

# A.I.D. EVALUATION SUMMARY PART I

(BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS)

10/23/87

**A. REPORTING A.I.D. UNIT:**  
USAID/EI Salvador  
 (Mission or AID/W Office)  
 (ES#         )

**B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN?**  
 yes  slipped  ad hoc   
 Eval. Plan Submission Date: FY      Q     

**C. EVALUATION TIMING**  
 Interim  final  ex post  other

**D. ACTIVITY OR ACTIVITIES EVALUATED** (List the following information for project(s) or program(s) evaluated; if not applicable, list title and date of the evaluation report)

Project #	Project/Program Title (or title & date of evaluation report)	First PROAG or equivalent (FY)	Last report PROG (mo/yr)	Planned LOP Cost (000)	Amount Obligated to Date (000)
519-0291	Health Systems Vitalization	83	7/87	35,605	35,605

**E. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR**

Action(s) Required	Name of officer responsible for Action	Date Action to be Completed
1. Include more MOH participants in the Mission's FY 88 Country Training Plan, with emphasis on mid-level managers and technicians.	HPN	9/30/87
2. Review biomedical equipment maintenance program with new advisor and evaluate alternative strategies for this area.	HPN	6/30/88
3. Engage in policy dialogue with the MOH to utilize results of the studies which will be conducted under APSISA to identify and implement means of cost recovery and containment, as well as more effective PHC service delivery models.	HPN/AMDO	12/31/88
4. Require that new T.A. teams base their work plans on the MOH APSISA Action Plan, update the plan as necessary, and assist the MOH in preparation of subsequent years' action and training plans.	HPN	12/31/87
5. Work with the MOH Users' Committee and T.A. to reassess MIS progress, both in terms of MOH information needs and staffing support, before beginning further procurement of computer equipment.	HPN	6/30/88
6. Arrange for completion of the Drug Quality Control laboratory under APSISA.	HPN/PRJ/CO	12/31/87
7. Contract a single PSA/IQC to facilitate non-pharmaceutical procurement under APSISA.	HPN/CO	12/31/87

**F. DATE OF MISSION OR AID/W OFFICE REVIEW OF EVALUATION:** mo 7 day 31 yr 87

**G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:**

Signature Typed Name	Project/Program Officer	Representative of Borrower/Grantee	DDP/Miles Evaluation Officer	Mission or AID/W Office Director
	<u>KLT for HNP</u>	<u>Approved</u>	<u>H.M. Miles</u>	<u>BSchouten, D/DIR</u>
	<u>Linda Lou Kelley</u>	<u>[Signature]</u>	<u>PRJ/Kennedy</u>	<u>[Signature]</u>
	Date: <u>10/23/87</u>	Date: <u>[Signature]</u>	Date: <u>10/21/87</u>	Date: <u>11/5/87</u>

## H. EVALUATION ABSTRACT (do not exceed the space provided)

The final evaluation of the Health Systems Vitalization (VISISA) Project was carried out in April 1987 by a four-person team provided by Management Sciences for Health (MSH). The VISISA Project, which began in September 1983, was designed to assist the Ministry of Health to (1) increase existing levels of primary health care and emergency medical services by meeting the critical short-term needs of the Ministry for essential goods and services; and (2) vitalize the institutional capacity of the Ministry to more effectively execute their existing systems in health supplies management, maintenance, and information management. In the first years of the project, implementation was impeded by the war, a failing economy, administrative weakness of the MOH, underestimation of the amount of technical assistance needed, an unusual degree of direct Congressional involvement, and slowness of the A.I.D. procurement process. The earthquake which struck San Salvador in October 1986 was a setback, and the PACD was extended to July 31, 1987 as a result.

Nonetheless, the evaluation concluded that the health care capacity of the MOH has been markedly strengthened by the pharmaceuticals, supplies, vehicles, and medical equipment provided by the Project, as well as by improvements and additions to the physical infrastructure, including warehouses and workshops for repair and maintenance of vehicles and biomedical equipment. The vehicle maintenance and malaria components of the Project have been the most successful. Gains have been made in improving the selection, procurement, distribution, and warehousing of pharmaceuticals and medical supplies, but further improvements are needed. The computerized Management Information System (MIS) has just begun to operate in 1987, and further training is needed for both users and operators. Progress was more difficult in biomedical equipment maintenance and in the training aspect of emergency medical services, and the evaluation recommended that private sector alternatives be explored in these areas.

In general, the evaluation stressed that the follow-on project should place greater emphasis on institutional development (as opposed to resource transfer), on developing MOH capacity for management and planning, on training of mid-level managers and technicians, and on improving services at the level of health posts, units and communities.

## I. EVALUATION COSTS

1. Evaluation Team Name	Affiliation	Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (US\$)	Source of Funds
Management Sciences for Health		96	51,450	Project 519-0291
PDC-1406-I-00-4060-00, Work Order No. 60				

2. Mission/Office Professional  
Staff Person-Days (estimate) 15

3. Borrower/Grantee Professional  
Staff Person-Days (estimate) 15

# A.I.D. EVALUATION SUMMARY PART II

## J. SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Try not to exceed the 3 pages provided)

Address the following items:

- Purpose of activity(ies) evaluated
- Purpose of evaluation and Methodology used
- Findings and conclusions (relate to questions)
- Principal recommendations
- Lessons learned

Mission or Office: USAID/El Salvador

Date this summary prepared: October 16, 1987

Title and Date of Full Evaluation Report: El Salvador Health Systems Vitalization Project  
No. 519-0291 Final Evaluation, July 1987

### Purpose and Methodology

This final evaluation was designed to assess the extent to which the VISISA Project fulfilled the project purpose, which was:

"To assist the Ministry of Health (MOH) to (1) increase existing levels of primary health care and emergency medical services by meeting the critical short-term needs of the Ministry for essential goods and services; and (2) vitalize the institutional capacity of the Ministry to more effectively execute their existing systems in health supplies management, maintenance, and information management".

The VISISA Project began as an emergency project: due to the war, the MOH had to cope not only with the usual health problems of a developing country, but also with increased civilian trauma, closure of clinics in conflictive areas, a displaced population approaching 10% of the total population, and an economy devastated by the war.

The evaluation team was asked to determine what changes, if any, had occurred in El Salvador's public health system as a result of VISISA, and to make recommendations for the follow-on Health Systems Support (APSISA) Project.

The four member team provided by Management Sciences for Health was composed of a health evaluation specialist (chief of party), a health analyst, a logistics and pharmaceutical analyst, and an administrative assistant/computer systems analyst. The evaluation field work was carried out between April 6 and April 28, 1987. The team interviewed people who had been involved with the VISISA Project from USAID/El Salvador, the HID technical assistance (T.A.) team, and the MOH, as well as other technical advisers. Site visits were made to the El Matazano complex (central warehouse, vehicle maintenance shop, print shop, gas station, and drug quality control lab), the central biomedical maintenance shop at San Esteban, the vehicle maintenance shops in the secondary cities of San Miguel and Santa Ana, four of the five regional offices and regional warehouses, five of the 14 hospitals, one health center, four health units, and one health post.

Major Findings and Conclusions of the Evaluation Team

1. The health care capacity of the MOH has been markedly strengthened by the commodities supplied by VISISA: vehicles, X-ray and other biomedical equipment, pharmaceuticals, medical supplies, cold chain equipment, computers, generators, boilers, etc.
2. VISISA additions to and improvements in MOH physical infrastructure (warehouses, vehicle and medical equipment workshops, cold rooms, etc.) have strengthened the health system.
3. Without the multi-level aid of the VISISA Project, the level of health care in El Salvador would have most likely suffered considerably in 1985 and 1986. However, with the exception of malaria, it is too early to measure improvement in health status indicators, such as infant mortality.
4. The drugs and medical supplies supplied by VISISA are in fact getting out into the health system and filling a great need. The flow has been more consistent since mid-1986; however, the supply system for drugs needs further improvement.
5. The VISISA program deserves much credit for having enabled the MOH to deal effectively with the distribution and supply of drugs and medical materials for emergency relief efforts following the October 1986 earthquake.
6. The cold chain equipment provided through VISISA is in operation, although some problems remain in the system, such as unreliable supply of electricity to the cold room in the Eastern Region.
7. Due to the destruction of the original site by the earthquake, the drug quality control lab is just in the process of being set up at the El Matazano complex. Only two technicians have been hired for this program so far.
8. VISISA support for the malaria program had a major impact on lowering the number of malaria cases in 1986 and 1987.
9. The VISISA-supported vehicle maintenance program has been well organized and has had considerable success in streamlining the fleet, standardization, cost controls, and preventive maintenance.
10. The biomedical maintenance project has barely started. The program is severely handicapped by a lack of trained technicians, and it is too early to say if it will be successful.
11. Groundwork has been laid for the Management Information System (MIS), but the system has barely begun to operate. There has not yet been adequate time to "debug" the computer system, to train the operators fully, or to develop an institutional framework for integrating the priority needs of the various MOH divisions using the computer system.

12. Under the emergency medical services component, emergency medical equipment was supplied and teaching modules for trauma care were developed, but almost no training was conducted.
13. Although the VISISA Project was authorized in 1983, it did not really begin to have much impact until 1986. Some of the systems (management information systems, X-rays, and biomedical maintenance) have barely begun to be put into operation in 1987. The amount of technical assistance (T.A.) and time required to develop the support systems and to procure drugs and equipment was seriously underestimated.
14. Given the situation in El Salvador (violence and failing economy) and the unusual amount of direct involvement of the U.S. Congress in this particular program, it is felt that delays in the implementation of the VISISA Project were at least partially explained by the unfavorable political conditions as well as the weak Ministry of Health (MOH). The San Salvador earthquake of October 10, 1986, further hindered the implementation of the VISISA Program when numerous MOH facilities were destroyed.
15. Serious communication problems have existed off and on in the VISISA Project between USAID, the MOH, and the technical assistance teams. Part of this problem may have come from the frequent changes in the people involved in the VISISA Project and the consequent lack of leadership as well as the pressure to make up for early delays. It appears that there was not a clear understanding of which tasks were to be done by each group.
16. The MOH leadership was not as involved in VISISA planning and decision making as it should have been. As a consequence, the Project's special implementing group operated independently of the rest of the MOH and was thus ineffectual. However, there was intense external pressure being put on USAID to show quick results, and to have involved the MOH more appropriately would have meant more delays in the implementation of VISISA.
17. El Salvador and the MOH have a severe shortage of mid-level trained personnel. This shortage has adversely affected and continues to hinder the implementation of the various VISISA programs, it will also hinder the APSISA Project. The VISISA Project financed some in-country training, but did not include participant training.
18. The USAID staff devoted huge amounts of time to make the procurement process work, and much time and effort was necessary to arrange the ordering, delivery, and installation of such a large amount and variety of drugs and medical equipment.

### Principal Recommendations

1. Every effort should be made to build the capacity of the MOH to make effective management decisions. The MOH needs to be able to analyze health needs and do effective health planning. These objectives can be furthered if there is an effective MIS.
2. The APSISA Project emphasis, as opposed to that of VISISA, is appropriately targetted, i.e., a gradual transition from "resource transfer" to true health sector development.
3. Training programs for mid-level technicians and managers need to be strengthened and emphasized.
4. There should be improved, more consistent lines of communication between the T.A. team, the MOH, and USAID. The T.A. team should have offices in the MOH. There needs to be a clear understanding of which tasks are to be done by the T.A. team, or by the MOH or USAID.
5. The integrated resource-based health programming methodology which was implemented on a pilot basis in the Western Region should be continued and expanded.
6. The pharmaceutical procurement and distribution system, including monitoring, transportation and warehousing, needs further improvement. Policy and procedural changes must be made to put the rural health system at least on par with the hospitals in priority for drug distribution.
7. APSISA should build on strength by continuing support to those programs in the MOH which have had the most success, e.g. malaria and vehicle maintenance. For the programs that are more problematical, such as the biomedical maintenance and the emergency medical services, alternatives should be explored, such as the use of the private sector.
8. Means of cost-recovery in the drug supply system should be explored.
9. The MIS Users' Committee must begin to make policy decisions on how the various components of the health system will be integrated into the computer system. The introduction of the MIS system into the different regions should proceed one region at a time.
10. The Drug and Medical Supply Management Unit (UTMIM) established under VISISA should have continued support to make it effective in coordinating the selection and procurement of drugs.

K. ATTACHMENTS (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier)

Final Evaluation - El Salvador Health Systems Vitalization  
(VISISA) Project No. 519-0291

L. COMMENTS BY MISSION, AID/W OFFICE AND BORROWER/GRAANTEE

Given the size and scope of the VISISA Project, the evaluation team had to review and assess an enormous amount of information in the time allowed. As the schedule had slipped, some of the field visits were conducted at the beginning of Holy Week, and fewer MOH personnel were available to be interviewed than would otherwise have been the case.

Nonetheless, the evaluation provides a good general summary of the status of each component three months prior to the final PACD. It has also produced useful recommendations for the implementation of the follow-on project, many of which are already being utilized. For example, steps are being taken to ensure greater MOH involvement and institutionalization under the follow-on project. The USAID Project staff have worked with the APSISA Steering Committee to ensure that the Action Plan includes intermediate benchmarks for institutional change. The new T.A. teams recruited for APSISA will base their work plans on the MOH Action Plan, monitor progress jointly with the MOH and USAID Project staff, and assist the MOH in development of subsequent annual action plans. Also under APSISA, the MOH has prepared its first comprehensive training plan, which shows that extensive in-country training is being funded by PAHO, UNICEF, and other donors. The training plan will serve as a starting point for APSISA efforts to upgrade the skills of MOH trainers and improve effectiveness of training through task analysis.

Inevitably, a cross-sectional evaluation suffers to some extent from lack of perspective. The evaluation does not differentiate isolated problems from deeper, systemic ones, and has a tendency to belabor what remains to be done in a way that undercuts the major accomplishments cited. Project staff believes the evaluation places undue emphasis on the role of continuity of technical assistance in the success of the vehicle maintenance and malaria components. The exceptional capability of the advisors for those components deserves recognition, and it must be noted that some of the other advisors were quite inexperienced in providing technical assistance. With respect to the emergency medical services component, it is worth noting that private groups, especially the Salvadoran Red Cross, have trained thousands of volunteers and health workers in this area and are now utilizing the Trauma Training Modules prepared under VISISA.

ATTACHMENTS

MISSION COMMENTS ON I UCL REPORT

### Lessons Learned

1. Institution building is not accomplished with "resource transfer" alone, and it takes time. In this case, three-five years was clearly insufficient.
2. Continuity in T.A. has a positive effect on results and is an important element in institution building.
3. MOH policy decisions are key to making the system effective, and while effecting these types of changes is time-consuming, they should not be sacrificed to meet external pressures for "quick results."
4. Cooperation between management groups (T.A., MOH, A.I.D.) is important and must begin during project design.
5. A fuller assessment of MOH personnel skill levels should be performed, either during project design or during the implementation of emergency programs which become "developmental," as did VISISA. This was a major constraint to project success, and training should have been a higher priority.
6. Hospitals in El Salvador and perhaps elsewhere have an advantage over the rest of the system in getting new resources, and measures must be taken to elevate the priority of lower-level care facilities.
7. Project Papers should be written with enough specificity concerning what will take place and how but should also be flexible regarding those things that are almost certain to require modification. In this case, the PP/Pro Ag budgets had detailed line items that required continual modification during the life of the project. It would be desirable to consider preparing illustrative budgets for these documents and to permit modification of up to 30% at the discretion of the host government and AID project manager, without the necessity of time consuming Project Implementation Letters.