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7/30/94

FINAL REPORT

Project Monitoring and Evaluation Portfolio Review

USAID/Bolivia Office of Health and Human Resources

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Presented to:

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INTRODUCTION AND SUMMARY

A. Scope of Work

The consultants performed their work in Bolivia during the three-week period beginning April 24, 1991. Their time in-country was divided between the tasks necessary to complete this report for the Office of Health and Human Resources (OHR) and to complete a report on the PL-480 food assistance project for the Office of Agriculture and Rural Development.

The consultancy built on work performed during an October, 1990 consultancy by Management Systems International (MSI) which helped USAID/B develop program-level indicators for its Strategic Objectives. The analysis contained in this report is designed to help the OHR improve its management information system (MIS) with respect to project-level analysis. Accordingly, the consultants were asked to review the entire OHR portfolio with an eye to improving the indicators currently being collected where that would be practical. The product of the assignment was to be a report summarizing the results of that analysis and presenting recommendations for improvement.

B. Nature of the Task

OHR possesses a diverse and innovative portfolio. The projects are varied in the target of their intervention (from STD/AIDS control to assisting PVOs and the MOH), in the state of their development (from projects well into their implementation to those still being designed) and in the geographic area of their impact. Accordingly, the mandate of "reviewing indicators" took on different operational meanings for each project and resulted in a range of different products, as reflected in Table 1, in Part C of this Introduction and Summary. In some cases, logframes had to be revised or drafted from scratch, in others project indicators had to be revised, and in still others it was the SAR indicators which required attention. The consultancy was tailored to the requirements of each individual project manager.

In general, the consultants tried to use existing data sets in setting indicators and tried to avoid any administrative or bureaucratic changes unless absolutely necessary. Indicators were analyzed with an eye toward including those which would be most sensitive to project progress at the least cost of collection.

It was a highly iterative process. Project Managers were interviewed in all cases to verify the validity of recommended changes and wherever significant changes were deemed necessary, project consulting staff was included in the dialogue. The consultants also visited field staff in Totora, Cochabamba to determine the adequacy of the systems suggested for the CCH project.

C. Paper Format and Summary of Products

The results of the consultancy are presented separately for each project in the HHR portfolio since the nature of each task varied considerably by project. Each section describes the project, the process the consultants used in their analysis, and the recommended changes (if any) that arise from their analysis.

The table below summarizes the approach to each project, the section in which it appears in the report, and the products that were developed.

TASKS COMPLETED, BY PROJECT, AS PART OF APRIL/MAY, 1991 HHR INDICATOR DEVELOPMENT TDY

Project	Tasks	Process	Products
1. STD/AIDS Prevention and Control (511-0608)	<ol style="list-style-type: none"> 1. Review project documents 2. Prepare logframe 	<ol style="list-style-type: none"> 1. Document analysis 2. Four meetings with Project Manger, Program Office backstop, and contractors 	<ol style="list-style-type: none"> 1. Logframe 2. Recommendations for monitoring and evaluation
2. CARE Community Development Project (511-0618)	<ol style="list-style-type: none"> 1. Review log-frame 	<ol style="list-style-type: none"> 1. Document analysis 2. Meeting with Project Manager 	<ol style="list-style-type: none"> 1. Suggested revisions to logframe's indicators 2. Suggested revisions to SAR indicators
3. Child Survival PVO Network II (511-0620)	<ol style="list-style-type: none"> 1. Review project documents 2. Review logframe 	<ol style="list-style-type: none"> 1. Document analysis 2. Meeting with Project Manager 	<ol style="list-style-type: none"> 1. Minor revisions to logframe and indicators suggested

Project	Tasks	Process	Products
4. Community and Child Health (511-0594)	<ol style="list-style-type: none"> 1. Review project documents 2. Recommend new SAR indicators 	<ol style="list-style-type: none"> 1. Document analysis 2. Meetings with Project Manager and CCH contractor staff 3. Field visit to CCH District Office 4. Review of National Health Survey 5. Analysis of data flow 	<ol style="list-style-type: none"> 1. Suggested revision to SAR indicators 2. Suggested data flow from field offices to CCH 3. Optimal relationship between national survey data and CCH needs outlined
5. Drug Awareness and Prevention	<ol style="list-style-type: none"> 1. Meet with Project Manager to determine TA needs 	<ol style="list-style-type: none"> 1. Meetings with Project Manager 	<ol style="list-style-type: none"> 1. No TA appropriate now as project design is in flux
6. Interactive Radio Learning (511-0597)	<ol style="list-style-type: none"> 1. Review PID 2. Revise logframe 3. Revise indicators 	<ol style="list-style-type: none"> 1. Document Review 2. Four meetings with Project Manager and consultant 	<ol style="list-style-type: none"> 1. Revised logframe 2. Suggested revisions to indicators
7. Reproductive Health Services (511-0568)	<ol style="list-style-type: none"> 1. Revise SAR indicators 	<ol style="list-style-type: none"> 1. Document review 2. Three meetings with Project Manager 	<ol style="list-style-type: none"> 1. Revised logframe 2. Suggested revisions to SAR indicators

Project	Tasks	Process	Products
8. Self-Financing Primary Health Care II (511-0607)	1. Meet with Project Manager to determine TA needs	1. Meeting with Project Manager	1. No TA needed as MIS is already adequate
9. Urban Development Initiative	1. Meet with Project Manager to determine TA needs	1. Meeting with Project Manager	1. No TA needed as MIS is already adequate for pilot

1. AIDS/STD PREVENTION AND CONTROL

I. Project Information

- A. Project Number: 511-0608**
- B. PACD: January 1992**
- C. AID Project Manager: Sigrid Anderson**
- D. Implementing Agencies: Sexually Transmitted Disease (STD) Division, Ministry of Health and Social Welfare and NGOs (to be identified)**
- F. Major Contractors: To be determined**

II. Project purpose and description:

To improve the health status of Bolivians by expanding access to and use of effective HIV/STD control and education programs and by enhancing the capacity of the MOH and selected NGOs to provide quality health care services for HIV/STD infections.

III. Recommendations:

This project is currently being designed and is scheduled to begin September, 1991. At the request of the project manager, the consultants met a total of four times with various combinations of the project manager, the Program Office backstop, Ms. Diane Urban, consultant in education and communications, and Dr. Joel Kuritsky, child survival technical advisor, to review the plans for the project and to develop a project logical framework (copy included following this section).

The project design departs from the fact that little is known about the prevalence of STD/HIV infections or about the knowledge, attitudes and behaviors of high risk populations. Similarly, there is no effective national laboratory capacity for diagnosis of infections and for screening blood. As a result, much of the initial project effort must focus on identification of target populations, development of program strategies, and development of laboratory capacity.

The consultants recommended that special attention be given to program sustainability, particularly with respect to long term financing of a national laboratory capacity. Cost recovery through fee for services and other possible formats were discussed. It was also recommended that a KAP survey be carried out as soon as feasible in order to design the

education/information component of the project. Evaluation research should be considered to measure the effectiveness of the education component of the project.

Consideration should be given to close collaboration with the Drug Awareness and Prevention project (511-0631). There is considerable potential overlap with respect to survey research needs and the target populations in these two projects. Both are planning extensive education and communication programs which might benefit from coordination.

Project Name: AIDS/STD PREVENTION & CONTROL
Est. Completion: 1995

NARRATIVE SUMMARY (NS)	MEASURABLE INDICATORS (OVI)	MEANS OF VERIFICATION (MOV)	IMPORTANT ASSUMPTIONS
Goal:			
- To improve health status of Bolivians, especially women of child bearing age and their offspring.	Limit (subject to acquisition of the baseline data) deaths attributed to HIV to less than 800 deaths by year 1996.	National Health Statistics from MOH/Epidemiology Unit.	GOB adopts WHO National AIDS Plan.
	Reduce STD cases by 25% by the year 1996 (MOH est. 1989 4,000 cases syphilis).		Sufficient resources available and utilized.
Purpose:			
I. Expand access to and use of effective HIV/STD control and education programs in La Paz, Cochabamba, Santa Cruz and other selected areas.	-Number of clients, by month, year, gender and by age receiving HIV/STD diagnostic services. -Number of clients treated for STD infections by month, year, gender and by age.	Epidemiological surveillance at clinic sites.	Timely provision of T.A. and procurement of commodities.
II. Enhance the capacity of the MOH and selected PVO's to provide quality education and health care services for HIV/STD infections.	- Regional blood bank for training and screening procedures for chagas, hepatitis B and HIV established.	Site visit to blood bank.	Rational distribution of condoms by MOH.
	-Increased awareness of and knowledge about HIV/STD infections. -Increased use of condoms -Reduced High Risk sexual behavior.	Surveys of selected targeted populations.	GOB hires personnel.
Outputs:			
- Target populations for STDs and HIV identified. - Broad program strategies developed for HIV/STD infections established. - Laboratory capacity to diagnose HIV/STD infections established.	- Result of health survey. - Comprehensive strategy produced. - Accurate laboratory diagnosis of HIV/STD infection confirmed.	- Review results of survey reports. - Review of strategy document. - Validation of diagnosis against reference standards.	

To be carried out in conjunction with the Chagas Control Project.

NARRATIVE SUMMARY (NS)	MEASURABLE INDICATORS (OVI)	MEANS OF VERIFICATION (MOV)	IMPORTANT ASSUMPTIONS
<u>Outputs:</u>			
<ul style="list-style-type: none"> - Health workers effectively trained in: <ul style="list-style-type: none"> - STD diagnosis and treatment - risk assessment counselling - HIV/STD counselling 	<ul style="list-style-type: none"> - Number and type of worker trained (by gender). - Knowledge accrued via training. 	<ul style="list-style-type: none"> - Project training statistics. - Training test scores. 	
<ul style="list-style-type: none"> - HIV/STD education and communications program implemented. 	<ul style="list-style-type: none"> - Number and type of messages disseminated. - Number of clients counseled in service delivery units. 	<ul style="list-style-type: none"> - Project service statistics. 	<ul style="list-style-type: none"> AID funds are obligated and disbursed on a timely basis.
<ul style="list-style-type: none"> - Sentinel surveillance program implemented. 	<ul style="list-style-type: none"> - Systematic diagnosis of HIV/STD performed at sentinel sites. 	<ul style="list-style-type: none"> - Project service statistics. 	
<ul style="list-style-type: none"> - Adequate supply of condoms to MOH and other outlets. 	<ul style="list-style-type: none"> - Number of condoms supplied to MOH and other outlets. 	<ul style="list-style-type: none"> Project service statistics. 	
<u>ACTIVITIES:</u> (Illustrative)	<u>INPUTS/RESOURCES:</u>		
<ol style="list-style-type: none"> 1) USAID Mgt. 2) Technical Assistance <ul style="list-style-type: none"> LT/P.H. Advisor (CDC) 24 PM ST (Epid/Lab/CDC) 16 PM ST (Com/Inf./Res) 3) Laboratory Development 4) Information, Education and Communication 5) Epidemiological Surveys 6) Staff/Office Equipment 			

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2. CARE COMMUNITY DEVELOPMENT PROJECT

I. Project Information

- A. Project Number: 511-0618**
- B. PACD: 03/28/95**
- C. AID Project Manager(s): Charles Llewellyn**
- D. Implementing Agency(s): CARE**
- F. Major Contractor(s): None**

II. Project purpose and description:

To reduce infant and child mortality in poor rural areas of Bolivia by: 1) the implementation of health services and educational campaigns focused on oral rehydration, immunization, prevention and treatment of diarrhea, and nutrition, 2) the provision of potable water and basic sanitary systems, and 3) The development of institutional capacity at the community level to maintain health and water systems.

III. Recommendations:

The consultants began by analyzing the project paper and its logical framework. After discussing their findings with the project manager, it was agreed that the following revisions to the logical framework should be suggested to CARE to help improve project management and evaluation:

1. The goal statement emphasizes that improvements should be made in a "sustainable" manner, yet there are no Objectively Verifiable Indicators included that measure success towards achievement of sustainability. Accordingly, it was agreed that the following be suggested as potential indicators at the goal level:
 - a. To measure physical sustainability of the water systems constructed: **"Percent of installed systems still operational."**
 - b. To measure financial sustainability: **"Percent of maintenance costs raised through community financing."**

- c. **To measure institutional sustainability: "Percent of community water systems committees still meeting after systems have been installed."**

It was suggested that it might be useful to extend these indicators to systems installed prior to this project under the CARE Rural Water and Health II Project to explore whether sustainability lessons might be learned from that experience.

2. With the exception of Output VII (Improved women's condition and participation in society), indicator statements do not specify that data be disaggregated by gender. Given the systematic data acquisition contemplated by the project, it would seem to generate little additional cost to disaggregate data by gender in cases where such information would be relevant. In fact, the project could well be an important vehicle for expanding our understanding of the role of gender in project impact. Accordingly, we recommend the project manager ask CARE to consider gender issues as it reviews its data collection activities. Data collected at the household level need not specify the gender mix within the unit, however data that could provide insights into whether females may be denied access to benefits, or which demonstrates differential health impact, should be separated. In particular, the following health status indicators should be disaggregated by gender:
 - a. Immunization rates;
 - b. Mortality rates;
 - c. Morbidity rates, and
 - d. Nutritional status.
3. Some indicators (for example OVI II. H. "50% of mothers correctly wash their children's hands before eating") respond to important questions but would be expensive to collect since they would require detailed observation of maternal behavior. Accordingly, we recommend that CARE review its indicators for feasibility of collection and remove those from the CARE COMMUNITY DEVELOPMENT PROJECT which would be unfeasible to collect.

B. Semi-Annual Report (SAR) Indicators

After reviewing the logframe the consultants were asked to review its indicators and recommend which of them should be used in the SAR. The criteria used in the selection process were that the information be :

1. easily collectible as part of CARE's normal business;
2. representative of key components of the project;
3. expected to be capable of demonstrating progress in six-month intervals throughout the life of the project;

4. indicative of general project progress; and
5. few in number.

The following indicators were selected based on the above criteria:

1. Cumulative number of communities with operational water systems
 - a. current project
 - b. prior project (if desired)
2. Cumulative number of latrines constructed
3. Number of vaccines provided, by gender.

3. PVO CHILD SURVIVAL NETWORK II (PROCOSI)

I. Project Information

- A. Project Number: 511-0601**
- B. PACD: 06/96**
- C. AID Project Manager(s): Charles Llewellyn**
- D. Implementing Agency(s): PROCOSI**
- F. Major Contractor(s): None**

II. Project purpose and description:

To improve and strengthen basic health services for the Bolivian rural population by focusing on the coordination of resources to address the issues of child survival.

III. Recommendations:

The consultants reviewed the project paper, the SAR, and the logframe and discussed the same with the project manager. It was agreed that the logframe was basically sound and needed no substantive changes. However, several minor modifications might help clarify the document. Accordingly, following this page is a copy of the current logframe with the suggested modification noted in handwriting.

IV. Logframe

Please see the marked-up version of the logframe beginning on the following page.

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

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Life of Project:
From FY: 1991 to FY: 1996
Total U.S. Funding: \$ 9.0 million
Date Prepared: 14 January 1991

Project Title & Number: PROCOSI II: CHILD SURVIVAL PVO NETWORK OPG # 511 - 0620

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program of Sector Goal: the broader objective to which this project contributes:</p> <p>To improve the health status of children under five years of age and women of child bearing ages by decreasing the morbidity and mortality within these highrisk population groups.</p>	<ol style="list-style-type: none"> 1. National Level Infant Mortality rate (96 deaths/1,000 live births, 1979-1989 National Demographic and Health Survey "ENDSA"). 90 % at Project Mid-term/February 93 85% at end of project/May 96. 2. National Malnutrition Level (37.8% children 3-36 months old are 2 standard deviations or more below the reference population, 1989 ENSDA) 32% at Project Mid-term/February 93 28% at end of project/May 96. 	<p>National statistics collected by INE (National Institute of statistics).</p> <p>DHS 1993</p>	

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PRELIMINARY

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY: 1991 to FY: 1996
Total U.S. Funding: \$ 8.0 million
Date Prepared: 14 January 1991

Project Title & Number: PROCOSI II: CHILD SURVIVAL PVO NETWORK OPG # 511 - 0620

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Project Purpose 1:</p> <p>To strengthen the technical, management and service delivery capacity of Private Voluntary Organizations (PVOs) working in health, child survival and community development.</p> <p><i>- Should denominator always be 32?</i></p> <p><i>- Is counting 1 PVO - one vote?</i></p>	<p>Conditions that will indicate purpose has been achieved.</p> <p>End of project status. (EDPS) <i>adequate</i></p> <p>1. 32 PROCOSI PVOs will have written and functioning procedures for the following administrative systems: financial/accounting, procurement/inventory, personnel, planning/coordination, monitoring/evaluation . 10% at Project mid-term/February 93 32% at end of project/May 96</p> <p>2. 80% of the staffs of 32 PROCOSI PVOs will meet technical requirements of personnel positions. 10% at Project mid-term/February 93 32% at end of project/May 96</p> <p>3. 32 PROCOSI PVOs will deliver 80% of the services programmed for the projects funded by PROCOSI sub-grants. 0 at Project mid-term/February 93 32 at end of project/May 96</p>	<p>Management assessments of member PVOs. Operational manuals of member PVOs.</p> <p>Management assessments of member PVOs. Administrative records of member PVOs.</p> <p>Sub-grant evaluations.</p>	<p>Member PVOs respond to technical assistance and training provided by PROCOSI.</p> <p>Natural disasters or Civil strife do not impede sub-grant project efforts.</p>

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PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY: 1991 to FY: 1996
Total U.S. Funding: \$ 8.0 million
Date Prepared: 14 January 1991

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Project Title & Number: PROCOSI II: CHILD SURVIVAL PVQ NETWORK OPG # 511 - 0620

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NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Project Purpose II:</p> <p>To establish PROCOSI as a sustainable organization</p>	<p>Conditions that will indicate purpose has been achieved: EDPS</p> <ol style="list-style-type: none"> Demonstration of continual demand for services offered by PROCOSI as measured by the number of organizations who request services from PROCOSI more than once. <ul style="list-style-type: none"> 11 year 1 13 year 2 15 year 3 17 year 4 17 year 5 Ability of PROCOSI to cover 100% of its administrative and support costs. <ul style="list-style-type: none"> 90% at Mid-term/February 93 98% at end of Project/May 96. 	<p>PROCOSI annual report.</p> <p><i>Would it be helpful to disaggregate data by member/non-member?</i></p> <p>PROCOSI financial reports.</p>	<p>PROCOSI participates in debt swap. The Bolivian Government honors its agreement.</p>
<p>Outputs:</p> <ol style="list-style-type: none"> Projects financed by sub-grants completed. <i>Is 64% success rate sufficient?</i> Personnel of member PVQs trained 	<p>Magnitude of outputs:</p> <ol style="list-style-type: none"> 80% of subgrant projects have produced 80% of their planned products and spent all the money from the sub-grant within 6 months of the programmed project end. <ul style="list-style-type: none"> 6 at Mid-term/February 93 80% at end of project/may 96. 80% of the people trained by PROCOSI have applied their training. <ul style="list-style-type: none"> 80% at Mid-term/February 93 80% at end of project/may 96. 	<p>Sub-grant evaluations</p> <p>Training evaluations</p> <p><i>Will there be follow-up tests?</i></p>	<p>Natural disasters or civil strife does not impede activities of the sub-grant projects</p>

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PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY: 1991 to FY: 1996
Total U.S. Funding: \$ 8.0 million
Date Prepared: 14 January 1991

Project Title & Number: PROCOSI II: CHILD SURVIVAL PVO NETWORK OPG # 511 - 0620

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Outputs <i>and applied</i></p> <p>3) PROCOSI associate and affiliate organizations received technical assistance.</p>	<p>Magnitude of outputs:</p> <p>3. 80% of the technical assistance provided by PROCOSI has been applied.</p> <p>Mid-term/February 93 End of project/May 96</p>	<p>Technical assistance evaluations.</p>	
<p>4) Collaborative projects completed which involve PROCOSI PVOs or PROCOSI PVGs and other organizations.</p>	<p>1. 5 projects.</p> <p>Mid-term/February 93 End of project/May 96.</p>	<p>PROCOSI annual reports</p>	
<p>5) The PROCOSI resource center is expanded.</p>	<p>1. Number of new subscriptions acquired.</p> <p>5 year 1 2 year 2 2 year 3 2 year 4 2 year 5</p>	<p>PROCOSI resource center reports.</p>	<p>Adequate budget for new acquisitions</p>
	<p>2. Number of new compact disks of library networks acquired.</p> <p>1 year 1 1 year 2 1 year 3 1 year 4 1 year 5</p>	<p>PROCOSI resource center reports</p>	<p>Adequate budget for new acquisitions</p>
	<p>3. Cumulative number of organizations who requested services of the resource center more than once for a total of 150:</p> <p>20 year 1 25 year 2 30 year 3 35 year 4 40 year 5</p>	<p>PROCOSI Resource Center Reports</p>	

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PRELIMINARY
PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY: 1991 to FY: 1996
Total U.S. Funding: \$ 8.0 million
Date Prepared: 14 January 1991

Project Title & Number: PROCOSI II: CHILD SURVIVAL PVO NETWORK OPG # 511 - 0620

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Inputs: Activities:</p> <p>1) Channeling financial resources in the form of sub-grants.</p> <p>2) Providing training</p> <p>3) Providing technical assistance to sub-grant projects.</p> <p>4) Providing services from the PROCOSI resource center</p>	<p>1. Sub-grants implemented. 36 at Mid-term/February 93 98 end of project/May 96</p> <p>40 training events held by PROCOSI 7 year 1 5 year 2 9 year 3 8 year 4 8 year 5</p> <p>Technical assistance provided 56 times to sub-grant projects. 7 year 1 15 year 2 19 year 3 11 year 4 4 year 5</p> <p>Number of services provided. Continual.</p>	<p>PROCOSI annual report.</p> <p>PROCOSI annual report.</p> <p>PROCOSI annual report.</p> <p>Library records.</p>	<p>USAID disburses funding as scheduled.</p> <p>PROCOSI retains ^a adequate number of technical staff to be able to provide training. ↑ Not an assumption</p> <p>PROCOSI retains ^a adequate number of technical staff to be able to provide technical assistance. ↑ Not an assumption</p> <p>Money is available and assigned to the resource center. ↑ Not an assumption</p>

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PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY: 1991 to FY: 1996
Total U.S. Funding: \$ 8.0 million
Date Prepared: 14 January 1991

Project Title & Number: PROCOSI II: CHILD SURVIVAL PVO NETWORK OPG # 511 - 0620

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Activities: 5) Establishing a diversified resource base.</p> <p>Inputs:</p> <p>Budget Sub grants (including FCQ grant)</p>	<p><i>and value</i> Number of financial sources acquired</p> <p>2 year 1 3 year 2 4 year 3 5 year 4 6 year 5</p> <p>\$US. (Thousands) year 1 363.2 year 2 572.5 year 3 1.046.3 year 4 1.162.3 year 5 1.203.6</p>	<p>PROCOSI financial reports.</p>	<p>PROCOSI committee on generation of new income functions.</p>
<p>Training and Technical Assistance</p>	<p>Salaries technical staff and program chief: \$US. (Thousands) year 1 165.7 year 2 174.0 year 3 182.7 year 4 191.8 year 5 201.4</p> <p>Workshops and training additional funds: \$US. (Thousands) year 1 10 year 2 23 year 3 30 year 4 25 year 5 30</p>		

4. COMMUNITY AND CHILD HEALTH

I. Project Information

- A. Project Number: 511-0594**
- B. PACD: 07/28/93**
- C. AID Project Manager(s): Charles Llewellyn**
- D. Implementing Agency(s): Ministry of Health**
- F. Major Contractor(s): John Short Associates**

II. Project Purpose and Description:

This is an extremely complex project. It seeks to improve community health and to reduce infant, child and maternal mortality by providing support for activities in four areas: National Diarrheal Disease Control, National Immunization Program, Integrated Child survival (in 11 selected rural health districts), and National Chagas' Disease Control Program.

III. Recommendations:

A. National Diarrhea Control and National Immunization Programs

The consultants reviewed these project components with the project manager and project consultants.

These two activities contribute to major national-level multi-donor support efforts. AID's responsibility is focused on the provision of commodities to the MOH. USAID/Bolivia has no direct role in the delivery of these services, and is unable to specify exactly where and when ORS packets and vaccines provided by the project are employed. Accordingly, the present SAR indicator for the diarrheal disease component is appropriate, as follows:

Number of ORS packets delivered.

The indicator for immunization (infants and women immunized) assumes effective use of the vaccines by the MOH, something USAID/B is unable to substantiate. Accordingly, the following indicator would more accurately reflect the management scope of AID:

Number of vaccine doses provided, disaggregated by those targeted for women and infants.

B. Integrated Child Survival

The consultants reviewed this project component with the contract staff, Ms. Rita Fairbanks and Dr. Jorge Velasco. Subsequently, together with Dr. Velasco, they visited one of the health districts (Titora, Cochabamba). This district has developed a community based child survival plan and is in the process of implementing regular data collection which will permit them to evaluate their activities using the National Health Information System (SNIS, due to go on-line in three months.)

In testing the feasibility of using the SNIS as a data source for the SARs the consultants were able to interview persons at each level of the health pyramid within the Titora District. The consultants spoke at length with Dr. Velasco, the CCH person who will be responsible for sending the data to USAID/B; with Dr. Ruth Magne, District Health Chief; with Dr. Oscar Sevilla, Area Health Chief; and were able to visit a local health post and speak with the worker there about logistical issues of data collection. We examined data collection instruments at each level and interviewed those responsible for data collection. Our analysis indicates that with a little persistence, sufficient data should flow on a timely basis through SNIS to assist in the preparation of SARs.

Our recommendations for SAR indicators for this project component are detailed below:

1. The current indicator, **number of districts with operational CS plans implemented**, is useful only if "implemented" is defined to include completion of:
 - a. district level household maps;
 - b. a census (with a plan for periodic up-dating);
 - c. the identification of the target population (pregnant women and children <5 years);
 - d. implementation of the SNIS at the district level; and
 - e. implementation of regular preventive and curative CS activities.

Unless "implemented" is defined in this fashion, it will be impossible to determine the degree to which district level accomplishments approximate the goals set-out in the operational CS plan. We recommend that "implemented"

be defined as described above, and that the following be used as an output indicator in the SAR:

Number of districts with operational Child Survival Plans implemented.

2. Since the aim of this component is to improve the capacity of the districts define their own decentralized agenda and impact in areas deemed of high priority, it would be useful to have an indicator which reflects the degree to which goals set forth in each of the district CS plans are accomplished. The number of CS activities regularly carried out is too numerous to permit reporting on each of them for the SAR. Moreover, since district operational plans will reflect local problems and priorities, we can expect significant variation among district CS foci and goals. For these reasons, we recommend a single summary measure of district CS goal attainment for the SAR:

Percent (or number) of districts reaching or surpassing 80% of their goals.

Data for this indicator should come from that regularly collected for the SNIS, and forwarded to the Departmental Sanitary Unit. To facilitate data flow for USAID/B reporting requirements, the contractor should obtain the necessary data from each participating District Office, construct the summary indicators, and forward these to the project manager in a timely fashion.

C. Chagas' Disease

After meeting with the project contractor, it was agreed that this component of the project is not sufficiently developed yet to develop meaningful indicators.

D. Training

The current SAR indicator remains appropriate, as follows:

Persons trained, disaggregated by long-term training, short-term training, and gender.

5. DRUG AWARENESS AND PREVENTION

I. Project Information

- A. Project Number:** 511-0613
- B. PACD:** 03/31/96
- C. AID Project Manager(s):** Russell Stout and Maria Elena Rodriguez
- D. Implementing Agencies:** Sistema Educativo Antidrogadiccion y de Movilizacion Social (SEAMOS), Centro Educativo Sobre Estupefacientes (CESE), Direccion Nacional de Prevencion del e Uso Indebido de la Droga (CONAPRE), Subsecretaria de Desarrollo Alternativo y Sustitucion de Cultivos de Coca (SUBDESAL)
- F. Major Contractor(s):** Development Associates, Inc.

II. Project purpose and description:

The purpose of this project is to establish a national program of drug awareness and prevention. This will be achieved through three courses of action:

1. Catalyze and integrate a nationwide network of local and departmental anti-narcotics organizations and activities which will be linked, assisted, and supported by SEAMOS.
2. An expansion of the training activities of CESE.
3. Strengthening the research, information, and communications operations of SUBDESAL and CONAPRE.

III. Recommendations:

The Consultants met with the project managers, to discuss this project. They advised that this is a new project which will begin in late May 1991 with a planning conference which will include all the collaborating agencies. At present, there is much to be defined at the operational level with respect to the division of responsibilities, coordination among agencies, and specific activities to be undertaken. These and other issues will be on the agenda at the initial conference.

The project managers felt that it would be premature define indicators, at least until after the May conference, when the operational aspects of the project are ironed out among all of the participating agencies.

During our discussion with the project managers it became clear that the participating agencies must conduct a significant amount of research, including identification of target populations, evaluation of the effectiveness of the education and communication messages, and measurement of the overall project impact. In this context, we strongly recommend that this project coordinate closely with the AIDS/STD project (511-0608). The survey and evaluation research needs of the two projects are similar. Moreover, it appears that their target populations may overlap in some geographical areas.

6. INTERACTIVE RADIO LEARNING

I. Project Information

- A. Project Number:** 511-0619
- B. PACD:** 1995
- C. AID Project Manager(s):** Sigrid Anderson
- D. Implementing Agency(s):** Ministerio de Education y Cultura (MEC), and selected NGOs
- F. Major Contractor(s):** Educational Development Center (EDC)

II. Project purpose and description:

To improve quality and expand access to basic math and health education through interactive radio curricula, and to institutionalize interactive radio technology and curriculum in the Bolivian basic education system. The project is an extension of an outstandingly successful project which focused exclusively on mathematics. It will expand the curricula to include health, and will seek to extend coverage by incorporating additional NGOs. The project will also expand coverage to include out-of-school youth and adults.

III. Recommendations:

The consultants reviewed the project paper and the project logical framework in detail, together with the project manager and Ms. Diane Urban, education and communications consultant. Based on these discussions the following modifications in the project logical framework were recommended (as reflected in the revised logical framework included after this section):

1. The goal of the project is "to enable Bolivians to respond effectively to their primary health needs and to effectively utilize available health care services on a sustainable basis". Possible Objectively Verifiable Indicators to measure goal attainment include:
 - a. Measurement of levels of use of health services (e.g. immunization coverage, clinic visits, etc.) comparing intervened and non-intervened groups.

- b. **Measurement of reported health-related behaviors (e.g. use of ORT, sanitary practices, etc.) comparing the same groups.**
 - c. **Direct observation of families to measure specific health related behaviors. It was felt that this option, although the most direct and valid indicator of project goal attainment, was probably too expensive and labor- intensive to be undertaken.**
2. **The expansion of the project to include out-of-school youth and adults implies entering into uncharted territory. Little is known about these target groups. The consultants recommended that the necessary operations research be carried out to answer some basic questions about the target audience. Some examples are:**
 - a. **What are the most appropriate hours for programming?**
 - b. **What is the availability of radios?**
 - c. **Should the radio messages be programmed in additional languages, or is Spanish sufficient?**
3. **The evaluation of the impact of the radio school curriculum on increased knowledge of math, conducted during the previous project, should be replicated and expanded to include health knowledge. Similarly, in addition to the school-based population, knowledge changes should be evaluated in the out-of-school youth and adult populations as well.**
4. **Some type of on-going monitoring of the non-school target groups will be necessary to determine program coverage and the frequency of listening. The degree of exposure to the radio messages will be an important factor in designing the impact evaluation for these groups.**

IV. Logframe

Please refer to revised logframe beginning on the following page

Project Name: Interactive Radio Learning
Est. Completion: 1995

NARRATIVE SUMMARY (NS)	MEASURABLE INDICATORS (MI)	MEANS OF VERIFICATION (MV)	IMPORTANT ASSUMPTIONS
<u>Goal:</u>			
- To improve maternal and child health.	Infant mortality rate (by gender) Child mortality rate (by gender) Maternal mortality rate	DHS survey 1993.	- 1994 educational reform package, financed by the World Bank implemented. - Political and economic conditions will not deteriorate.
<u>Purpose:</u>			
I.- Efficiency, quality, and access to basic math and health education through interactive radio curricula improved.	- In target area primary schools (by gender): - Increase enrollment by ___ % - Decrease drop out rates by ___ % - Decrease repetition rates by ___ % - Demonstrable improvement in math and health knowledge.	MEC Service Statistics Evaluation research comparing children in radio and non-radio schools.	- Successful transfer of technical and managerial responsibility from NGO to MEC.
II.- Interactive radio technology and curriculum in the Bolivian basic education systems institutionalized.	<u>Public Sector</u> - IRL incorporated in national MEC program. - Adequate MEC personnel and other budgetary allocations dedicated to IRL. - Multilateral donor agency funding for IRL.	- Review MEC national program and curriculum. - Review MEC budget. - List of donors.	- MEC and Private Educational system make political decision and have financial resources to incorporate IRL into their curriculum.
	<u>Private Sector</u> - Private Sector Schools utilizing IRL program.	- Survey of private schools' curriculum.	

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NARRATIVE SUMMARY (NS)	MEASURABLE INDICATORS (MI)	MEANS OF VERIFICATION (MOV)	IMPORTANT ASSUMPTIONS
<u>Outputs:</u>			
- A national infrastructure of school teachers, directors, and supervisors able to facilitate nationwide implementation of the radio education intervention in public and private schools under MEC leadership established.	10% of primary school population, grades 2-5 participating. - Students Participating (by gender) 200,000 - Teachers and School Directors trained (by gender) 5,000 - Lessons Broadcast & Revised (Health & Math) 700 - Teachers' Guides Printed (1 per Grade) 7 - Ministry Supervisors Trained (by gender) 50 - Supplementary AV Material Developed 10	-Site visits -Operations research studies -Review of guides and A.V. material	
- Access to basic primary education (through the interactive-radio lessons) for out-of-school youth and adults increased.	- Number of adults and out of school youth listening (by gender) 10,000	-Survey of target population.	
- A system of "Master Teachers" in health education who can provide basic health-care support (first aid, education) to community members who do not otherwise have access to a health center established.	- Number of master teachers functioning.	-Site visits	

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NARRATIVE SUMMARY (NS)		MEASURABLE INDICATORS (MI)		MEANS OF VERIFICATION (MV)		IMPORTANT ASSUMPTIONS	
ACTIVITIES:	INPUTS/RESOURCES:	Proposed Funding Level AID FX	((\$000) Counterpart LC	ALTERNATIVE Funding Level AID FX	(US\$000) Counterpart LC		
Buy-in to Learning Technologies Project, EDC, U.S. - based contractor.	-Technical Assistance including multiplier	1,632	-	\$ 2,721		<ul style="list-style-type: none"> - detailed annual plans and budgets - specialised technical, social, and administrative studies - evaluations - site visits - Project officer reports and records - Contractor reports and records 	<ul style="list-style-type: none"> - No major contract delays. - AID funds are obligated and disbursed on a timely basis. - Resources are provided on a timely basis, and in adequate quantity.
	-Travel	302	-	504			
	-Allowances	209	-	368			
	-Outside Services & Training	53	60	88	\$ 100		
	-Operating Expenses	557	-	928	-		
	-Furniture and Equipment	247	60	411	100		
	-Local Administrative Costs	-	880	-	1,500		
	TOTAL	\$3,000	\$1,000	\$5,000	\$1,700		

7. REPRODUCTIVE HEALTH SERVICES

I. Project Information

- A. Project Number:** 511-0567
- B. PACD:** 09/30/95
- C. AID Project Manager(s):** Sigrid Anderson and Elba Mercado
- D. Implementing Agency(s):** Ministry of Health, Caja National Salud (Social Security, CONAPO)
- F. Major Contractor(s):** The Pathfinder Fund, Mothercare/JSI, Johns Hopkins/PCS, JHPIEGO, DAI, MSHFPNDM, Population Council, The Futures Group (SOMARC, Rapid III and Options)

II. Project purpose and description:

To increase access and quality of reproductive health services in Bolivia by providing family planning services, information and education about reproductive health, and training, research, and policy development.

III. Recommendations:

Detailed analysis of the project paper and existing SAR indicators revealed an array of data requirements that reflected the activities of the project, but which were expensive to collect and unlikely to be responsive during the 6-month time frame of the SAR. This was true for all four of the indicators for "increased quality of RHS", as well as for the indicators for "increased knowledge of and demand for RHS", "community outreach", "MWRA knowledge of risk factors", "indigenous language staff" and "accessible prices".

After meeting with the project manager it was decided that since the principal thrust of the project was to increase access and use of RHS services, the number of indicators could be reduced considerably. The indicators recommended reflect: 1) Increased access to reproductive health services, measured by the number of service facilities in the project area offering RHS, and 2) Increased knowledge of and demand for reproductive health services, measured by the number of clients served. These data should be disaggregated by the agency delivering the service, and in the case of SOMARC, by type of contraceptive.

The data required to construct these indicators will be easily obtainable when the project management information system is installed and operational. This is currently estimated to be August, 1991. The indicators recommended are presented below, in the SAR format.

B. Major Outputs

	Planned			Accomplished			
	LOP	Period	Cum.	Next Period	Period	Cum.	% LOP
1. Number of facilities providing RHS in project area							
a) MOH							
b) CNS							
c) NGO							
2. Increased knowledge of and demand for RHS.							
Number of RHS patients seen by:							
a) MOH							
b) CNS							
c) NGO							
d) SOMARC-number of contraceptives sold:							
pills							
condoms							

8. SELF-FINANCING PRIMARY HEALTH CARE II

I. Project Information

- A. Project Number: 511-0607**
- B. PACD: May 8, 1996**
- C. AID Project Manager(s): Rafael Indaburu**
- D. Implementing Agency(s): PROSALUD**
- F. Major Contractor(s): None**

II. Project purpose and description:

To test the feasibility of providing health care services on a self-financing basis to rural and peri-urban target populations through a private sector mechanism and participation of local counterparts.

III. Recommendations:

The consultants reviewed the current project MIS output with the project manager. The consultants were very impressed with the high quality of the system and saw no need for further technical assistance with respect to developing indicators.

9. URBAN DEVELOPMENT INITIATIVE

I. Project Information

- A. Project Number: None (ESF project)**
- B. PACD: April 1992**
- C. AID Project Manager(s): Rafael Indaburu**
- D. Implementing Agency(s): PROA**
- F. Major Contractor(s): None**

II. Project purpose and description:

Pilot project working in El Alto in integrated urban development. Areas of project focus and experimentation include health, housing, small business, and municipal government strengthening.

III. Recommendations:

The consultants reviewed the current project MIS output with the project manager. Since it is a pilot project experimenting in various interventions it is currently collecting a very large quantity of data. It is expected that the full-scale follow-on project to be initiated next year will have a more agile information system. In the meantime, the consultants saw no need to change current practices.

LIST OF PERSONS CONTACTED

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