

PD-ABC-970
 CD 12

A.I.D. EVALUATION SUMMARY
 (BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS)

PART I

IDENTIFICATION DATA

A. REPORTING A.I.D. UNIT:
 S&T/H/AR
 (Mission or AID/W Office)
 (ES#)

B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN?
 yes slipped ad hoc
 Eval. Plan Submission Date: FY 90 Q 4

C. EVALUATION TIMING
 Interim final
 ex post other

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#	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)
936-5951-13	INTERIM EVALUATION CENTER FOR INTERNATIONAL HEALTH PROJECT Information	85	93	6,000	3,000

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
Increase the centrally funded portion of the project, so as to fully fund the project on an annual basis	Johnson	Complete
Schedule a review of the evaluation with project staff to go over recommendations.	Reyes	Complete
Develop a revised management plan, and hire a new associate director.	Reyes/Miller	5/15/91
Review evaluation recommendations with project staff and develop plan to implement them.	Reyes	Complete
Constitute a Technical Advisory Committee.	Reyes	6/15/91

(Attach extra sheet if necessary)

APPROVALS

F. DATE OF MISSION OR AID/W OFFICE REVIEW OF EVALUATION: mo 1 day 25 yr 91

G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:

Signature Typed Name	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
	<i>P. Reyes</i> P. REYES Date 5/1/91	<i>R. Miller</i> R. MILLER Date 5/6/91	<i>G. Pettigrew</i> G. PETTIGREW Date 5/30/91	<i>Ann Van Dusen</i> A. VAN DUSEN Date 5/30/91

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

A five member evaluation team conducted a mid-term evaluation of the Center for International Health Information Center (CIHI) funded through S&T/H/AR. The CIHI project covers a number of related, but diverse activities including maintaining and expanding two large, complex databases (on health projects and health statistics) and carrying out a program of analysis and dissemination with a much used information service and the highly praised Child Survival Report to Congress.

To Date: 1. CIHI has developed and expanded the Health Projects Database (HPD). Most users have found the information contained in the database to be of high quality and comprehensive. 2. The annual Health and Child Survival Projects Questionnaire (HCSP) has been developed and administered by the project for three years. The contractor has demonstrated great flexibility and care in responding to the many demands on the questionnaire. Consequently, the current design satisfies a wide range of needs for health projects and statistical data. At the same time, the questionnaire has expanded considerably. 3. CIHI has also been very responsive in providing assistance to A.I.D.'s bureau for Planning and Policy Coordination (PPC) in the setting up the Agency's Activity Codes/Special Interest (ACSI) system. This system should eventually satisfy the need for most of the obligation data on health and child survival programs. 4. In addition to the HPD, CIHI has expanded and maintains the Health Statistics Database (HSD). This database includes an extensive array of indicators on health, child survival, nutrition, infant feeding and breastfeeding, AIDS/HIV, demography, and socioeconomic status. 5. Both the HPD and HSD are maintained as computerized databases which has enabled CIHI to respond to a large number of requests for information. 6. Of eight case studies, three have been completed and two others are in progress. Two of these five have been supported through buy-ins. 7. By all accounts, CIHI provides an extremely useful, quality information service to many A.I.D. as well as non-A.I.D. users. 8. An extensive number of standard reports on trends in funding as well as health and child survival indicators has been prepared. These have been distributed widely within A.I.D. and among S&T/Health Cooperating Agencies (CAs). 8. A Child Survival Report to Congress has been prepared for each of the past three years (1988, 1989 and 1990). This report is the centerpiece of CIHI's dissemination program. The report is widely distributed and broadly praised. 9. CIHI also prepared the AIDS/HIV Report to Congress in 1990. While another contractor will prepare the report in the future, the high quality of the report has been cited by many within and outside A.I.D. 10. A series of diverse, pilot activities have been carried out in the first half of the project. Through these activities, assistance has been provided to USAID missions and a variety of offices in AID/W.

The contractor has done well in terms of rate of expenditures and in cultivating buy-ins. The Evaluation Team considers the current organizational and staffing arrangement as an interim measure in response to a reduction in expected funding. A decision on the organizational structure and staffing for the remaining years of the contract will need to be made in conjunction with the review of the project's revised management strategy.

CIHI staff is very responsive to requests for information and assistance. This is desirable and to be expected since the project depends in part on buy-in funding. However, a greater measure of coordination or control over what and how much CIHI responds to would be beneficial. The S&T/Health staff should review its own management structure for the project. There needs to be a clearer line of communication between the CTO and the Front Office and the Chief of the Applied Research Division so that all parties are fully aware of the activities of the project. In addition, the CTO should be the primary decision-maker on the project.

In summary, the contractor has performed very well in carrying out the contract's scope of work. In addition, the project has been extremely responsive to the diverse and increasing demands placed on it by A.I.D. Unfortunately, the contractor's very responsive performance was not accompanied by adequate reporting to A.I.D. on the impact of the increasing demands. Beginning in FY 1990, the contractor faced a reduction in core funding, while still trying to carry out the original scope of work plus responding to various other demands. Without a restoration of core funding, the contract's scope of work will need to be modified substantially. Given the strong performance during the first half of the contract, the Evaluation Team recommends that S&T/Health restore core funding to the original level to enable to project to fulfill its original mandate and provide a much needed service to A.I.D. and the health community more generally.

ABSTRACT

I. EVALUATION COSTS

1. Evaluation Team

Name	Affiliation	Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (US\$)	Source of Funds
Judith Seltzer	Consultant	29	11,500	Statistica
Gordon Ramsey	Consultant	10	4,000	AID
Kevin Sullivan	CDC	10	4,800	CDC
Shelley Smith	HCS Fellow	25	6,300	AID
Ellyn Ogden	Statistica	25	6,500	Statistica

2. Mission/Office Professional
Staff Person-Days (estimate) 5 days

3. Borrower/Grantee Professional
Staff Person-Days (estimate) 5 days

COSES

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SUMMARY

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

- Purpose of evaluation and methodology used
- Purpose of activity(ies) evaluated
- Finding and conclusions (relate to questions)
- Principle recommendations
- Lessons learned

Mission or Office:

S&T/H

Date This Summary Prepared:

1/25/91

Title And Date Of Full Evaluation Report:

INTERIM EVALUATION: CENTER FOR INTERNATIONAL
HEALTH INFORMATION

Background: In 1984, S&T/H awarded a contract to the International Science and Technology Institute, Inc. (ISTI) to develop a health information system (HIS). ISTI set up an HIS which served as a centralized, computer-based point of information to support policy, management and evaluation of A.I.D.'s health and child survival program. From 1984-1985, a health projects database was established. From 1985-1986, additional data sets were created to accommodate specific project monitoring and information requirements. In 1986 the project expanded details of statistical data, initiated an annual questionnaire for all A.I.D.-funded health and child survival projects, and establish links with other data sources including WHO/EPI and CDD, DHS, the UN, and PPC/CDIE. By April 1988, the HIS had evolved into two separate, but related databases. The first was the Health Projects Database (HPD) which included financial and programmatic information on all U.S. health and child survival projects, including bilaterally, regionally and centrally A.I.D.-funded activities. The second was the Health Statistics Database (HSD) which incorporated population-based country statistics related to health and child survival interventions in A.I.D.-assisted countries. Following a favorable end-of project evaluation, in April 1988 A.I.D. signed a new contract with ISTI for the follow-on project thus creating the Center for International Health Information (CIHI). The five-year project extends until April 1993 with a Life-of-Project budget of \$5,999,989.

Purpose of the Evaluation: The evaluation is an assessment of the contractor's performance on all tasks specified in the contract. The report looks at: 1) the development and maintenance of the Health Information System, 2) the analysis and dissemination of data, 3) planning and budgeting under the project, and, 4) organization and management of the project.

Evaluation Methodology: The mid-term evaluation of the CIHI project took place from November 5, 1990 to January 11, 1991. The Evaluation Team was composed of four external reviewers and a Health and Child Survival Fellow working in S&T/H. The team collected information on the project by reviewing project documents and interviewing A.I.D. and contractor staff as well as talking to groups outside of A.I.D. that were familiar with the project's work such as PVOs, CAs, and donor organizations.

Findings and Conclusions:

Health Projects Database: 1) Most groups queried about the HPD praised the quality and comprehensive nature of the information collected. (The exceptions were the AIDS and Office of Nutrition.) 2) USAID missions and S&T/H contractors find completing the questionnaires an essential, but onerous task. Compliance is very good, but USAID missions and CAs would prefer to see more feedback from the information collected. 3) HPD activities account for nearly 20 percent of project's resources. 4) The data system is adequate and serves the needs of the various users. The procedures for ensuring high quality information and good maintenance of the HIS are satisfactory. 5) While CIHI's HPD and PPC's ACSI are somewhat redundant, most AID/W users have considerably more confidence in the accuracy of the HPD compared to the ACSI data at this point in time. Further, much of the data in the HPD serves S&T/H needs more appropriately because it was tailor made for their purposes. Obviously, an Agency-wide system cannot be that fine-tuned to any one program area.

Health Statistics Database: 1) The contractor maintains an extensive health statistics database which includes an array of indicators on health, child survival, nutrition, infant feeding and breastfeeding, AIDS/HIV, demography, and socio-economic status. 2) Maintaining the HSD requires an appropriate 5-7% of the project's resources, the database is essential for preparing the annual C.S. Report to Congress, country/regional profiles, and CIHI's information service. 3) Data are received from data sources through published material and available without formal agreements. 4) The contractor's staff has seen itself primarily as a service organization to S&T/H and was skeptical it could play wider role as a data repository, watch-dog and disseminator for the health field, and thus did not set up formal links with data sources or establish a Technical Advisory Committee (TAC). 5) Four of five new types of data were added to the databases. 6) Quality of data was found to be high, given the limitations of secondary sources. 7) U.N. rather than U.S. Census Bureau data are used for demographic estimates. 8) Currently, the computer equipment is adequate, but a LAN should be explored.

Other Project Deliverables: 1) Three of eight case studies are complete, a fourth in draft, and a fifth in its early phase. Four of eight case studies were to be supported by buy-ins, two of the five are. 2) The Information Service is used extensively, and satisfactorily by A.I.D./W and other organizations. This accounts for 11% of project resources. 3) A formal link between CIHI and CDIE might increase and improve health information provided to USAID field staff. 4) The contractor has prepared an extensive number of standard reports on trends in funding as well as health and child survival indicators. These reports have been well received and are distributed widely. 5) CIHI has attended meetings of APHA and NCIH. This is valuable for visibility and for disseminating information. 6) The C.S. Report to Congress is the centerpiece of the contractor's dissemination work. It is widely distributed and broadly praised. Staff resources required to produce the report have increased each year reaching about 10% for the FY 1990 report. By all accounts, such an expenditure is warranted. 7) The review process for the Child Survival Report is thorough and seemingly

worth the effort. 8) The AIDS Report was of very high quality, but because of competing demands on the contractor's time and a misunderstanding on the budget and responsibility for printing, the report was late. 9) Pilot Activities have been defined broadly by A.I.D. and CIHI staff. Such activities have more than met contract requirements. Lessons learned from these activities should be documented. 10) The contractor has yet to develop any policy dialogue tools. 11) Not all users or potential users fully understand CIHI's role or what information is available, how it can be used, and how to gain access to it. 12) Insufficient time has been spent by A.I.D. and CIHI staff assessing or reflecting on the use of the funding and indicator data for the different purposes of planning, managing and evaluating projects and programs.

Budget and Management: 1) After an arduous process, the contractor developed a useful format for both the annual workplan and the semi-annual report. 2) The original contract scope of work did not differentiate what tasks would be funded by core vs. buy-ins. In essence, non-bilateral buy-in funds didn't serve as additional core funding and the contractor increased the workload with each additional buy-in. 3) The rate of expenditure is good. 4) With the reduced core support in FY 90-92 and assuming \$450,000 in future buy-ins, the LOP funding estimate is \$5,272,291. 5) Over 75% of the major project tasks are devoted to core activities which would be difficult to cut back. 6) The contractor prepared a draft revised management strategy, taking into account funding cuts, which identifies the key issues and suggests recommendations. 7) The analysis, prepared for the evaluation team, describes which core activities should and can be maintained given reduced funding. 8) The Evaluation Team considers the current organizational and staffing arrangement as an interim measure in response to a reduction in expected funding.

CIHI and A.I.D.: 1) The contractor has not consistently informed the AID/CTO about the impact of various demands on the project's work scope. This coupled with the very responsive nature of the project's staff may have adverse consequences for timely performance on some contract deliverables. 2) The front office of S&T/H seems not to appreciate how busy the project staff are or to understand delays in completing activities. 3) Within S&T/H and its contacts, there is a perception that the project belongs to the AR Division. The information requests show that CIHI serves a wide audience including S&T/H, AR, and other parts of A.I.D. via AR. 4) CIHI staff is very responsive to requests for information and assistance, however, a greater measure of coordination or control over what and how much CIHI responds to would be beneficial. 5) S&T/H (including the Front Office staff and the Chief of AR) and other A.I.D. staff must be sure to go through the CTO for important or time consuming assignments. On the other hand, CIHI staff should always confer with the CTO if a request comes from another individual on the A.I.D. staff. 6) A perception on the part of key S&T/H staff that CIHI should be more "proactive" in conducting analysis of data has not been coupled with a perception of how complex and busy the project has become. 7) If CIHI is to serve the larger community as a data repository A.I.D. should encourage CIHI initiative to achieve this goal and avoid perceptions that CIHI is too dependent on A.I.D. and that information is not very accessible.

Principle Recommendations:

HPD: 1) These data are critical to the S&T/H, CIHI should continue to collect funding information on the questionnaire. S&T/H should try to reduce the level of effort CIHI needs to carry out this task by minimizing the information collected and limiting last minute changes. 2) CIHI/A.I.D. staff should systematically review the data collected in the 1990 questionnaire to determine what information is actually used and what might be dropped in the future. 3) S&T/H should consider the collection of expenditure data in place of obligation data for subprojects. 4) An analysis of differences in the results of the 1990 questionnaire and PPC's ACSI system should be conducted by CIHI as soon as possible to determine if some obligation data can be dropped from the CIHI questionnaire. 5) CIHI should acquire from WHO relevant AIDS/HIV data for the HSD and in consultation with S&T/H/AIDS consider dropping some items on Schedule 6. 6) CIHI should prepare a short graphic summary of funding trends for USAID Missions as feedback on the questionnaire as soon as possible. 7) S&T/H CAs should be informed, early, of changes in future questionnaires. 8) CIHI should continue to scrutinizing data and track changes made to the databases.

HSD: 1) CIHI should complete its systematic review of data sources. 2) S&T/H & CIHI should establish formal links with the data sources and constitute a TAC, with representatives from data sources. 3) CIHI and S&T/H should review jointly the desirability of CIHI's devoting more effort to becoming a key data repository for health information. 4) CIHI should work closely with the S&T/H/AIDS staff to establish an arrangement with WHO to obtain the needed AIDS/HIV data and ensure that AIDS projects have easy access to these data. 5) CIHI and S&T/H should review the decision to use UN data versus census data.

Hardware/Software Needs: 1) Its not necessary at this time to design the databases to be more accessible to non-CIHI personnel. Fostering closer working relationships, especially CDIE, with these other groups may be the most efficient way to make the data more accessible at the least cost. 2) CIHI and S&T/H should assess the need for a LAN.

General Recommendations: 1) CIHI needs to train several of its personnel so that more than one individual can fully utilize the databases. 2) AID and CIHI should decide on what will happen to the databases before the end of the project. If the databases are to be transferred to another institution it should be in a form that is easy to use.

Analysis and Dissemination of Data: 1) CIHI should review with A.I.D. proposed topics for the remaining case studies and determine if these are still high priority. 2) CIHI should maintain a record of person-hours spent on completing each ad hoc request, for better project monitoring. 3) CIHI should hold briefings each year on

S U M M A R Y (Continued)

the HIS for A.I.D. staff, CDIE, Regional Bureaus, CAs, and PVOs. The CTO should cable USAID Missions on the role of CIHI. 4) CIHI and A.I.D. staff should review the topics and formats of standard reports prior to their preparation in 1991. 5) Faster review by the Regional Bureaus of the country health profiles should be encouraged in order to complete and distribute those reports already in the pipeline. 6) S&T/H and CIHI should streamline the "review" of the report to limit time and costs. 7) S&T/H and CIHI should consider applying several tasks performed under the contract to contract requirements for pilot activities. 8) Despite the diversity in pilot activities, CIHI should search for lessons learned that might be useful in other settings. 9) CIHI and S&T/H should work together to ensure that sufficient time is available to complete the various pilot activities or pursue other interesting possibilities. 10) CIHI and A.I.D. should review the policy tools suggested in the evaluation report and select one or two of highest priority for the remainder of the contract. 11) CIHI and S&T/H staff should organize a retreat to brainstorm about what more can be done with available funding and indicator data and how this information can best be used for planning. 12) The "List of Current Publications" should be changed to a check list and placed at the front of the listing. 13) CIHI should continue to target groups to receive its reports. 14) CIHI and A.I.D. should explore (with XA) publicizing the reports more widely to the media.

Planning and Budgeting 1) The contractor should continue to use the most recent format for the semi-annual report but should add a six-month projection of targets for specific activities to be used for comparison in later reports. 2) ISTI should formally present its revised management strategy to S&T/H for consideration. 3) The contractor should present for A.I.D. review and approval, a revised budget based on the management strategy. 4) The contractor should increase staff time on certain activities in the scope of work, e.g., an associate director, internal tracking, further development and expansion of the semi-annual work plan, additional analytic work, preparation of policy tools, etc. All of these activities and staffing will require additional funds to implement. The Evaluation Team therefore recommends that A.I.D. carefully consider adding more funds.

Organization and Management: 1) The contractor should consider dropping the Communications Unit, continue to redistribute its more routine functions to the Operations Unit and cover additional responsibilities by the project director, associate director and newly configured Development Unit. 2) The current Development Unit should be renamed the Analysis and Dissemination Unit with a reformulation of its function to include any residual functions from the Communications Unit and with additional emphasis on analytic work. 3) An associate director should be hired who has management qualifications and strong technical expertise in public health s/he would assume overall duties in quality control, presentation development and marketing of buy-ins, and share overall administration of the project with the director. 4) ISTI corporation should provide the new director with appropriate management and executive training as soon as possible. 5) CIHI should set up and maintain on a continuing basis a systematic collection of expenditures and level of effort by contract task and organizational unit. 6) The contractor should keep the AID/CTO informed verbally and by memoranda of any request that has an adverse impact on the project. 7) Memoranda of record should also be drafted defining any major task changes in the work scope and distributed to the AID/CTO and other key staff. 8) Concurrence memoranda should be prepared to clarify content and process of major tasks that have no scope of work, but have been discussed verbally. 9) All reports should clearly indicate dates of the reporting period and report preparation date.

Relationship between CIHI and A.I.D.: 1) Both the CIHI and S&T/H staff should coordinate work related to the project through the AID/CTO. 2) The S&T/H staff should review its own management structure for the project and establish a clearer line of communication between the CTO, Front Office and the Chief of the AR Division so all parties are aware of project activities. The CTO should be the primary A.I.D. decision-maker on the project. 3) The project should conduct informational briefings with other bureaus.

Coordination with Other Agencies/Technical Advisory Committees: 1) The contractor should hold periodic and at least annual briefings for the CAs to ensure that these organizations understand the purpose of CIHI, what information is available and how the information can be accessed. 2) Assuming a larger role for CIHI as a data repository is desirable from both A.I.D.'s and CIHI's perspectives, formal arrangements should be established with the data sources and a TAC should be established. 3) If a larger role is anticipated, A.I.D. should promote CIHI's leadership role in organizing and implementing substantive meetings on health indicators and information.

Lessons Learned: Projects that provide a valuable and useful service to A.I.D. deserve the funding to carry out their scope of work without jeopardizing the quality of the products or the expected quantity of output. Although A.I.D. expects its contractor to be responsive, they should not let the responsiveness overcome other important aspects of the project and/or project deliverables. Providing the CTO with a clear line of communication and the ability to intervene when necessary, will increase the efficacy and cost-effectiveness of the project. As A.I.D. tries to promote projects with a wider audience they should be mindful to promote project activities and avoid the perception of undermining them. While buy-ins do provide an additional source of funds, A.I.D. must remember that they also create more work and are therefore not the solution to underfunding.

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

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