

PROCESS EVALUATION OF LOAN 525-U-045

REPORT

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SEPTEMBER 12, 1978

## SUMMARY OF RECOMMENDATIONS

1. Environmental Health: This component of Loan is progressing on schedule and in a manner in accord with initial plans. Implementation should continue as it is. No changes are recommended.
2. Facilities Construction:
  - a. MOH Logistics: Program needs to be verticalized in order to function. The vertical unit should have a streamlined capability of purchasing, storing, and distributing construction materials with a minimum of bureaucratic constraints. Transportation of architects for proper supervision must be provided.
  - b. Equipment: Since construction of health facilities is now under way, and groups of health assistants will be graduating from their courses during 1979 at various times, it is imperative that equipment for health facilities be purchased at once. Documentation should be prepared immediately.
  - c. Reimbursement of Sub-Centers: The Mission should consider using the "FAR" method of reimbursement for the Health Sub-Centers, in light of the fact that we now know that they will all be constructed from the same plans, which was not contemplated initially.
3. Nutrition: The Mission needs to work up a plan with the MOH for the development of community gardens and small animal farms. Lists of all necessary inputs should be prepared.

Training: The training component of the Loan is the very heart of the Rural Health Delivery Program. Prime attention should be given to it.

- a. Ayudante de Salud Training: Improvements need to be made both in the quantitative and the qualitative aspects of this component. Currently

there are 95 students in training at four locations. In order for the necessary number of students to graduate during the life of the loan, it will be necessary to initiate one course every two months for the next year with approximately 25 to 30 students in each course. A means needs to be devised to provide more teaching materials to students, such as books, pamphlets, manuals, audio visual aids, etc.

The impact evaluation should include a means of determining the extent to which the students have learned a minimum, basic, body of knowledge. This determination will be useful to compare the teaching effectiveness of the staffs in the different regions.

- b. MPH Training: Due to the long period required to prepare documentation and the year of study required, all names for candidates should be submitted to AID by the MOH as soon as possible.
5. Administration: A plan for executing this component should be developed immediately by an AID/MOH joint group. While administration activities carried out so far have been useful, it is unknown whether they will fit into an overall program for the improvement of the administrative systems of the MOH and the Social Security System.
6. Overall: The position of project coordinator within the MOH should be given the authority and responsibility involved in the job. It is not possible for the project to be effectively managed on a part-time basis, nor without the full authority to make important decisions.

## INTRODUCTION

It was my privilege to participate in the development of the Rural Health Delivery Systems Loan. It is now again my privilege to discuss briefly the current status of that Loan after almost two years of implementation.

While I would have liked to have stayed a longer time, circumstances didn't permit me to make all the field visits desired, nor to converse with all of the people involved in project implementation. This report is a summary of my observations during the 1-1/2 week visit.

Based on the cable which requested my services, I have divided my discussion into the following areas:

- I. Develop simple methodology for process evaluation.
- II. Assess progress of all loan components in relation to logical framework.
- III. Identify specific implementation problems and bottlenecks within AID and MOH and recommend actions for improving loan implementation.

## OVERALL ASSESSMENT

The Rural Health Delivery Systems Loan is probably one of the most complicated loans that the mission is handling. It is complicated because it has so many different components requiring a large variety of skills and specialties. It is complicated because many of the concepts that are being introduced through this loan are new, and there is little experience in Panama or anywhere else. It is further complicated by the fact it probably requires a far more complex infrastructure within the Ministry of Health than anyone originally expected.

*Handwritten note:*  
First time  
more if  
visit

In this light, it is not surprising that overall the loan is not progressing as fast as one might have expected. Yet, certain sections like the environmental health portion, are progressing faster than planned. The rural water supply program is not a new one to the Ministry, and the proper infrastructure was created, partly with the help of Loan 040, to carry out the work at a reasonable pace.

My impression, however, is that the Ministry is now becoming aware that the task of carrying out a \$19,000,000 program in four years is a big one that requires that certain key personnel dedicate full-time to it. To this end, they are searching for an experienced engineer who will create a vertical unit within the Architecture Division for the construction of health facilities. This engineer would be given the necessary authority to streamline the logistical problems of purchasing, storing and distributing construction materials. Also, the Ministry is considering transferring the Chief of Nutrition from Santiago to Panama City, in order that the food production portion of the nutrition program will be given high priority.

At this point in time, then, it is difficult to determine whether the Loan is going to meet its targets in the time indicated. It is my feeling that if the Ministry takes the steps that have been outlined here, that they will be able to catch up and meet the targets.

I. DEVELOP SIMPLE METHODOLOGY FOR PROCESS EVALUATION

To develop a "Basic Simple Check Mark Form" with all the project components to be completed by any MOH health team working in a rural community which is part of the target community and population.

The form shown is only a sample of what should be collected as basic data with a copy to the Mission. A form like this should be completed for any community receiving any type of assistance out of the 045. From this base we can go into a more detailed type of evaluation looking for specific impact of the project. I feel it is very important to collect basic data before trying to go into a more sophisticated system of evaluation. Evaluation is a dynamic process and not an episodic or one visit affair by a consultant.

II. ASSESS PROGRESS OF ALL LOAN COMPONENTS IN RELATION TO LOGICAL FRAMEWORK

The state goal of the program is to "raise the health level of the Panamanian marginal population to acceptable standards". Although more precise data will be available at the end of the Loan when the 1980 Census is conducted, some reliable estimates indicate that some progress has been achieved in attaining goals set forth in the logical framework. Life expectancy for the "marginal population" was expected to rise from 50 years to 55 by the year 1985. It is estimated that the life expectancy for this group is now somewhere around 51 years. Average life expectancy<sup>1</sup> is now estimated to be 67 for males and 71 for females for the entire population in 1970. Infant mortality<sup>2</sup> was to be lowered from 37.2 deaths/thousand live births to 30.0 by 1985. The figure for 1976 is 37.6, which indicates a slight rise. It is quite possible that this increase can be

<sup>1</sup> Batista, Raul, and Guerra, Federico, Tablas de Vida por Sexo y Edad en la Republica de Panamá. Ministerio de Salud, 1978.

<sup>2</sup> Memoria del Ministerio de Salud, Ministerio de Salud, 1977.

"Basic Simple Check Mark Form"

Community \_\_\_\_\_ Province \_\_\_\_\_

Total Population

Female 15-44 =

Newborns/Year =

Infants 1-4 =

Health Committee = Yes

No =

School = Yes =

Enrollment =

Aqueduct = Yes No =

When it was built

Well = Yes No =

When it was built

Latrines

How many

Health Center = Where \_\_\_\_\_ When it was built

Health Subcenter=Where \_\_\_\_\_ When it was built

Health Post = Where \_\_\_\_\_ When it was built

Ayudante

Community Nurse

M.D.

Vegetable Garden

Animal Project

What are the 5 or 10 leading causes of Morbidity and Mortality

What is the level of immunization

DPT

Polio

Rubella

Ruebeola

Mumps

What is the report of the PPD skin test

attributed to improved data collection. General mortality, on the other hand, was 4.6 deaths/thousand population for 1976. The goal was to reduce the 1974 figure of 6.0 to 5.3 by 1985. Diarrheal diseases were to be reduced from 29,000 cases to 20,000. It is estimated that there were 27,000 cases in 1976.

The overall goal of raising the health level of the Panamanian marginal population was to be accomplished by the institutionalization of an improved, integrated, low-cost, health delivery system. This project purpose was to be measured by accessibility of marginal population to health facilities, accessibility of marginal population to water supplies and excreta disposal, and marginal population receiving professional services in childbirth and vaccination. Table I shows the levels in 1974, the targets for 1981, and the best estimate for the present for those indicators selected to verify that the project purpose is being accomplished.

TABLE I. PROGRESS AGAINST PROJECT

<u>PURPOSE TARGETS</u>	1974	Goal for 1981	Present
Accessibility of the marginal population to basic health facilities.	25%	50%	30%*
Population with access to potable water.	54%	70%	63%
Population with access to excreta disposal systems.	76%	83%	78%
Professional services during childbirth.	47%	60%	55%
Immunization for the marginal population.	50%	60%	**

\* Estimate

\*\* Indicator difficult to define.

The overall project was intended to have its main outputs 1) Increased efficiency of health services within the context of an integrated public health care system, 2) an enlarged and strengthened capacity within the public health sector for training and utilizing health assistant, and 3) providing rural communities with access to basic health care services and facilities, and a mechanism of referral through the health care delivery system. These outputs would be measured simply by verifying that the targets had been met.

The integrated health system is expected to be a reality by 1981. Presently there are 8 of the 9 provinces integrated, and it is expected that during the course of 1979 the remaining province, Panama, will also be integrated. The experience of the integrated provinces shows that the process is slow, and that the transition from simply having the same kind of sign on the door to actually having a unified health delivery system is a long one. The line item designated for the streamlining of the administrative systems being merged has not really been planned yet, and unless there is a drastic change in orientation, it does not seem likely that it will help much to accomplish its stated purpose.

Target of the loan for the training of Health Assistants is 225. The MOH is currently training 95 health assistants in 4 different locations of the country. Due to the relatively high rate of attrition (50% in San Blas, for example), it is imperative that the bulk of the training be initiated as soon as possible in order to achieve the target by the end of the Loan. It is somewhat premature to determine if the quality of the training is what was expected, and plans should be made now to include

in the impact evaluation a measure of how well the assistants are learning what is required.

Providing communities with advice and facilities for health facilities, environmental health facilities, and nutrition projects is a task that has shown mixed results. Construction of health facilities can be described as being slow and behind schedule. Of 4 rural health centers to be constructed, there is currently one under construction. Of 14 sub-centers, there are currently 6 under construction and one completed. The completed one, however, is still not in use. Of the 225 health posts to be constructed, there are approximately 11 under construction and none completed. Reasons for the slowness of this component appear to be several. The MOH has been somewhat hesitant to go too fast on the construction lest they find themselves with many buildings and no one to work in them. Also, it appears that the current structure of the architecture branch within the MOH was not really intended for a construction project of this magnitude, and that a reorganization and verticalization of the program is needed, in order to expedite the purchase, storage and distribution of construction materials, and to facilitate the field supervision. Another possible danger is that the facilities and the personnel be ready to go but that there be no equipment for the facilities. It is necessary that purchasing procedures be initiated immediately in order to have on hand equipment when it is needed.

The Environmental Health component of the Loan is moving along faster than planned, and although because of counterpart problems, got a late start, is now on its way to finishing before time. Of the 300 aqueducts planned, there are 73 completed and 178 others under construction. Of 400 hand-pumped

wells, there are presently 104 that have received reimbursement, about 100 more that are complete and awaiting final inspection, and 200 more under construction. There have been 2,500 latrines reimbursed out of the targeted 13,800. The institutional mechanism for the MOH environmental health facilities construction program is such that all work is expected to be completed before TDD without any problem.

The Nutrition Component, which envisioned the establishment of 48 community gardens and 75 small farms, has not started. Certain changes within the MOH have not permitted this segment of the Loan to make much progress. Unless the Nutrition Division of the MOH is reorganized, and a plan of action prepared before the end of this year, it is unlikely that this component will be accomplished.

### III. IDENTIFY SPECIFIC IMPLEMENTATION PROBLEMS AND BOTTLENECKS WITHIN AID AND MOH AND RECOMMEND ACTIONS FOR IMPROVING LOAN IMPLEMENTATION.

Most of the specific implementation problems in the areas of environmental health, facility construction, administration, training, and nutrition have been discussed in Section II of this report. This section will deal with more general problems.

In discussions with various MOH officials, including the Minister, there appears to be a concern with the delay on the part of the AID Mission to respond quickly (either positively or negatively) to their requests. The necessity to obtain so many clearances, and the tendency of some offices to hold decisions for excessively long periods of time, tends to discourage the MOH in the implementation of the program.

On the other hand, it is apparent that the MOH Project Coordinator has not been given the full authority and responsibility needed to make the necessary decisions. Also, he is burdened with a series of other responsibilities within the MOH that preclude his full attention to the Project. It is strongly felt that the management of a \$19,000,000 Program requires a full-time individual.