

PD-ABA-845
03930

A.I.D. EVALUATION SUMMARY - PART I

1. BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS
2. USE LETTER QUALITY TYPE, NOT "DOT MATRIX" TYPE

IDENTIFICATION DATA

A. Reporting A.I.D. Unit: Mission or AID/W Office <u>USAID/SWAZILAND</u> (ESF _____)		E. Was Evaluation Scheduled in Current FY Annual Evaluation Plan? Yes <input checked="" type="checkbox"/> Slipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY ____ C ____		C. Evaluation Timing Interim <input checked="" type="checkbox"/> Final <input type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/>	
--	--	--	--	---	--

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 No.	Project /Program Title	First PROAG or Equivalent (FY)	Most Recent PACD (Mo/Yr)	Planned LOP Cost (000)	Amount Obligated to Date (000)
645-0220	PRIMARY HEALTH CARE PROJECT Mid-Project Evaluation September/October 1988	1985	06/91	6,288	6,000

ACTIONS

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. Refocus Project activities on four priority areas: clinic-based and outreach services; decentralization; the related components of planning/budgeting, financial management, and health care financing; and development of a health information system.	MOH, USAID	May 1989
2. Reduce scope of activities and streamline the workplan.	MOH, TA Team, USAID	May 1989
3. Respecify the technical inputs required to adequately implement the revised Project workplan.	MOH, TA Team, USAID	May 1989
4. Provide limited, high-impact commodity support in key areas.	MOH, TA Team, USAID	May 1989
5. Based on the above changes, assess the adequacy of the Project Budget and adjust accordingly.	MOH, MSH, USAID	May 1989
6. Redefine the End of Project Status (EOPS) indicators so that they relate more directly to project activities.	TA Team, USAID	May 1989
7. Extend the PACD by six months to June 30, 1991 to allow participants to complete overseas training during the life of the Project.	USAID	May 1989

(Attach extra sheets if necessary.)

APPROVALS

F. Date Of Mission Or AID/W Office Review Of Evaluation: (Month) 01 (Day) 12 (Year) 1989

G. Approvals of Evaluation Summary And Action Decisions:

Name (Typed)	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
	A.C. FOOSE	C. MKHONTA	J. BEDNAR	R.D. CARLSON
Signature	<i>A.C. Foose</i>	<i>C. Mkhonta</i>	<i>J. Bednar</i>	<i>R.D. Carlson</i>
Date	1 February 1990			17 MAR 1990

A B S T R A C T

H Evaluation Abstract (Do not exceed the space provided)

The Swaziland Primary Health Care Project (645-0220) began in August 1985 and is now scheduled to end in June 1991. Its purpose is to assist the Ministry of Health (MOH) to improve and expand the primary health care system in Swaziland, with emphasis on maternal and child health and family planning (MCH/FP). The Project assists the MOH in its efforts to decentralize primary health care services and increase the productivity of health care workers.

The mid-project evaluation in September/October 1988 was carried out by a five-person team comprised of four short-term external consultants (through an IQC) and an AID/Washington representative. The evaluation spanned a five-week period, with only the Team Leader remaining during the fifth week to finalize the report. During the four-week full-team effort, the team reviewed documents, conducted interviews, visited a large number of clinics and other health facilities, participated in meetings and briefings concerning the Project, and prepared the draft report.

In summary, the Evaluation Team determined that the scope of Project activities was too broad, that objectives should be prioritized and the workplan streamlined accordingly. While the evaluators found good progress was made in the areas of growth monitoring, oral rehydration therapy (ORT), high-risk clinic screening and in-service training of clinic staff, inadequate progress towards the remaining EOPS indicators was reported. The evaluation recommended refocusing the Project workplan to emphasize the components relating to clinic-based and outreach services; decentralization; the related areas of planning/budgeting, financial management, and health care financing; and development of a health information system.

The evaluation identified one major "lesson": that the initial project design was too optimistic about the scope and depth of activities that could be accomplished with the resources identified in the PP; and that as a result, the GOS and the Mission were faced with either increasing Project resources (and time) significantly, or reducing the scope of Project outputs.

C O S T S

1. Evaluation Costs

1. Evaluation Team		Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U.S. \$)	Source of Funds
Name	Affiliation			
Donald W. Belcher	URC*	PDC-1406-I-14-	\$71,000	Project
Geri Marr Burdman	URC	7113-00	"	"
Lucy Dunaway	URC	"	"	"
Pamela J. Putney	URC	"	"	"
Harriett P. Destler	AID/W	25 days	\$ 4,500	Mission OI
*University Research Corporation				

2. Mission/Office Professional Staff
Person-Days (Estimate) 50

3. Borrower/Grantee Professional
Staff Person-Days (Estimate) 20

2

A.I.D. EVALUATION SUMMARY - PART II

SUMMARY

J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided)

Address the following items:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Purpose of evaluation and methodology used • Purpose of activity(ies) evaluated • Findings and conclusions (relate to questions) | <ul style="list-style-type: none"> • Principal recommendations • Lessons learned |
|--|--|

Mission or Office:
USAID/SWAZILAND

Date This Summary Prepared:
FEBRUARY 1990

Title And Date Of Full Evaluation Report:
SWAZILAND PRIMARY HEALTH CARE PROJECT:
A MID-TERM EVALUATION, OCTOBER 1988

1. Background. The Swaziland Primary Health Care (PHC) Project was authorized in August 1985 and is now scheduled to end in June 1991. The Government of Swaziland has an ongoing commitment to Primary Health Care, and was already implementing Regional Health Management Teams prior to the PHC Project (an activity under USAID's Health Planning and Management Project). In this area and others, the Project was designed to complement and build upon existing programs.

2. Timing. The mid-project evaluation was undertaken in September-October 1988. The evaluation team consisted of five people, four short-term outside consultants (through an IQC) and a AID/Washington staff member. This mid-term evaluation allowed for two years to make mid-course corrections and focus on any issues highlighted in the report.

3. Methodology. The evaluation spanned a five-week period, with only the Team Leader remaining during the fifth week to finalize the report. During the four-week, full-team effort, the team reviewed documents, conducted interviews, visited a large number of clinics and other health facilities, participated in meetings and briefings concerning the Project, and prepared the draft report.

4. Project Purpose. The purpose of the PHC Project is to assist the Ministry of Health to improve and expand primary health care services, particularly in MCH/FP, using two main strategies -- improved clinic-based MCH/FP services and effective decentralization to the regional level.

The major objectives of the project are to: (1) improve and expand clinic-based and outreach services; (2) increase the productivity of health care workers; and (3) strengthen regional administrative and management capability.

5. Findings and Achievements. The Evaluation Team found that contractor performance by the Contractor, Management Sciences for Health (MSH), was satisfactory, given start-up delays and an initial shortage of MOH counterparts. Recent efforts by all parties helped prioritize activities and delineate individual advisor roles and responsibilities. The evaluation recommended that the project should collaborate with the MOH to identify areas where decreased support is appropriate.

Training activities have taken place at all levels of the project. In-service training raised nursing morale, skill levels, and confidence. The evaluation recommended a shift to clinic-based learning with planning and training by regional public health nurses and supervisors.

6. Principal Findings and Recommendations. The findings and recommendations summarized below have been modified from those in the evaluation report to reflect mutually agreed changes by both the GOS and USAID/Swaziland during the evaluation review process. For several less important recommendations, please see the Evaluation Report.

Finding: The project's initial design, workplan and activities were broad and created a heavy project staff workload, as well as unrealistic MOH expectations of material support in several areas.

Recommendation 1: The project workplan and strategic planning process should be re-focused principally on the clinic service/outreach and decentralization components. Other priority areas include planning/budgeting and the health information system. The roles of the project advisors should be redefined as necessary to focus on these areas.

Recommendation 2: Efforts should be made to continue to reduce the scope of activities, with corresponding reductions in advisor time and other project resources. A streamlined workplan is a high priority.

Recommendation 3: The Contractor, in collaboration with the MOH and AID, should identify areas for decreased support to ensure that project resources are used efficiently, that they have the desired impact on PHC services, and that sustainability is likely. Areas to consider for reduction in support include: out-of-country training, short-term technical assistance except in priority areas, laboratory services and equipment except for high risk screening at the clinic level, and disease control programs.

Recommendation 4: In view of the re-focusing recommended, the MOH and AID should review the availability of project resources to provide limited, high-impact commodity support in specified priority areas.

Finding: Monitoring of project progress to date has not fully involved all three key parties -- the MOH, the Contractor, and USAID. In particular, project financial information has not been available, although a system is now being installed that will identify and control resources more effectively. Reactivation of the Project Steering Committee has been proposed but has not yet been accomplished.

Recommendation 5: The Contractor should continue efforts to refine and improve the project's financial management system and use it as a basis for making joint resource allocation decisions.

Recommendation 6: The proposed reactivation of the joint MOH/Contractor/USAID Project Steering Committee should be implemented as soon as possible.

Finding: The MOH has stated that the majority of the very high levels of maternal and infant mortality could be prevented through simple, low-cost interventions and health education via community-based programs which "directly target infant, young child, and maternal mortality and morbidity in underserved rural areas." Specifically, considerable epidemiological information implicates the adverse effect of early discontinuation of breastfeeding on infant mortality.

Recommendation 7: The Project should assist the MOH in developing simple mechanisms, using available data where possible, to identify high-risk groups which can be targeted for intervention.

Recommendation 8: The Project should assist the MOH to devise strategies to improve community health education; strengthen referral mechanisms between communities, clinics, and health centers and hospitals; develop community leadership; and improve outreach activities.

4

Finding: The implementation phase of the project has gone well at the clinic and regional levels with an increasing capacity to manage clinic and regional support systems. It is essential to transfer the problem-solving and decision-making capacity to Swazi personnel during the remainder of the project. Similarly, a variety of manuals and guidelines have been devised for the regions, but are being implemented at different speeds.

Recommendation 9: The Senior Health Administrator, together with the Decentralization/Administration Advisor and the Planning/Budgeting Advisor, should provide increased technical and management input to expand the planning and management capabilities of the RHMTs, so that all four RHMTs achieve an agreed-upon and sustainable level of functioning by the end of the project. An early step in this ongoing process should be to establish priorities and develop individual workplans for each RHMT through December 1990. These workplans will reflect the different needs and priorities of each RHMT, and will provide targets for monitoring progress.

Finding: The project's initial training focus on workshops has had benefits in reaching a large group of health personnel, stimulating their efforts and transferring appropriate clinical and management skills. Insufficient evaluation and follow-up work has been done. There needs to be a stronger linkage with pre-service training institutions to ensure that current needs and field experience are reflected in pre-service curricula.

Recommendation 10: Future training emphasis should be on on-the-job training and small, regional workshops. Efforts to develop stronger pre-service and in-service links for PHC should continue with a focus on the institutionalization of in-service training capabilities.

Finding: The quality of clinical procedures and clinic management introduced thus far in the Project have favorably affected the level of clinic functioning. These areas deserve further evaluation and refinement.

Recommendation 11: Evaluation and follow-up of on-the-job training sessions should be instituted to maximize the effectiveness of the guidelines for supervisors and clinic staff.

Finding: A fundamental component of primary health care, health education, has not received sufficient attention.

Recommendation 12: Health education in primary health care must be emphasized and should be a unifying focal point for the entire project team. Team members should work with the MOH at all levels to expand health education outreach activities.

7. Lessons learned. The principal lesson learned was that the initial project design was too optimistic about the scope and depth of activities that could be accomplished with the resources identified in the PP; and that as a result, the GOS and the Mission were faced with either increasing Project resources (and time) significantly, or reduce the scope of Project outputs.

Similarly, the initial Project design incorporated unrealistic EOPS indicators (i.e., GOS targets which would be influenced by many factors beyond the Project), as well as unclear output indicators. While this problem was recognized early on by the Mission, it was the mid-Project evaluation which focused our attention on the need to finalize revised Project indicators and to obtain a correspondence between them and revised workplan activities.

ATTACHMENTS

K. Attachments (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier; attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

"Swaziland Primary Health Care Project: A Mid-term Evaluation," October 1988.

COMMENTS

L. Comments By Mission, AID/W Office and Borrower/Grantee On Full Report

On the whole, USAID/Swaziland was pleased with the evaluation and its results were useful in project redesign. There were some internal conflicts among team members, resulting in substantive disagreements and the failure to come up with a uniform set of recommendations. Nevertheless, the analysis was very useful and just what the Mission needed to scale the project back to manageable outputs, and establish a common vision between the GOS and USAID with respect to project objectives.

6-