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PROJECT ASSISTANCE COMPLETION REPORT

PROJECT TITLE: Primary Health Care Project

PROJECT NUMBER: 645-0220

PROJECT AMOUNT: \$6,325,482

COUNTRY: Swaziland

FINAL PROJECT EVALUATION: November 1990

1. Summary of Services Performed

The Swaziland Primary Health Care (PHC) Project got off to a bumpy start with a stop work order within its first six months of implementation because of a lack of MOH counterparts for the Project. This was lifted in August 1986 and the five-person Management Sciences for Health team was in-country by September 1986.

The Project goal was to improve the health status of Swazi children under five years of age and women of childbearing age. The project purpose was to improve and expand the primary health care system in Swaziland emphasizing eight specific maternal and child health/child spacing areas: prenatal care, perinatal care, postpartum education, immunization, oral rehydration, growth monitoring, child spacing, and treatment of priority diseases. The Project provided long-term technical advisors in maternal and child health, health planning and budgeting, decentralization and clinic management. The Project's initial design and workplan were very broad, and service delivery targets were very ambitious. A mid-term evaluation of the Project completed in October 1988, found that many of the original project design assumptions were no longer valid and recommended that the Project activities be prioritized and the workplan streamlined to ensure effective use of resources.

A Project Amendment was approved in May 1989 which focussed assistance on maternal and child health and family planning (MCH/FP), using two strategies -- improved clinic-based maternal child health/family planning services and effective decentralization to the regional level.

The end-of-project objectives were also revised to reflect the Project's new focus which was to improve and expand clinic-based and outreach services, and to increase the productivity of health care workers, and to strengthen regional administrative and management capability. The final evaluation team noted that the most important Project inputs occurred in training; clinic services; decentralization; health planning, budgeting, financial management and health-care financing; and the development of a health information system (HIS).

2. Status of Completion of Project Elements

TRAINING

The Project sent five Ministry of Health (MOH) staff for health education training in Nigeria and three for long-term training in the U.S. - two in health education and one in computer science. All the trainees except for two are still working for MOH.

After the Project Amendment, a clinic-based training (CBT) program was developed by the project in response to a MOH request for more practical on-site training. CBT integrated training and supervision so that training was re-inforced by follow-up ensuring that new skills and procedures were practiced. The training covered the priority areas of primary health care (Acute Respiratory Infection, Diarrhoeal Disease, Growth Monitoring and Nutrition, Expanded Program of Immunization and Maternal Child Health) clinical skills, clinic management and reporting techniques. The training was largely hands-on using patients in the host facility as case studies for history taking, clinical examination for diagnosis and treatment. The final project evaluation determined that the CBT model developed by the project was impressive, and evidence of the beneficial impact on clinic performance was observed during visits to clinics. In addition, the team saw that the in-service training raised nursing morale, skill levels and confidence in the clinics. The team expressed concern about the sustainability of CBT on completion of the project. The MCH Physician in his final report notes the following key problems which make institutionalization of CBT questionable: (1) Lack of regional training facilities; (2) lack of full-time regional trainers; (3) Poor managerial capacity in the regions; (4) Lack of regional resources. USAID/Swaziland's planned Family Planning and Maternal Child Health Project addresses the majority of these problems.

CLINIC SERVICES

The final evaluation noted that the most critical weakness of the clinic system in Swaziland is an overall shortage of nurses forcing nursing assistants to assume clinical responsibilities for which they have not been trained. The Project provided many valuable inputs to improve the technical aspects of primary health care in clinics, for example, the development of a clinic reference manual and a drug management system with a formulary, setting up filing systems for clinics, development of a supervisory checklist which is being utilized by clinic supervisors and establishing forty-nine new outreach sites including the provision of basic furnishings and equipment. The major outputs in the area of MCH have included implementation of antenatal cards, high-risk ANC screening and protocols, the identification and management of STD's, support for research on breastfeeding practices and the implementation of the HIS. This activity was completed in December 1990 with the departure of the Nurse-Midwife/child spacing advisor.

DECENTRALIZATION, HEALTH PLANNING, BUDGETING AND FINANCING

In 1983 the MOH adopted a decentralized mode for planning and managing the country's health services. The Project set out to develop and institutionalize new planning, budgeting and financial management system and procedures to support decentralization. A Project Advisor worked with the Regional Health Management Teams (RHMT) to develop personnel, financial and drug management guidelines and to improve planning and management skills. The final evaluation stated that "it is evident that the decentralized planning and management system are extremely fragile, as the MOH lacks clear statements of policies, priorities and strategies that would guide regional planning efforts." This activity has had little, if any notable impact.

The Project funded three important studies to support improved MOH financial management. Two studies related to raising user fees and establishing unit costs of health services were completed. A new uniform fee structure was proposed for the different services offered in both in-patient and out-patient services but, the new fees have not been introduced by the MOH. If properly utilized by the MOH, these financing studies are potentially of great benefit. The third study was an assessment of MOH financial management which resulted in the production of a Financial Procedures Manual which the MOH is currently utilizing.

HEALTH INFORMATION SYSTEM

The Project played a major role in maintaining and revitalizing some previously developed HIS components, and in developing and coordinating additional HIS components. The Project made a major contribution through the Family Health Survey of key health and family planning indicators, in developing and refining out-patient data-reporting systems and decentralizing the databases so that timely data are now available in each of the four regions. However, even though the HIS is technically sound, the MOH lacks a structure for analyzing and using HIS data. The challenge for the HIS is to realize its potential by increasing demand for and utilization of HIS data for PHC program management. USAID's planned Family Planning/Maternal Child Health Project seeks to do just that.

3. Accomplishments in terms of Project Purpose

The purpose of the Project was to assist the MOH to improve and expand the primary health care system with emphasis on maternal and child health and family planning. The Project supported seventy-seven outreach sites in all regions of the country with basic furniture and equipment. The Project also established ORT corners in all clinics in Lubombo and Shiselweni and most clinics in Hhohho and Manzini region. The Project assisted the MOH in training all clinic nurses in the use of manuals developed by the Project (Drug Formulary Manual, Clinic Reference Manual, Clinic Orientation Manual) and assisted in the implementation of drug management system in all clinics. Service delivery was strengthened through CBT which was implemented in all four regions of the country with over two hundred staff nurses and nursing assistants trained in EPI, ARI, CDD, MCH/FP and GM&N. One hundred and forty-seven clinic nurses were trained in high risk approach to antenatal care and fifty-one clinic personnel were trained in postpartum care, breastfeeding and family planning.

The Project contributed to the improvement of conditions of service for rural clinic staff through the provision of limited furnishings and improvement to nurses accommodation. The Project also trained clinic-based personnel in the maintenance and repair of generators.

The Project greatly increased the capacity of the health information system in all four regions. Six hundred MOH personnel were trained in HIS-related procedures.

In addition, the Project strengthened the central MOH Statistics Unit by debugging the nursing register and the personnel system and establishing a central computer library. Three financial studies were completed (User fee, Unit cost and Financial Management) to strengthen MOH financial-management procedures and enhance extra-budgetary support. Of the three studies only one is currently in use - three hundred and eighty-six personnel were trained in the use of the Financial Management Procedures Manual, and the MOH has adopted the Manual and the new Procedures.

4. Further inputs expected into the Project None

5. Lessons Learned

(a) The PHC Project highlighted the Ministry of Health's major weakness, a lack of trained staff to undertake and sustain the multitude of activities laid out in the Project Paper. Too many of the Ministry's staff are spread too thin on the ground doing the work of more than one person. This situation is reflected in the case of the Program Manager for the MCH/FP Program who is also a senior Sister in-charge of one of the busiest Health Centers in Manzini. A sustainable program must have trained and motivated counterparts. The absorptive capacity of the Ministry needs to be studied carefully prior to the implementation of future Projects. In addition, the scope of project activities needs to be realistic in terms of both its framework and the range of activities undertaken. The mid-term evaluation revealed that some project activities, for example the cost recovery mechanisms proposed in the PP, were not realistic for implementation within the GOS financial system during the life of the project.

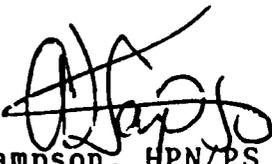
(b). The Project's CBT program has certainly heightened the MOH's awareness of the need to design and conduct in-service training based on actual field experience. The planned FP/MCH Program will support the establishment of a teaching health center and two satellite teaching clinics to provide a permanent site for competency based training in working health facilities.

6. Recommendations for further monitoring, reporting and evaluation

- (i) No further monitoring and reporting are required.
- (ii) A final evaluation was completed in November 1990.
- (iii) A fiscal report has been prepared by USAID/Swaziland Controller's Office. The mission plans to reobligate the unexpended balance into other Projects.


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12/2/92
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Drafted: ADSampson, HPN/PS PACR 03/15/92

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