PD-AAY-075
54m-7

CLASSIFICATION

PROJECT EVALUATION SUMMARY (PES) – PART I

Report Symbol U-47

1. PROJECT TITLE	2. PROJECT NUMBER	3. MISSION/AID/W OFFICE
HEALTH SECTOR I	522-0153	HONDURAS

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)

☒ REGULAR EVALUATION ☐ SPECIAL EVALUATION

5. KEY PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING		7. PERIOD COVERED BY EVALUATION
A. First PRO-AG or Equivalent	B. Final Obligation Expected	C. Final Input Delivery	A. Total	$45,000,000	From (month/yr.) August, 1980
FY 80	FY 87	FY 89	B. U.S.	$34,500,000	To (month/yr.) May, 1986
					Date of Evaluation Review

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. Prepare Health Sector II PP by end of 1987	Kranstover/Smith*	12/87
2. Continue long-term management training to MOH staff	Smith*	12/86
3. Press MOH on cost containment and cost recovery issues	Smith*	on-going
4. Prepare special report for Ministry and Mission Director on logistics bottlenecks	MSH/Smith*	5/87
5. Purchase microcomputers for laboratory, project Coordination Unit, Central Warehouse, Science & Tech. Office and Malaria Program	Smith*	12/87
6. Improve management of computer center by adding manager	MOH	6/87

* Dr. Smith will be leaving post in October, 1987, therefore, there will be some changes as follow:
1. Peter Kranstover for action No. 1
2. Action No. 2 already completed
3. Scott Taylor and Robert Haladay for action No. 3
4. Action No. 4 already completed
5. Scott Taylor for action No. 5

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

☐ Project Paper
☒ Implementation Plan e.g., CPI Network
☐ Other (Specify) _____
☐ Financial Plan
☐ PIO/T
☐ Logical Framework
☐ PIO/C
☐ Other (Specify) _____
☐ Project Agreement
☐ 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)

Dr. Barry D. Smith, AID Project Officer

Dr. Reynaldo Gomez Urtecho, MOH Project Coordinator

12. Mission/AID/W Office Director Approval

Signature: John Sanbrailo

Typed Name

Date

AID 1330-15 (3-78)

(Attachment to PES# _____)

EVALUATION COST DATA

USAID/ HONDURAS or Bureau/Officer _____

Form completed by Barry D. Smith (Typed Name) HRD (Office) 9/25/87 (Date)

1. No. and Title of Project/Activity: 522-0153
   (or Title of Evaluation Report) Health Sector I

2. Date of Evaluation Report: August 1986
   Date of PES (if different): September 1987

3. Mission Staff Person Days involved in this Evaluation (estimated):
   - Professional Staff 15 Person Days
   - Support Staff _____ Person Days

4. AID/W Direct-Hire or IPA TDY support funded by Mission (or office) for this evaluation:

Name	Period of TDY (Person-Days)	Dollar Cost: (Travel, Per Diem, etc)	Source of Funds*
None			

5. Contractor Support, if any, for this evaluation:**

Name of Contractor	Contract #	Dollar Amount of Contract	Source of Funds*
Development Associates	PDC-1406-I-00-4064-00	$185,904	Project Budget

*Indicate Project Budget, PD&S, Mission O.E. or Central/Regional Bureau funds

**IQC, RSSA, PASA, PSC, Purchase Order, Institutional Contract, Cooperative Agreement, etc.

13. SUMMARY: The goal of improving the health of the Honduran population has been achieved as reflected in the significant decline in the infant mortality rate. Important achievements in effectivenes and efficiency of programs have been achieved. Notable among the former are immunizations and malaria, where coverage has expanded and reported cases declined. The efficiency goals are both harder to measure and harder to achieve. The logistics system has been improved, resulting in more competitive bulk purchasing and reduced costs of pharmaceuticals; information systems have been strengthened; out-patient costs have declined; important training goals have been met; the cold-chain is functioning at 90% efficiency. The supervision and other elements of the maintenance system still need to be improved. Major problems were lack of progress on cost recovery, a questioning of sustainability of Project activities, and a tendency to centralized decision-making. Technical assistance has been first rate and was well utilized. The MOH Project Coordination Unit was praised for its effectiveness. In sum, the Project was seen as successful as well as responsive to A.I.D.'s child survival strategy.

14. Evaluation Methodology: This was an early final Project evaluation with one major objective: to identify impact. The methodology was to use logical framework indicators to identify Project successes and failures. The reasons for these successes or failures were then to be identified, focussing on design, implementation and external factors. All Project components were analyzed with this framework in mind. All relevant Project documents were reviewed and Project-related personnel were interviewed.

15. External Factors: Two significant external factors have played a role in Project implementation - one political and the other financial. The Project has gone through three changes of government, five ministers and six director generals. A policy giving primary emphasis to primary health care and child survival has been maintained, but the degree of attention and support has waxed and waned. Financially, the GOH has been caught in the worldwide recession, forcing it to limit the rate of expansion of public services in general. In addition, in 1985, the Medical Society lobbied through Congress a physicians law regulating employment and salaries. This law will result in significant increases in costs for physician services and, as a result, in the budget for the hospital sector, which is the largest employer of physicians.

16. Inputs: Inputs were not the focus of this evaluation, although they had been of the earlier mid-term evaluation (Westinghouse evaluation 1984). Specific input problems still existing, however, are warehouse construction and per diem for training. The latter is a result of a breakdown in the financial mechanism for the administration of loan funds, the source of most local costs.

17. Outputs: See Annex for a table of planned compared to achieved outputs by component. A brief analysis of major discrepancies follows.

The lack of achievement of malaria outputs reflected a lack of insecticide from another donor during part of the period and the effects of change of leadership in the Malaria Division.

The lack of contraceptives at the local health center level is seriously affecting the achievement of the family planning objectives.

The problem in achieving maintenance outputs have been largely due to the low operational priority and lack of adequate budget in that division.

The lack of a central level MOH technical commission is a serious constraint, but is really not within the control of the Project and probably should not have been put as output. The outputs related to administration reflect the problem of lack of leadership in the Administrative Division.

The problem with supervision outputs is one of competition among various programs for the limited time of Planning Division personnel. The Planning Division, under which this activity falls, is so overwhelmed that it is unable to focus consistently or sufficiently on the implementation of the supervision system.

The problems in the training areas are largely Project dependent. The Project (that is A.I.D., the MOH and the Ministry of Finance officials involved) has not yet, after six years, developed a timely and reliable financial mechanism. This has adversely affected training and supervision activities, which depend on per diem payments through the financial mechansim.

18. Purpose: The stated purpose of this Project is to increase the efficiency, effectiveness, coverage and use of the Honduran health care services.

Indicators for this purpose are as follows:

Indicator	EOPS (1987)	Evaluation	Comments
a. Malaria cases	20,000	31,222	25% decline since Project began; better reporting system means improvement is more dramatic.
b. Malaria cases Average 1984-87	25,000	32,000	
c. Annual Cases of:			
Whooping cough	290	335	
Measles	850	6,476	Evaluation reflects outbreak in 1985 and not trend in the decrease of morbidity for this disease
Polio	4	4	
Tetanus	20	47	
Diptheria	0	0	
d. 60% of diarrhea treated correctly.	60%	42%	
e. 90% of diarrhea in MOH facilities treated correctly.	90%	62%	
f. TB cases treated.	80%	94%	

	Indicator	EOPS (1987)	Evaluation	Comments
g.	TB annual incidence.	50/100,000	52/100,000	
h.	MOH family planning users.	60,000	18,000	This goal will not be achieved, because starting levels were much lower than originally thought and targets too high.
i.	CESARs with 70% of medications.	70%	46%	
j.	Cost of drugs.	Decreases	Decreased	
k.	Cold chain function.	75%	90%	
l.	Similar reports to currently provided cold-chain reports for five other pieces of equipment essential to child survival.	5	0	Vehicle reporting system now in place.
m.	Cost per patient treated at health center level.	Decreases	12%	
n.	Unit cost of key child survival services.	Decreases	5.6% (Since 1976)	
o.	Supervision visits planned by regions by February each year.	100%	Irregular	
p.	Visits planned are carried out.	80%	Unknown	Result of poor management information systems and decentralized nature of operations.
q.	Target population adjusts KAP according to radio messages.	Yes	Yes	
r.	Auxiliary nurses trained in four priority programs:			
	ORT	80%	over 80%	

Indicator	EOPS (1987)	Evaluation	Comments
Immunizations	80%	over 80%	
Acute Resp Inf	80%	over 80%	
Family planning	80%	over 80%	
s. Auxiliary nurses trained in three support programs:			
Supervision	80%	100%	
Logistics	80%	66%	
Maintenance	80%	59%	
t. Operations research studies will have an effect on MOH decision-making	50% studies	Not quantifiable	

19. GOAL

The goal of improving the health of the Honduran population is measured in terms of improvement in the infant mortality rate (IMR), which is obtainable through surveys. A survey uses indirect measurement techniques that give confident results for IMR at a period of time two to three years before the survey is carrried out. The 1984 MCH survey reports that the Honduran IMR was about 78/1000 in 1981, significantly less than 90/1000 which was the IMR estimate in 1978. Given the general downward trends in IMR over the last 15 years it is likely that by 1987 the IMR will be less than 70/1000. The Project has certainly contributed to this but many other factors such as the increase in female literacy, increases in basic services (roads, income growth, water and sanitation) also have had an impact on this indicator.

20. Beneficiaries:

Direct beneficiaries:

a. 900 auxiliary nurses working in health centers.
b. 1,000 other MOH employees.

Indirect beneficiaries

a. 3,150,000 rural residents.

21. Unplanned Effects

None

22. Lessons learned

a. There is still a place for sector strategies in development programs. One of the strengths of this project is that it has tackled a number of institutional weaknesses, each improvement, hereby, potentiating other improvements.

b. Management and administrative improvement of an institution is slow and fraught with frequent set-backs. When consistently applied over a seven year period, however, external assistance can significantly contribute to institutional development.

c. A.I.D. and GOH procurement policies are such that the late arrival of TA, commodity and construction inputs are almost inevitable. Therefores, procurement plans must be developed early and orders placed as soon as possible.

d. Continuity of MOH decision makers is important to Project implementation, but continuity of policy (Primary Health Care in this case) is even more important.

e. Projects this complex are hard to manage and monitor. If possible future sector projects should attempt to be more focussed.

23. Special Comments or Remarks

Future Health Sector projects should be carried out building on the successes of this one.

ANNEX

Output:	Magnitude of Outputs	Achievement
MALARIA		
1. Treat identified cases		
a. Treat patients with positive smears during 1987	75%	88%
b. Examine slides within 15 days during 1987.	75%	19.5%
c. Begin treatment of patients with positive smears detected in the last 3 months within 21 days of taking smear during 1987	80%	
2. Larval control occuring in different areas of the country	6 areas in 1987	4
3. Houses programmed are sprayed during 1987	90%	73.5%
4. LECO spraying is carried out as programmed	90% of localities programmed during 1987	100%
5. Carry out mass medication campaigns where malaria incidence is above 50/1000 inhabitants	90% of villages where incidence is above 50/1000 during 1987	
6. Reports on vector density, biting counts, light trap capture and morning resting count for the previous three months available in the Vector Control Division	Quarterly reports from each of the four indicator districts are available during 1987	yes
Immunizations		
1. CESARs program annual immunization goals by March	90% of CESAR in in 1987	90%
2. CESARs achieve 80% of programmed goals	90% of CESAR in 1987	75%
Diarrheal Control		
1. CESARs indicate no shortage of Litrosol in the last 3 months during four quarters of 1987	90% of CESAR	92.6%
2. Annual evaluation carried out	One per year (1985-1987)	yes
3. Auxiliary nurses working in CESARs have received training in program norms by PACD	90% of auxiliaries	80%

Output:	Magnitude of Outputs	Achievement
Tuberculosis		
1. Symptomatic patients coming CESARs have sputum samples taken during 1987	80% of patients	80.4%
2. Auxiliary nurses working in CESARs have receivd training in program norms by PACD	80% of auxiliaries	82%
Family Planning		
1. Redefine and reinforce family planning program	Program norms are defined, approved and officialized	yes
2. Auxiliary nurses working in CESARs have received training in program norms by PACD	90% of auxiliaries	80%
3. CESARs have reported no contraceptive stock-outs in the last three months during the four quarters of 1987	80% of CESAR	46.3%
4. Program evaluation carried out annually	1 per year (1985-1987)	yes
5. Women in fertile age know one method of family planning by PACD	90% of women	93% Oral Contraceptives
6. Empirical midwives are trained in family planning by PACD	70% of empirical midwives	0%
Logistics		
1. CESARs have programmed their drug needs by June	80% of CESAR (1987)	80%
2. Drugs are purchased in bulk quantities during 1987	80% of total value purchased	80%
3. Development and implementation of drug supply system	Manuals produced by PACD	yes
4. Follow-up and supervision of system	Supervision guidelines exist by PACD	yes

Output:	Magnitude of Outputs	Achievement
5. Supply catalogs produced for drugs, medical-surgical supplies, laboratory equip and supplies, hospital equipment office supplies	1 for each area by PACD	no
6. Regional and central supply warehouses constructed	6 regional warehouses by 3/2/86	1
7. Popular pharmacies established	Chain of low cost popular pharmacies by PACD	no
8. Feasibility study to increase and diversify PANI drug supply completed	Report available by 31/12/85	yes
9. Community managed rotating funds for the purchase of drugs exist	100 communities have such funds	no
Maintenance		
1. Supervision and Administration manual(s) have been prepared	Manuals exist by PACD	no
2. Manual of norms and procedures for the national maintenance system which includes at least five pieces of equipment essential for the primary health care system is prepared	Manual exists by PACD	one
3. Regional and National workshops are constructed and equipped	2 central and 6 regional workshops by PACD	1 central
4. Technicians are trained according to norms	90% of tecnicians by PACD	1 central
Management and Planning		
1. Develop management information system	Financial and productivity reports available within 45 days of close of quarter during 1987	no
2. Computer work stations are being used for data analysis at the central level	Equivalent of 2 stations being used full time during 1987	yes

Output:	Magnitude of Outputs	Achievement
3. A central level technical group responsible for technical coordination has been formed and is meeting regularly	Group formed; 80% of programmed meeting held during 1987	nc
4. Procedure manuals exist for the Administrative Division	Manuals exist by PACD	no
5. Administrative norms and procedures manuals exist for the regional level	Manuals exist by PACD	no
6. Health regions receive supervision visits by an official of the MOH's Admin. Division at least twice annually	100% during 1987	no
7. CESARs are programming their own goals according to norms	80% of CESARs in 1987	50%
8. Operational investigations are being used for decision making	Each priority program is subject of at least 1 operational investigation by PACD	yes
Mass Media		
1. Create national and regional teams capable of designing, producing and carrying out educational campaigns	1 national and 7 regional teams created by PACD	yes
2. Conduct educational campaigns (1/85-12/87) with an average of 4/yr focusing on MOH priority programs	12 campaigns carried out (1985-1987) 12 evaluation reports available (1985-1987)	yes
3. Provide ongoing support to MOH priority programs	6,000 flipcharts 18,000 manuals 480,000 pamphlets	yes
Supervision		
1. Supervision norms and procedures for central to regional, regional to area, area to health center, and health center to community are produced	Manuals available by PACD	no
2. Supervision visits are programmed at the following levels according to norms:		
Central to regional (7 priority programs)	100% of programs	Supervision being carried out regularly but not programmed
Regional to area	100% of regions	
Area to health center	90% of areas	
Health center to community	75% health centers	

Output:	Magnitude of Outputs	Achievement
3. Visists programmed are carried out	80% at central level during 1987	
Continuing Education		
1. An in-service continuing education program is operational:		
a. training plans for the year are available by March of each year	3 plans available	no
b. quarterly reports showing all training at central and regional level during the quarter are available within 45 days of the close of the quarter	Reports available	no
c. training programmed is carried out	75% of courses planned in 1987 and an average of 60% of courses planned over the 1985-87 period	no
d. Evaluations of training in 5 of 7 priority programs	5 evaluation reports available	no
e. Evaluations of training in 3 of the 4 support programs are available	3 evaluation reports available	no
2. Establish a national information center and provide information to MOH personnel	1 national and 8 regional information centers by PACD	yes
	14 issues of "Salud para Todos" published and 6000 of each issues distributed by PACD.	7 issues
	7 issues of health information bulletins published by PACD.	no
3. Overseas Training	12 persons per year in long-term training in priority programs or public health disciplines (1985-87)	yes
	90 person months of short-term courses on observational visits in priority and support programs by PACD.	yes