

PROJECT EVALUATION SUMMARY
(Submit to MO/PAV after each project evaluation)

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1. Mission or AID/W Office Name TA/H	2. Project Number 931-11-580-055
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3. Project Title Colombia Health Delivery System

4. Key project dates (fiscal years) a. Project Agreement Signed 13 Dec. '74 b. Final Obligation 12 Dec. '77 c. Final input delivered	5. Total U.S. funding life of project \$971,756
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6. Evaluation number as listed in Eval. Schedule	7. Period covered by this evaluation FROM: 9/75 TO: 7/77 Month/year Month/year	8. Date of this Evaluation Review July 28 1977 month/day/year
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<p>9. Action Decisions Reached at Evaluation Review, including items needing further study (Note--This list does <u>not</u> constitute an action request to AID/W. Use telegrams, airgram, SPARS, etc., for action)</p> <p>It is necessary to extend the present contract to 10/12/78 and provide additional funding in the amount of \$96,989 to permit this project to achieve all objectives.</p>	<p>10. Officer or Unit responsible for follow-up</p> <p>Donald C.E. Ferguson Chief, Health Delivery Systems, TA/H</p>	<p>11. Date action to be completed</p>
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<p>12. Signatures:</p> <p>Signature: Project Officer Dr. Donald C.E. Ferguson August 11, 1977</p>	<p>Signature: Mission or AID/W Office Director Typed name: Dr. Lee M. Howard Date: August 11, 1977</p>
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13. SUMMARY - Summarize in about 200 words the current project situation, mentioning progress in relation to design, prospects of achieving purpose, major problems encountered, etc. Work is continuing on the various studies being undertaken to evaluate the PRIMOPS model. 1) Re community acceptance of PRIMOPS: the "before" survey is complete and the "after" survey is in preparation. 2) Re health personnel acceptance of PRIMOPS: data transcription has begun and a second series of interviews is being prepared. 3) Re impact on health indicators: a more detailed research protocol has been drawn up as have plans to 'expand' populations in the control and experimental areas. Data on health center utilization has been coded. 4) Re personnel effectiveness: data collection is continuing as an ongoing activity and the validity of job descriptions is being documented. 5) Re community profiles: "before" studies have been completed in both control and experimental areas, and 1973 DANE census data has been obtained for the experimental area. 6) Re cost analysis: analysis of first round data is nearing completion. 7) The analysis of PRIMOPS evaluation design and identification of a control group: all complete. All these activities are in accord with the design expressed in the log frame of 18 July 1977, and in the face of the constraints cited below, represent satisfactory progress toward achievement of project purpose. Provided that the contract is extended as requested by Tulane, the prospects for achieving project purpose are good.

The chief problem was a delay by GOC in releasing funds for the implementation of PRIMOPS services. The result was that these services became operational nine months late. Since the principal task of this project is to evaluate these services, (cont'd)

14. EVALUATION METHODOLOGY - Describe the methods used for this evaluation, i.e. was it a regular or special evaluation? was it in accordance with the Evaluation Plan in the PP with respect to timing, study design, scope, methodology and issues? What kinds of data were used and how were they collected and analyzed? Identify agencies and key individuals participating and contributing.

This is a special progress PES subsequent to a 14 Dec. 1976 PAR review which was never documented due to the illness of the project manager, Mr. F. Murphy. In the present evaluation, all PRIMOPS related documents on file in TA/H were reviewed, information needs were determined by Messrs. Donn Hooker and Jay Anderson (TA/H) who designed a reporting matrix which was filled in by Dr. Delgado at Tulane and returned. Other information was obtained via telephone and in an August 3 meeting with Dr. Delgado in TA/H.

15. Documents to be revised to reflect decisions noted page 1 (other side:)

- Project Paper (PP) Logical Framework CPI Network Financial Plan
 PIO/T PIO/C PIO/P Project Agreement Other - CONTRACT
 This evaluation brought out ideas for a new project -- a Project Identification Document (PID) will follow.

13. Cont'd.

the GOC delay (completely beyond the control of Tulane) translated directly into a nine month delay in Tulane's commencement of several important elements of its evaluation. Thus Tulane has requested that the present contract be extended to 10-12-78, a 10 month extension, including \$96,989 in additional funding.

16. Evaluation findings about EXTERNAL FACTORS - Identify and discuss major changes in project setting which have an impact on the project. Examine continuing validity of assumptions.

As described in 13, external factors have been responsible for delays in completing this project.

The assumptions noted in the log frame of 15 August 1977 are valid.

7. Evaluation findings about GOAL/SUBGOAL - For the reader's convenience, quote the approved sector or other goal (and subgoal, where relevant) to which the project contributes. Then describe status by citing evidence available to date from specified indicators and by mentioning progress of other projects (whether or not U.S.) which contribute to same goal. Discuss causes--can progress toward goal be attributed to project, why shortfalls?

As noted in 15, a principal finding of this evaluation is the necessity of revising the PROP and the log frame. What follows here is based on revised versions of those documents (Log Frame of 15 August, PROP of 25 August). These revisions have the complete approval of Dr. Delgado, the project director. Dr. Delgado described the project design to John Gunning and Lohva Wakefield at a meeting on August 4 with PPU and TA/H regarding the contract extension and additional funding request.

Goal/Sub-Goal: To improve health...of the people of Colombia/To make primary care health services...available...at affordable cost.

It is too soon to assess adequately progress towards Goal/Sub-Goal. Progress in this area can be realistically measured only after the PRIMOPS model has been replicated in other areas. The purpose of this project is to provide information and personnel which will facilitate that replication. However, it is significant that eight cities in Colombia have already adopted certain elements of the PRIMOPS model thus indicating progress towards achievement of Sub-Goal.

18. Evaluation findings about PURPOSE - Quote the approved project purpose. Cite progress toward each End-of-Project Status (EOPS) condition. When can achievement be expected? Discuss causes of progress or shortfalls.

Purpose: To determine the validity of the PRIMOPS model...; the suitability of the model for replication...; to contribute to institutional base necessary for that replication. To identify those elements of the PRIMOPS model...relevant to other LDC settings.

The line between outputs and purpose in this project is very thin; purpose will be essentially achieved when outputs are completed. Therefore, note progress towards achieving outputs as in 19 below.

19. Evaluation findings about OUTPUTS and INPUTS - Note any particular success or difficulties. Comment on significant management experiences of host contractor, and donor organizations. Describe any necessary changes in schedule or in type and quantity of resources or outputs needed to achieve purpose.

Outputs relating to PRIMOPS evaluation can be classified in eight elements and 25 component parts. Eight of these 25 components have been completed as planned: six of these eight were finished 1/2 year ahead of schedule. The remaining 17 components are running eight to nine months behind schedule due to delays noted in 13 and 16 above. In terms of the overall level of effort required to produce the outputs, Tulane estimates that it is 2/3 finished: that 65% of its time, 70% of its activity and 65% of its funds have been expended. 100% of the time, activity and money scheduled for Phase I has been expended, while 46% of the time, activity and money scheduled for Phase II has been expended.

Local PRIMOPS staff are undergoing continuous on site training through Tulane's practice of using this staff as the principal agent in the implementation of its technical program. These staff were carefully selected and are highly qualified.

20. Evaluation findings about UNPLANNED EFFECTS - Has project had any unexpected results or impact, such as changes in social structure, environment, technical or economic situation? Are these effects advantageous or not? Do they require any change in plans?

No unplanned effects in evidence.

21. CHANGES in DESIGN or EXECUTION - Explain the rationale for any proposed modification in project design or execution which now appear advisable as a result of the preceding findings (items 16 to 20 above) and which were reflected in one or more of the action decisions listed on page 1 or noted in Item 15 on page 2.

Re execution, it is vital that the contract be amended as requested by Tulane in memo 76321 of October 15, 1976, and 77115 of August 2, 1977. Without extension and additional funding, outputs will not be produced, and no usable product will result from the studies noted in 13 and 19

2. | LESSONS LEARNED - What advice can you give a colleague about development strategy--
e.g., how to tackle a similar development problem or to manage a similar project
in another country? What can be suggested for follow-on in this country? Similarly,
do you have any suggestions about evaluation methodology?

Re evaluation methodology, a major problem in tracking the performance of this project (and thus gathering meaningful evaluative data) has been its complexity. Tulane submits quarterly reports, but it is very difficult for someone not intimately familiar with the project to interpret these reports relative to the progress toward completion of specific tasks. The attached reporting matrix (see 14 above) is an attempt to overcome this difficulty. In addition, there is no implementation plan other than a broadly conceived PPT chart and the contract (which is not intended to be a performance tracking instrument) against which progress can be evaluated. The language of the contract is often too imprecise to be used for such purposes. Moreover, Tulane reports are written in terms that do not readily permit comparison with specific points in the contract. Rather they tend to report more minute technical items which are not mentioned in the contract and which are difficult for AID/W to use in tracking project performance. In future projects of this nature, attention should be focused on the generation of a more precise implementation plan and a shared vocabulary.

SPECIAL COMMENTS or REMARKS (For AID/W projects, assess likelihood that results of project will be utilized in LDC's).

~~Guatemala~~ has shown interest in adopting some elements of the PRIMOPS model. Peru is, with IDRC support, considering a PRIMOPS project in Arequipa. Brazil is incorporating elements of the PRIMOPS approach in the Montes Claros project. Colombia has incorporated elements of PRIMOPS into a nationally sponsored program which goes under the acronym of the "MAC" program. The Health Information System devised by PRIMOPS/Tulane is being used by the Lampang project in Thailand.

**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

Life of Project:
From: FY _____ to FY _____
Total U.S. Funding _____
Date Prepared: August 15, 1977

Project Title & Number: Colombia Health Delivery System; 931-0055

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																						
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>GOAL: To improve the health status and thus the quality of life of the people of Colombia.</p>	<p>Measures of Goal Achievement:</p> <p>Decreased age specific morbidity/mortality Reduced age/parity specific birth rates.</p>	<p>GOC health statistics.</p>	<p>Assumptions for achieving goal targets:</p> <p>GOC interested in improving health status of population and willing to make appropriate investments.</p>																						
<p>Sub-GOAL: To make primary care health services, particularly those related to MCH/Nutrition and Family Planning, available and accessible to the Colombian people at affordable cost.</p>	<p>PRIMOPS model widely replicated in other areas of Colombia. Majority of population uses the services provided by the government health care system.</p>	<p>GOC surveys, statistics and evaluations, facility records, observation</p>	<p>PRIMOPS methodology is transferable to other areas of Colombia. Trained personnel properly utilized by GOC.</p>																						
<p>Project Purpose:</p> <p>To determine the validity of the PRIMOPS model low cost health care delivery system as a vehicle for delivering primary health services in poor urban settings, the suitability of the model for replication elsewhere in Colombia, and to contribute to the institutional base necessary for that replication. To identify those elements of the PRIMOPS model that are relevant to other LDC settings.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status. GOC will have results of a thorough evaluation and relevant data on which to base decisions and plans pertinent to PRIMOPS evaluation and replication as well as an enhanced professional capacity to assist in that replication. AID will have a variety of studies which in aggregate and with adaptation are likely to be relevant in other LDC environments.</p>	<p>Tulane Final Report and evidence of PRIMOPS replication prior to Tulane's withdrawal. Analysis of project trainee utilization.</p>	<p>Assumptions for achieving purpose:</p> <p>Eight elements of evaluation are exhaustive of all important considerations. Tulane methodology sound. A minimum of 18 months elapsed time between "before PRIMOPS intervention" studies and "after PRIMOPS intervention" studies.</p>																						
<p>Outputs:</p> <p>Quantitative and qualitative measurements of the strengths and weaknesses of the PRIMOPS Model.</p> <p>Three professionals trained on site in evaluation of health services methodologies; short term observation type training programs for other key PRIMOPS staff.</p>	<p>Magnitude of Outputs: Eight Studies: Community acceptance of PRIMOPS model of services. Health personnel acceptance. Analysis of evaluation design. Methodology to identify control group Impact on mortality, morbidity, fertility in target area. Effectiveness of PRIMOPS personnel. Profiles of target/comparison areas. Cost Analysis of PRIMOPS Model. Training: three professionals; other key PRIMOPS staff as deemed desirable by Tulane/Primops</p>	<p>Contractor's Quarterly Progress Reports. Conclusion of each of eight analytical surveys and studies. Contractor's final Report.</p>	<p>Assumptions for achieving outputs:</p> <p>Tulane has access to relevant PRIMOPS data. Continued support of community, GOC, and PRIMOPS. Continuing technical support from Tulane. GOC releases funds for the implementation of PRIMOPS services in a timely manner.</p>																						
<p>Inputs:</p> <p>AID: Dollar funding; special reviews Tulane: Technical manpower, training curricula & facilities, management of design and implementation of evaluation methodologies for MCH/HDS. Colombia: Local costs, manpower, facilities information, logistic support. AID Mission: Backup activities within Mission's overall strategies to strengthen Colombia H.S.</p>	<p>Implementation Target (Type and Quantity)</p> <p>Salaries/Wages: Core Staff " T.A. Professional Consultants Travel/Trans: Core Staff " T.A. Professionals " PRIMOPS Site Visits Indirect costs: Core Staff " T.A. Professionals Other Direct Costs Colombian Sub-Contract</p> <p align="right">Grand Total</p>	<p>BUDGET:</p> <table border="0"> <tr><td>\$</td><td>335,459</td></tr> <tr><td></td><td>233,192</td></tr> <tr><td></td><td>8,684</td></tr> <tr><td></td><td>31,362</td></tr> <tr><td></td><td>64,944</td></tr> <tr><td></td><td>10,000</td></tr> <tr><td></td><td>92,222</td></tr> <tr><td></td><td>65,038</td></tr> <tr><td></td><td>67,260</td></tr> <tr><td></td><td>162,584</td></tr> <tr><td></td><td><u>1,000,000</u></td></tr> </table>	\$	335,459		233,192		8,684		31,362		64,944		10,000		92,222		65,038		67,260		162,584		<u>1,000,000</u>	<p>Assumptions for providing inputs:</p>
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