



# A.I.D. EVALUATION SUMMARY PART I

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

IDENTIFICATION DATA

<b>A. REPORTING A.I.D. UNIT:</b> <u>S&amp;T/Health</u> (Mission or AID/W Office)  (ES# _____ )	<b>B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN?</b> yes <input type="checkbox"/> slipped <input type="checkbox"/> ad hoc <input type="checkbox"/>  Eval. Plan Submission Date: FY ___ Q ___	<b>C. EVALUATION TIMING</b> Interim <input type="checkbox"/> final <input checked="" type="checkbox"/> ex post <input type="checkbox"/> other <input type="checkbox"/>			
<b>D. ACTIVITY OR ACTIVITIES EVALUATED</b> (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)	Most recent PACD (mo/yr)	Planned LOP Cost ('000)	Amount Obligated to Date ('000)
936-5938 <sup>58</sup>	Milwaukee International Health Training Center	FY86		\$425	\$425

ACTIONS

<b>E. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR</b>  Action(s) Required  1. Extend Grant for 8 months to (8-1-89) with no additional funds	Name of officer responsible for Action  S&T/H - McJunkin	Date Action to be Completed  Completed
(Attach extra sheet if necessary)		

APPROVALS

<b>F. DATE OF MISSION OR AID/W OFFICE REVIEW OF EVALUATION:</b> mo <u>2</u> day <u>1</u> yr <u>89</u>			
<b>G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:</b>			
	Project/Program Officer	Representative of Borrower/Grantee	Mission or AID/W Office Director
Signature Typed Name	F.E. McJunkin	F. Tavill	A. Van Dusen
	Date: <u>2/89</u>	Date: _____	Date: _____

ABSTRACT

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

This \$425,000 grant was awarded in April 1986 to the Milwaukee International Health training Center (MIHTC) for institutional development and implementation of participant training in Milwaukee and health training overseas. MIHTC was given a nine-month no-cost extension until May 1989.

MIHTC is a consortium, which includes educational, technical and medical institutions, health agencies, and a private corporation. MIHTC is partially funded by the Milwaukee County Government.

The end-of-grant evaluation was carried out in Washington D.C., Milwaukee, Zimbabwe and Malawi. The evaluation examines three major areas referred to in the grant: 1) MIHTC institutional development, 2) participant training in Milwaukee, 3) pilot training activities.

From 1986 - 1988 MIHTC carried out a plan for institutional development and provided training in health-related fields in Milwaukee for 21 participants from developing countries, under sponsorship of several international agencies. MIHTC identified and undertook two pilot training activities overseas: a Library Management course in Zimbabwe and a Program in Intersectoral Planning for Primary Health Care in Malawi.

MIHTC has achieved modest progress towards the ambitious program agenda stated in the 1986 Grant Agreement (however, five of ten program goals were modified or postponed).

Findings - Institutional Development: The two years have been a learning experience for MIHTC, however there has been a strong reliance on outside institutions and consultants for the management and training implementation of these programs. MIHTC have not established or organized the specialized developing country-oriented training capacity found in other universities and schools of Public Health. MIHTC is far from reaching a level of financial sustainability, although their knowledge of other sources has improved. Participant Training in Milwaukee: MIHTC was successful in soliciting 21 participants. Participants received labor intensive, tailored programs from MIHTC staff. While low cost, the results were not particularly cost-efficient. Africa Based pilot Programs: MIHTC did a notable job in quickly identifying opportunities (Library Management - Zimbabwe, Intersectoral Planning for PHC - Malawi) and carrying them out within a 2 year period. However, these opportunities were selected as areas of need by the Zimbabwean and Malawi governments and by UNICEF, but had not been identified as priority areas by local USAID missions.

MIHTC should increase its capacity to identify sources of international funding and, clarify its strategic plan for the future. In order to have professional skills to support their efforts, MIHTC should increase its consultant staff with appropriately experienced p.t. of f.t. consultants. MIHTC should emphasize group participant training programs, rather than individual efforts. The relevant training resources with appropriate international experience need to be identified in the Milwaukee area.

**I. EVALUATION COSTS**

**1. Evaluation Team**

Name	Role	Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (US\$)	Source of Funds
Lee Howard, M.D., M.P.H.	Consultant			STATISTICA, INC
Margaret Range, M.I.A.	Consultant			
Wayne Brown, M.P.H.	C.D.C.	119	50,000	
Gale Savage, M.D., M.P.H. (Zimbabwe, Malawi)	STATISTICA			
Joyce Lyons, R.N., Ph.D. (Malawi)	Consultant			
Pamela Johnson, Ph.D. (Milwaukee)	A.I.D.			
F. Eugene Mcjunkin (Malawi)	A.I.D.			

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

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

COSTS

# 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: S&T/Health

Date this summary prepared: 12/30/88

Title and Date of Full Evaluation Report: MIHTC - Final Evaluation Report

This \$425,000 grant was awarded in April 1986 to the Milwaukee International Health Training Center (MIHTC) for institutional development and implementation of participant training in Milwaukee and health training overseas.

The grant is managed by the A.I.D. Office of Health, Bureau for Science and Technology (H/ST).

MIHTC is a consortium, which includes educational, technical and medical institutions, health agencies and a private corporation in Milwaukee, Wisconsin. These institutions have come together to participate in international health activities of MIHTC, which is managed and partially funded by the Milwaukee County Government.

### Purpose and Methodology of Evaluation

The evaluation is an "end-of-project" review, as required by the Grant Agreement. The evaluation involved three activities to assess how well MIHTC met the terms of the 1986 grant:

- (1) The Zimbabwe Health Library Management Course, was reviewed on site in October 1988 by an evaluation team consisting of Gale Savage, M.D., of Statistica, Inc., and Margaret Range, M.I.A., an independent health training specialist.
- (2) The Malawi Intersectoral Planning for Primary Health Care Course, was evaluated on site in November 1988 by Joyce Lyons, R.N., Ph.D., an independent primary health care and evaluation specialist, along with Dr. Savage and Ms. Range.
- (3) The Milwaukee-based programs and activities, were reviewed in Milwaukee in January 1989 by four persons: Lee Howard, M.D., Ph.D., an independent consultant; Ms. Range; Pamela Johnson, Ph.D., Acting Chief of the Applied Research Division of the A.I.D. Office of Health; and Wayne Brown, Deputy Director, Training Division, Centers for Disease Control, United States Public Health Service, Atlanta.

In the Africa programs, the evaluators attended the workshops, interviewed MIHTC staff and consultants, participants, host country representatives from USAID and UNICEF missions and other private and public development organizations in Zimbabwe and Malawi. In Milwaukee, the evaluators met with a broad range of representatives from the MIHTC consortium, the county government, the MIHTC Project Committee, and MIHTC staff.

In all three site visits, the evaluation team considered such areas as appropriateness of project design, effectiveness of project in achieving project outputs, adequacy and quality of A.I.D. and MIHTC resources, recommendations for modification or extension of project design, management, implementation, budget or time period, value of project to A.I.D., lessons learned for use in follow-on or subsequent activities or projects.

Findings - Institutional Development: The two years have been a learning experience for MIHTC, however there has been a strong reliance on outside institutions and consultants for the management and training implementation of these programs. MIHTC have not established or organized the specialized developing country - oriented training capacity found in other universities and schools of Public Health. MIHTC is far from reaching a level of financial sustainability, although their knowledge of other sources has improved. Participant Training in Milwaukee: MIHTC was successful in soliciting 21 participants. Participants received labor intensive tailored programs from MIHTC staff. While low cost, the results were not particularly cost-efficient. Africa Based pilot Programs: MIHTC did a notable job in quickly identifying opportunities (Library Management - Zimbabwe, Intersectoral Planning for PHC - Malawi) and carrying them out within a 2 year period. However, these opportunities were selected as areas of need by the Zimbabwean and Malawi governments and by UNICEF, but had not been identified as priority areas by local USAID missions.

## RECOMMENDATIONS

In summary, in order for MIHTC to accelerate the development of its potential for international health activities, five things are necessary:

First, major attention should be directed to increasing MIHTC's capacity for identifying sources of international financing and, in preparation, clarifying its strategic plan for the future.

Secondly, MIHTC should consider the addition of part-time or short-term contract staff who have substantial professional experience in international health and development work and who have significant experience living in developing countries. This would provide the professional skills to support their efforts to identify appropriate resources and training opportunities, to promote and market MIHTC, and to gain familiarity with the mechanisms for attracting funding.

Thirdly, MIHTC should direct energy to increasing its participant training programs, especially for participant groups as opposed to individuals, and in making this program more cost effective.

Fourthly, -- and this should precede any grant proposal activities -- the relevant training resources with appropriate international experience need to be more rigorously identified in Milwaukee.

Finally, MIHTC's real challenge is in identifying the ideal match of those appropriate resources to priority needs for international health.

Lessons Learned

- (A) The experience of this project confirms A.I.D. experience in supporting institutional development in two ways:

The rate at which institutions develop depends not only upon strong political commitment from the institution's sponsors, but also upon the investment made in the number, experience and orientation of professional staff to bring about the changes.

Since no U.S. institution has received indefinite support from A.I.D. for institutional development, sustainability (administrative and financial) should become a major early objective.

- (B) Critical to the success of international development projects is the selection of seasoned and sensitive international development professionals, who are current on primary health care philosophy and approaches in the field. Experience in U.S. public health programs is helpful in preparing staff for primary health care work in developing countries.
- (C) Academic institutions new to international development -- and there are hundreds of them of them -- should be given extra guidance in the effective and appropriate use of A.I.D. funds so that two things occur: (1) their own understanding of effective cross-cultural training is accelerated and (2) the in-country beneficiaries receive culturally appropriate assistance in both the content and methodology of training programs.
- (D) Institutions receiving A.I.D. grants for the first time should be informed of the roles of USAID Missions and the protocol required in carrying out projects in countries where Missions are functioning.

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

ATTACHMENTS

Milwaukee International Health Training Center (MIHTC) End of Grant Evaluation Report. 205 Pp. February 17, 1989.

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

L. COMMENTS BY MISSION, AID/W OFFICE AND GRANTEE

Comments by the Mission: USAID/Lilongwe expressed its concern to the ST/H/AR Cognizant Technical Officer for the MIHTC project that MIHTC coordination with the Mission was inadequate. The Mission was also candid that it is shorthanded, has a comprehensive program for its size, and had limited time and resources to assist the MIHTC. This was true in Malawi where the GOM has rigid clearance procedures and to a lesser extent in Harare. Much of the "housekeeping" for MIHTC was provided by UNICEF, an unusual arrangement, which USAID/Malawi accepted under the circumstances.

Comments by ST/H/AR: The MIHTC staff lacks current experience in Primary Health Care concepts and implementation. MIHTC is also dependent on consultants for current concepts of training auxiliary staff. While the training was useful, its replicability is handicapped by MIHTC dependence on non-MIHTC staff for implementation.

The MIHTC must compete with other providers of primary health care oriented training. Staff shortcomings can be remedied to some degree (as in Malawi) by staff attendance at relevant courses (such as those of NCIH), selected readings, judicious use of consultants, and selected participation in meetings such those held annually by the NCIH, APHA, et alia. Such participation would also broaden MIHTC exposure to potential consultants and staff for their own training activities.

The MIHTC also needs to more effectively assess its own staff and community resources. MIHTC's initial inventory was too broad, too general, and too unfocused.

Summing up, the MIHTC should identify its own "niche" where it, potentially, has a comparative advantage in terms of program and staff resources. The training resources and experience available to the MIHTC for midlevel training of technicians suggest potential examples that merit further examination.

The MIHTC appears to recognize these needs and has recently proceeded toward development of a long range "strategic plan."

MISSION COMMENTS ON FULL REPORT