

# A.I.D. EVALUATION SUMMARY PART I

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

15A 68166

<b>A. REPORTING A.I.D. UNIT:</b> <u>USAID/Bolivia</u> (Mission or AID/W Office)  (ES# _____ )	<b>B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN?</b> yes <input checked="" type="checkbox"/> slipped <input type="checkbox"/> ad hoc <input type="checkbox"/> Eval. Plan Submission Date: FY ___ 0 ___	<b>C. EVALUATION TIMING</b> Interim <input type="checkbox"/> final <input checked="" type="checkbox"/> ex post <input type="checkbox"/> other <input type="checkbox"/> <div style="font-size: 2em; font-weight: bold; text-align: center;">PD-ARB-737</div>			
<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)
511-0594	CARE Child Survival and Rural Sanitation Project	86	8/90	5,000	5,000

E. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR	Name of officer responsible for Action	Date Action to be Completed
Action(s) Required   Approval of a follow-on Project	Llewellyn	10/90
(Attach extra sheet if necessary)		

<b>F. DATE OF MISSION OR AID/W OFFICE REVIEW OF EVALUATION:</b> mo ___ day ___ yr ___			
<b>G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:</b>			
Project/Program Officer Signature: <i>Charles Llewellyn</i> Typed Name: Charles Llewellyn Date: <u>6/25/90</u>	Representative of Borrower/Grantee Signature: <i>Chris Roedel</i> Typed Name: Chris Roedel Date: <u>8/9/90</u>	Evaluation Officer Signature: <i>Deborah A. Caro</i> Typed Name: Deborah Caro Date: <u>7/3/90</u>	Mission or AID/W Office Director Signature: <i>Reginald van Raalte</i> Typed Name: Reginald van Raalte Date: <u>7/10/90</u>

11/20/89

11/20/89

APPROVALS

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

This report constitutes the final evaluation of a CARE Child Survival and Rural Sanitation program in Bolivia. The program was financed by a \$ 5.0 million grant from the U.S. Agency for International Development (USAID) as Project No. 511-0599. It was implemented over a 4-year period which will end in August 1990. Approximately 59,000 people in 200 rural communities benefited from the Project.

The purpose of the Project was to address the principal causes of illness and death in Bolivia's rural child population. The Project had three integrated components:

- A. Provision of health services, including health education;
- B. Provision of potable water and sanitation facilities; and
- C. Community organization and participation.

The Project was successful in achieving worthwhile results in all of its components. One additional component would have further contributed to the objectives of the Project: micro-irrigation for family gardens.

Including the value of all contributions of both cash and labor, the average per capita cost of the Project was US\$ 160.

The water supply systems all provided yard connections, and were generally well designed and constructed. Only a minority of systems required motorized pumping; these were the most problematic systems.

The latrine component of the Project was very successful and was surprisingly popular with the users. This was particularly true for the majority of users who received latrines with pour-flush water seals, which avoided odors and fly problems.

The health education component maximized the health benefits of the water supply, created a demand for immunizations and latrines, and stimulated behavior change for prevention and management of diarrhea and prevention of malnutrition.

A major accomplishment of the Project has been the creation or strengthening of community organizations.

The impact on women has been particularly favorable, both by helping to incorporate them within the community leadership, and by saving them considerable time and energy otherwise used in hauling water.

**I. EVALUATION COSTS**

1. Evaluation Team		Contract Number <u>OR</u> TDY Person Days	Contract Cost <u>OR</u> TDY Cost (US\$)	Source of Funds
Name	Affiliation			
Andrew W. Karp	WASH Consultant	5973-7-00-8081-00	36,180	PD&S
Patricia Martin	WASH Consultant			
Sharon Guild	CARE	30	7,130	CARE
TPM Contract			1,368	CARE
CARE/Bolivia	Staff TDY		<u>2,238</u>	
			<u>46,916</u>	

2. Mission/Office Professional Staff Person-Days (estimate) 10

3. Borrower/Grantee Professional Staff Person-Days (estimate) 83

# 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: \_\_\_\_\_

Date this summary prepared: \_\_\_\_\_

Title and Date of Full Evaluation Report: \_\_\_\_\_

### CARE/BOLIVIA CHILD SURVIVAL AND RURAL SANITATION PROGRAM: A FINAL EVALUATION OF THE USAID-FINANCED PROJECT

This report constitutes the final evaluation of a CARE Child Survival and Rural Sanitation program in Bolivia. The program was financed by the U.S. Agency for International Development (USAID) as Project No. 511-0599.

#### I. DESCRIPTION OF THE PROJECT

The purpose of the Project was to address the principal causes of illness and death in Bolivia's rural child population (0-4 years of age). The Project had three integrated components:

- A. Provision of health services, including health education;
- B. Provision of potable water and sanitation facilities; and
- C. Community organization and participation.

Funds totalling US\$ 5.0 million were provided by USAID for this program. Contributions from counterpart institutions, the participating communities, and CARE itself totalled another US\$ 3.9 million.

Approximately 59,000 people in 200 rural communities benefited from the Project, which was undertaken in the Departments of Chuquisaca, La Paz, Oruro, Potosi, and Tarija.

The Project was implemented over the four-year period beginning in August 1986. It is scheduled to end in August 1990.

The Project was complex both because of its several components and because it was implemented in a decentralized manner with two counterparts in each of the five Departments. The two counterparts in each department were the Regional Development Corporation and the Regional Health Unit (Unidad Sanitaria) of the Ministry of Public Health.

#### II. GENERAL CONCLUSION

The Project was successful in achieving worthwhile results in all of its components, including water supply, sanitation, health education, and community organization. The unanticipated enthusiasm of the communities for the latrine component was remarkable. Although the Project had a number of shortcomings, the overall conclusion of the evaluation is positive.

### III. PROJECT COMPONENTS AND THEIR INTEGRATION

The integrated nature of the present Project has been shown to be both workable and advantageous. Combining the components of water, sanitation, health interventions, and community organization in a single project has had synergistic results.

One additional component would have further contributed to the objectives of the Project: micro-irrigation for family gardens. The original Project Proposal included an objective promoting family gardens in order to improve nutrition, but it did not include the key factor needed to promote family gardens: sufficient water for micro-irrigation. Later the Project agreement between USAID and CARE was amended and the family gardens objective was deleted.

### IV. COUNTERPART ISSUES

In general, the Regional Development Corporations proved to be reasonably good counterparts. However, there were serious delays in the payment of counterpart funds from these Corporations to CARE, which were ultimately remedied.

The Regional Health Units (Unidades Sanitarias) were less active in the Project than were the Corporations. In part this was due to the fact that they had not participated in developing the concepts and methodologies to be used by the Project, and had simply been asked to collaborate with what had been developed by CARE and the Corporations. Effective integration and coordination require developing and signing project agreements treating all counterpart institutions as full and equal participants.

All of the Development Corporations and Regional Health Units have, to some degree, increased their propensity and capabilities for working in a more integrated fashion, and this should be considered to be an important achievement of the Project's pioneering effort to integrate water, sanitation, child health and community development.

It is suggested that USAID could maximize the impact of the development projects that it supports by requiring those which operate in the same geographic area to coordinate their interventions to avoid duplication or gaps in coverage. During its visits to twenty of the communities served by the present Project, the evaluation team noted such duplication and resulting conflicts at the community-level.

### V. SCHEDULING FOR FUTURE PROJECTS

When evaluating the appropriate duration and scheduling for a new project, the on-going nature of water, sanitation, and health needs should be taken into account. Projects with abrupt start-ups, relatively short duration, and abrupt terminations should be avoided if at all possible. It is suggested that seven years may be a reasonable duration for such a Project.

If there is to be a follow-on project, USAID funding and implementation should begin with as little delay as possible (by September 1990), so that CARE can retain its experienced field staff to work on the next project.

## VI. COST OF THE VARIOUS COMPONENTS

Including the value of all contributions of both cash and labor, the average per capita cost of the Project in communities where all Project components were implemented was US\$ 160.

The approximate breakdown of costs (plus or minus about 20 percent) was:

Water Supply	\$ 109.
Latrines	\$ 21.
Health & Community Organization	\$ <u>29.</u>
Total:	\$ 160.

The evaluation team considers these costs reasonable in relation to the relatively high level of service that the Project provided. The only way in which major cost reductions could have been achieved would have been to provide a lower level of service, such as providing public taps for water instead of household connections. However, such a reduction in the level of service would have resulted in less of a health impact.

## VII. FINANCIAL MONITORING CONTROL

During most of the life of the Project, the financial monitoring control was poor, although in the final year of the Project this was improved to an adequate level.

Until the final year of the Project, Project managers did not have an adequately detailed or up-to-date system for monitoring expenditures and controlling the fund balance which remained available to the Project.

The Project made the mistake of using the Federal Reserve Letter of Credit (FRLC) balance information as a main indicator of the funds that were still available for future expenditures. This was inadequate because the FRLC balance information generally reached Project managers in Bolivia a few months late, and because the balance information was not separated into line item balances at the level of detail needed.

The original budget did not provide enough detail for Project management to later determine if expenditures were running as anticipated or not.

As a result of the above deficiencies, two-thirds of the way through the 48-month life of the Project, the Project management was surprised to discover that Project objectives could only be met by increasing the budget by approximately \$ 0.65 million. For this reason CARE requested, and USAID approved, a \$ 0.50 million budget increase, and approximately \$ 0.15 million was contributed to the Project by CARE itself. The need for these additional funds was reasonable, but should have been anticipated much earlier, preferably in the original Project Proposal.

**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.)

Final Evaluation of the CARE/Bolivia Child Survival and Rural Sanitation Project, WASH Field Report No. 312.

**COMMENTS**

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

An excellent report with many suggestions to be incorporated into new follow-on project.

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As a result of the above problems:

- A. CARE/Bolivia has recently instituted a Budget Expenditure Control (BEC) system. As the BEC presently exists, this should be adequate to provide very much improved financial monitoring control, and should avoid the most serious problems of the past. Furthermore, CARE is continuing to improve its BEC system, and this may prove to become a very good monitoring control system.
- B. USAID/Bolivia staff, including the Controller, urge that any future projects with CARE avoid the FRLC mechanism of transferring funds, and instead have funds transferred directly from the local USAID mission to the local CARE mission. If such a recommendation were to be followed, it would assure that local project management and the local mission of USAID would have up-to-date financial information.

#### VIII. WATER SUPPLY AND SANITATION

The water supply systems all provided house connections, and were generally well designed and constructed. Only a minority of systems required motorized pumping; these were the most problematic systems. The quality of the water provided generally met the guidelines of the World Health Organization for rural water supplies (the quality was generally slightly less than ideal, but the W.H.O. guidelines are flexible and allow for this in rural areas).

The latrine component of the Project was exceptionally successful and was very popular with the users. This was particularly true for the majority of users who received latrines with pour-flush water seals, which avoided odors and fly problems. It should be noted that such latrines are only practical where people have house or yard (patio) connections for their water supply. Some of the dry ventilated pit design latrines were improperly constructed, had odor problems, and were unpopular.

#### IX. HEALTH EDUCATION

The health education component was designed to maximize the health benefits of the new water supply, to create a demand for immunizations and latrines, and to stimulate behavior change in prevention and management of diarrhea and prevention of malnutrition.

The health education component achieved most of its objectives including a 90% immunization coverage, 50% ORT use and 85% regular attendance for growth monitoring. Interest in the health education component of the Project was aided by the enthusiasm of the communities for the water and sanitation component of the Project. Communities could not begin building water systems until certain health education objectives had been met.

The design of putting trained nurses and auxiliaries in the villages 20 days a month provided excellent on-the-job training for promoters.

Future projects will have to consider how to cover all children, even those whose parents are not participating in the water project, and how to turn the project supervision over to the Regional Health Units.

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## X. COMMUNITY PARTICIPATION

A major accomplishment of the Project has been the creation or strengthening of community organizations, including Water Committees, Mothers' Clubs and Leaders' Councils. Most of the communities visited demonstrated a reasonably high degree of community collaboration, and most also clearly recognized community ownership of and responsibility for their water systems.

The impact on women has been particularly favorable, both by helping to incorporate them within the community leadership through the Mothers' Clubs, and by saving them considerable time and energy otherwise used in hauling water.

It appears that nearly half the communities visited have a good possibility of sustaining their activities after CARE's assistance ends (information on the remaining half was too limited to make a judgment).

## XI. EVALUATION METHODOLOGY

The evaluation was undertaken over a one-month period. It included visits to twenty of the 200 communities that participated in the Project, including communities in each of the five Departments of Bolivia in which the Project was implemented. It also included interviews with staff of all of the Project's counterpart institutions, CARE/Bolivia, and USAID/Bolivia. The evaluation team included a Sanitary Engineer, a Pediatrician/Health Education Specialist, and a Specialist in Community Organization and Participation. This team was supplemented in visits to a few communities by an Epidemiologist and a Civil Engineer employed by USAID/Bolivia.