MCH/FP service delivery. (page 58)

- 10) Have health services for the nomads been addressed by the RHSP?

The PHCP has not yet developed a mechanism for supporting the nomad Community Health Workers. RHSP has provided training to a few nomad TBAs, but has not yet worked out plans for improving health services in general to the nomads. (page 64)

Recommendations concerning outputs:

In the North;

- a) Dissolve the CPIU and reconstitute the RPIU to put more emphasis on the role of the regions in project planning (page 10);
- b) Restructure health services in Kordofan, to be initiated by a decision of the Director General (page 12);
- c) Establish a national MCH/FP department at the Central MOH to issue policies and to develop an overall MCH/FP strategy;
- d) Cancel the CDC pregnancy surveillance study;
- e) Strengthen the Educational Development Center's capability to develop and revise curriculum and design training materials;
- f) Establish a Medical Education Training Unit in Kordofan;
- g) Delay implementation in Darfur by at least one year;
- h) Discontinue the Management by Exception activities;
- l) Assist the pilot zones in developing a supervisory system;
- j) Develop a plan to improve the nomadic PHC services;

In the South:

- a) Restrict project activities to Equatoria Region due to the security situation;
- b) Complete the Health Manpower Development Plan as soon as possible;
- c) Undertake several activities promoting community participation and development;

- d) Construct two birthing subcenters in Gumbo and Lologo;
- e) Send the Medical Training Officer in Equatoria for a minimum of one year training in curriculum development and training methodologies;
- f) Send an MCH/FP officer in Equatoria for one year training in MCH/FP;

18. Purpose

The project purpose as stated in the PPS is "to strengthen the capacity of the GOS, especially the area of management; planning and budgeting, logistics and supply, to improve the delivery of primary health care and MCH/FP services in project area." The evaluation team suggests that this be modified to delete references to strengthening the GOS capacities in management, budgeting, etc. These belong in the outputs category.

19. Goal/Subgoal

The project goal as stated in the PPS is "to improve the health status of the rural poor in the project areas." The objectively verifiable indicators are decreased morbidity and mortality in the affected populations. Reductions in morbidity, mortality, or infant mortality have not been demonstrated, nor should measurable changes be anticipated in the near future as a result of project activities.

20. Beneficiaries

The beneficiaries of the RHSP are the rural poor of the Kordofan, Darfur, and the Southern Regions. The Evaluation team points out, however, that project activities have not specifically targeted the rural poor. Most of the rural population is poor and it would not be cost effective to try to limit services to only the poor. By servicing the rural population generally, the health status of the rural poor will be improved.

21. Unplanned Effects

No unplanned effects were detected.

22. Lessons Learned

- 1) Sufficient field work should take place at the design stage to ensure realistic intervention strategies.
- 2) Adequate consideration should be given to the effect of potential constraints on project implementation. From its inception, the RHSP assumed away some of its major transport constraints without responding to them directly. These constraints later made many of the planned project outputs impossible to achieve.
3. An overall development strategy should link up the planned activities of the project. The scattered array of activities in the RHSP had no underlying development principles to guide the implementers and this resulted in unsequenced and ineffective project outputs.
4. A mission staff person as a full-time evaluation team member helps to ensure that recommendations are implementable and that evaluation findings are incorporated into project and sectoral activities.

23. Special Comments or Remarks

Although the project has experienced many troubles both within and without, the evaluation team stresses that the RHSP remains very important for the rural population of Sudan and should be continued.

11

Annex II

Mission's Comments on the Recommendations of the Evaluation Report

The responses of the mission to the recommendations of the evaluation team are outlined in section 8 of part 1 of this document. In general, the mission views positively the team's recommendations. There are, however, several recommendations which the mission feels are unrealistic. These are discussed below.

1) Recommendation: "The evaluation team recommends the restructuring of health services in Kordofan. This should be initiated by a decision of the Director General. Without an appropriate decision within four months, USAID should take steps to cancel all project activities in the region."

Response: The mission agrees with the need to restructure health services in Kordofan Region but is opposed to serving the Director General of Health with an ultimatum of the type suggested in the recommendation. In fact, the Director-General has already agreed in principle to the reorganization but because he is changing posts has delayed action on this issue. The mission will encourage his successor to carry out the reorganization as one of his first acts.

2) Recommendation: "A full-time technical assistance advisor in management systems (should) be recruited to support the Kordofan Regional Coordinator."

Response: The mission prefers that the management systems advisor be assigned to assist the RMOH in managing the new region-wide ORT initiative rather than merely advise the Regional Coordinator on management issues. In this regard, the person recruited would be required to have operational management or training development experience in an ORT program.

3) Recommendation: "The long-term Management Systems Specialist ... should assist on the development of an incountry regional training program in Health Planning Management and Budgeting for Kordofan ..."

As part of implementation of the training program teams should be set up at (Regional), Area, Rural and Village levels... The rural and village teams should then work with the Rural and Village Councils to form health committees and conduct a community health problem diagnosis study. From this information a community PHC plan would be developed for the PHC health problems... The training should be planned so that after community PHC plans are developed and funded, training in management focused on practical skills required for implementation of work plans would start."

Response: The mission feels that these recommendations are too ambitious for implementation in rural Kordofan where Area, Rural and Village level governments are administratively weak and under-staffed, especially since the coup. The RHSP, rather, will encourage "bottom-up" planning by developing its Grant fund program whereby local communities can receive up to Ls.5000 for small development projects.

Drafter: RGreene

Clearances:

HLS: JESarn

HLS: LEBradshaw

PDI: DAMacken

PDI: VLDHorton

-CONT: CAdams

EPP: TEighmy

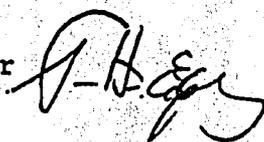
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ACTION MEMORANDUM FOR THE DIRECTOR

DATE: 24 July 1985
FROM: T. H. Eighmy, Mission Evaluation Officer
THRU: Melvin Van Doren, Deputy Director



Problem:

Your signature is required on the attached Project Evaluation Summary (PES) for the Rural Health Support Project (650-0030)

Discussion:

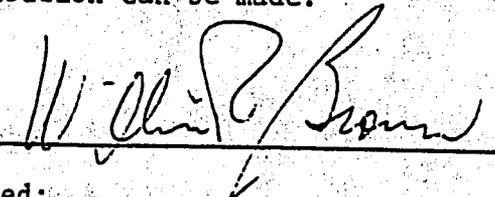
The outside evaluators, John Snow, Inc., have submitted their report, "Rural Health Support Project, Sudan: Report of the Midterm Evaluation" (165 pp). This is Annex A to the PES. The Project Committee met on 3 July with the following results:

- a. The actions listed under item 8 of the PES, were agreed to by all parties.
- b. HPN Division would prepare a mission response discussing any items of disagreement with the evaluation report. This response has been completed and is submitted with the PES as Annex B.

This evaluation exercise has been conducted throughout with participation by the Project Committee. There has been agreement on what actions need to follow the evaluation.

Recommendation:

That you sign the PES so that required distribution can be made.

Approved: 

Disapproved: _____

Date: August 15, 1985