



EVALUATION OF CATHOLIC RELIEF SERVICES

**ORGANIZATION AND MANAGEMENT
AND
RURAL DEVELOPMENT II
LIFE CYCLE/HEALTH EDUCATION PROJECTS
WEST BANK & GAZA STRIP**

**PREPARED FOR
U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT
UNDER CONTRACT NO. PDC-5451-I-00-1026-00**

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OCTOBER 1992

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PREFACE

This evaluation of the AID-supported rural development and health development efforts of Catholic Relief Services (CRS) in the West Bank and Gaza Strip since April 1985, was carried out in three phases:

- Phase I: Orientation and briefing of the evaluation team in Washington and by AID and CRS (August 1992).

- Phase II: Field studies and draft report writing by the team in the West Bank and Gaza (August 3-30, 1992).

- Phase III: Final report writing, presentations, and debriefings in Washington, D.C. (September 1992).

The evaluation team consisted of James M. Pines, Janet Lowenthal, Leo A. Pastore, Samar Abdelnour, and George Odeh.

ACRONYMS AND GLOSSARY

ACDI	Agricultural Cooperative Development International
AID	Agency for International Development
AMIDEAST	American Friends of the Middle East (U.S. PVO)
ANERA	American Near East Relief Agency (U.S. PVO)
CBL	Community-based lending
CDP	Cooperative Development project (AID-funded)
CIVAD	Civil Administration (Government of Israel)
CRS/JWB	Catholic Relief Services/Jerusalem West Bank
EDG	Economic Development Group (indigenous nonprofit organization)
EOPS	End of Project Status
GOI	Government of Israel
Green Line	The boundary line between Israel and the Occupied Territories
IAPP	Increased Agricultural Production Program
Intifada	Armed uprising
IRD	Integrated rural development
MRC	Medical Relief Committee (local PVO)
Mukhtar	Head of local government (equivalent to a mayor)
NIS	New Israeli Shekels (local currency)
OT	Occupied Territories
PARC	Palestine Agricultural Relief Committee
PHC	Primary health care
PPI	Program performance indicators
PRA	Participatory rapid appraisal
PVO	Private Voluntary Organization
QQAS	Quantity, Quality Assurance Survey
RD	Rural Development project
RD-CB	Rural Development Capacity Building project
RID	Rural Infrastructure Development
SED	Small Enterprise Development project
SOW	Scope of Work
STC	Save The Children (U.S. PVO)
VC	Village council
VDC	Village development committee
WBWA	West Bank Water Authority

EXECUTIVE SUMMARY

Since 1975, Catholic Relief Services (CRS) has implemented health education, rural infrastructure, and other activities in the West Bank and Gaza Strip. In FY 85, after supporting two earlier CRS Rural Development projects totalling \$2.2 million, AID funded a third seven-year project (RD III) for \$6.9 million, to end in April, 1992. Two no-cost extensions have delayed termination until February, 1993. RD III includes components in Infrastructure Development; Increased Agricultural Productivity, including training of 71 paraveterinarians; and Small Enterprise Development. The three components operated independently throughout the West Bank and Gaza, constituting separate projects and not an integrated rural development program.

By separate grant and amendment, AID also funded a three-year, \$3 million CRS Life Cycle/Health Education project that began in FY 86. Scheduled to end in FY 89, it was later extended to July 31, 1992, without additional funding. This project was implemented in the West Bank, primarily in rural villages, but not in Gaza, and it included training and payment of salaries for 200 health educators; additional training enabling 32 of these educators to become physical rehabilitation workers; a grant for training 36 nurses at Saint Luke's Hospital in Nablus; and funding of six rural clinics.

The Life Cycle project also included salaries for supervisory staff based in six local organizations identified as "resource centers" for the project. Training served primarily to introduce health education and rehabilitation, activities previously neglected in the West Bank. Trainees were sponsored by village associations in the hope that when the grant ended these associations would continue to employ the educators, replacing CRS funding with local resources.

As the projects approached termination, CRS presented proposals for two new projects, to begin in March 1993. AID later decided to fund them under a single cooperative agreement for \$5.5 million over three years. Although these proposals did not integrate rural development and health, they did incorporate new approaches in both areas, including increased emphasis on: institution building; integration of activities; income generation as a means of achieving sustainability; and more sophisticated technical approaches to development.

AID commissioned an evaluation to review the two earlier projects and to document lessons learned which could be applied in the implementation of the new project. A team of three U.S. specialists and two Palestinians, working under the auspices of Chemonics International, conducted field work in the West Bank and Gaza and prepared the evaluation report from August 6-30, 1992.

The CRS projects examined operated in a politically volatile and economically deteriorating environment that made planning and implementation extremely difficult. The

achievement of project goals was impeded by the Intifada begun in 1987, Israeli policies toward the Occupied Territories, and the Gulf War, which resulted in funding cuts from the Arab world, an influx of Palestinian workers from the Gulf states, and loss of their remittances.

However, the recent Israeli election and apparent progress toward transition have created a more favorable context for the proposed new project. The new CRS proposal reflects this change by giving major attention to assisting Palestinian villages and health organizations to assume the increased developmental responsibilities associated with the transition.

A continuing disagreement between the Department of State and AID about management of the West Bank/Gaza program also hindered administration of CRS projects. Mixed signals and delayed responses to routine inquiries complicated an already difficult CRS task. Recent resolution of the dispute, including approval of two AID field positions for West Bank/Gaza, will improve AID management and monitoring of the CRS program.

CRS' internal working environment further constrained programming effectiveness, through lack of coherent program strategy, excessive compartmentalization of activities, and inadequate management and control systems. However, if current improvements and recruitment succeed, CRS management and staff will be adequate for continued planning and initial implementation of the proposed cooperative agreement.

Concentration in a more limited geographic area and reduction in the number of project activities have alleviated many supervision problems, and improved management is evident. However, much remains to be done, beginning with immediate additions to CRS' technical staff to implement the proposed new program. A six-month review of progress would be helpful to confirm the adequacy of the new CRS approach and systems.

Project-related aspects of management, including planning, technical assistance, and evaluation, still exhibit serious weaknesses. CRS' planning capabilities are not yet adequate for the more ambitious developmental projects now contemplated. Some reluctance to supplement in-house staff with outside technical consultants, or failure to recognize technical assistance needs, too often results in technically inadequate plans and low CRS credibility among Palestinian professionals.

The failure to install appropriate internal data systems prevented CRS from generating information that would have improved project planning substantially. In the past, most data collected has served only to meet AID reporting requirements.

These management deficiencies, which sharply limited the effectiveness of past activities, are likely to diminish. The new program approach emphasizes more careful needs assessment and increased attention to project monitoring.

Rural Development

In quantitative terms, CRS' Rural Development projects added significantly to West Bank and Gaza infrastructure by assisting the construction of 19 market roads totalling 52.37 kilometers, 16 interior village roads (946.25 kilometers), 20 electrification systems, and 8 potable water systems. CRS played a useful role by channelling and monitoring AID funds. Municipalities and village committees also made substantial contributions to each project.

However, there is wide variation in the quality of these structures, as well as in their current operation and maintenance (O&M). For example, inadequate concern for O&M costs accelerated the deterioration of some physical facilities. Moreover, because CRS' involvement with each community began with construction and ended with project completion, the possibilities for strengthening local institutions and assuring sustainability were limited. Despite the benefits provided by new infrastructure, therefore, much potential project impact has been transitory.

The effectiveness of the Increased Agricultural Productivity and Small Enterprise Development projects was limited by an already difficult environment, inadequate markets, and unfavorable weather conditions, and compounded by poor CRS technical work. However, there is anecdotal evidence of positive outcomes in agriculture, and a few outstanding results from the SED activities. Finally, many of the paraveterinarians trained under the project continue to perform useful services, despite inadequate programming of supervision and institutional support.

The new project seeks to improve rural development by focusing efforts on village development committees within a small geographic area. By assisting the committees to identify needs and plan local development, the project will encourage integration of CRS activities and make sustainability of village development a key goal. However, although the conceptual approaches developed by CRS are promising, there is as yet little evidence of follow-through, and more detailed planning is needed to make them effective.

Life Cycle/Health Education

Since 1985, this project has trained 280 female health educators. At the grant's close, 200 were working in 201 West Bank villages, with 30 of these women also serving as home-based rehabilitation workers. Most of those trained by this project enjoy very positive reputations in their communities. They have also had significant impact on referrals to health facilities and, though hard to document, on health-related behavior and child-rearing practices. Moreover, by building an impressive cadre of women leaders and promoting cohesion and democratic discourse among Life Cycle participants (nearly 75,000 women since 1985), the project has produced important unanticipated outcomes for West Bank women.

However, while CRS performed a useful service by introducing innovations in health education and physical rehabilitation, institutionalization and sustainability have proven difficult. As a result, about 100 program graduates are in serious danger of having to seek

other work. With the termination of the grant, financial support from counterpart organizations has been difficult to obtain and will diminish still further unless local institutions are helped to generate more funds. Today, the trained health educators constitute an outstanding resource that has not yet been integrated effectively into the West Bank's private nonprofit health care system.

The project context explains many of the "reasons why." However, CRS has further compounded such problems by merely exhorting counterpart organizations to cover ever-larger percentages of educator salaries, without offering help in building the increased financial strength needed to do so.

Activities under the new project will enhance the prospects for institutionalizing this program. For example, health educators will be upgraded through training in primary health care skills, making them more suitable for integration into primary health services. Their increased skills will also improve the capacity to generate fees for services.

The proposed project also includes funds for small projects to be developed by the health workers, thereby increasing their credibility and acceptance in the villages. With more effective planning, the funds could also be used to generate continued financial support for the workers. CRS plans refer to such an approach, but provide few details.

CRS is also working more systematically to identify appropriate counterpart agencies with the resources to carry on all of the technical and financial services. However, planning of activities to meet the financial requirements of sustainability remains inadequate.

Despite AID's reluctance to continue funding salaries, a very strong case can be made for extending support two more years. Cutting off the salaries will mean abandoning human resources that can contribute substantially to Palestinian welfare. Moreover, to do so just when PL-480 commodity distribution is ending can only damage local perceptions of the U.S. Government.

Most important, writing off the health educators at this time will destroy one of the few effective programs for improving the status of women in the West Bank. Continued payment of modest salaries will also give CRS time to mount a serious professional effort to build financial sustainability, while tying this support to one-year targets will reduce the likelihood of fruitless expenditures.

Salary support must also be conditioned on CRS' delivery of a financial plan that identifies counterpart institutions, their specific financial needs, and the CRS activities expected to help them replace AID funds. Where remote and poor villages lack health services and would benefit greatly from the presence of a CRS-trained worker, payment of salaries beyond two years may be essential and justifiable as part of a longer-term effort to help such villages.

Conclusion

Despite many past weaknesses and frequently disappointing impacts, CRS projects merit continued support. With improved planning, including more adequate reliance on technical assistance, the new projects offer better prospects for economic and social benefits commensurate with the investment required. Although integration of health and rural infrastructure programming remains unlikely, the institution-building and sustainability goals in both of these sectors provide an appropriate focus for future efforts. Finally, though much can still be done to improve management, there is a basis for cautious optimism about CRS' ability to become a more effective development organization.

FINDINGS AND RECOMMENDATIONS

Organization and Management

1. Finding

CRS/JWB planning is not based on adequate problem analysis or consideration of technically sound project alternatives, and is therefore not conducive to preparation of a sound program strategy for the West Bank and Gaza.

Recommendation

AID should encourage CRS to adopt planning practices more likely to produce a coherent program strategy and related project proposals, and should cease to fund grants and projects unrelated to the new strategy.

2. Finding

CRS planning and implementation often fall below an acceptable level of technical competence, especially with respect to the identification and comparison of project alternatives.

Recommendations

a. CRS should increase its use of local specialists to help identify, design, and develop project alternatives, in order to improve the technical quality of its projects, increase CRS' credibility, and aid institutionalization by counterpart organizations.

b. AID should not approve project proposals unless they are technically adequate and accompanied by appropriate evidence of consultation with local specialists.

3. Finding

Although CRS' data collection and reporting are adequate, forms and content do not permit effective use for program purposes of the information being collected.

Recommendation

The CRS information system should be reviewed and revised to ensure adequate collection of baseline data; include a few key indicators for behavioral and health status changes; and establish a system for making regular use of data to improve programs.

4. Finding

CRS has not yet finished installing its new financial systems and controls, or reorganizing its administration.

Recommendation

After approximately six months, CRS or AID should arrange for an outside management audit or review, to confirm that financial and administrative revisions have been completed; that these improvements are appropriate for CRS' new program direction and responsibilities; and that a planning process consistent with the new program strategy is underway.

5. Finding

Sustainability has been jeopardized by CRS' failure to help local institutions develop the detailed, feasible plans they will need to assume operational and financial responsibilities at project end.

Recommendations

a. To improve sustainability, project planning should include identification of critical gaps in local counterpart capacity to assume permanent operating and financial responsibilities.

b. Projects should not be programmed without identification of, and immediate collaboration with, a counterpart organization capable of eventually assuming and sustaining operating responsibility for project activities.

c. Project plans should include activities when the project first begins that will prepare counterpart organizations to become self-sustaining.

d. CRS should take advantage of its own Social Service and Small Enterprise Development divisions as it works with local counterparts to develop sustainability strategies, including fees for services; revenues from commercial or volunteer-assisted income-generation activities; improved efficiency in performance of current work; and identification of new funding sources, combined with technical assistance to increase effectiveness in fundraising from all sources.

6. Finding

Maintenance of a CRS office and program in the Gaza Strip is of interest to some representatives of the U.S. government, and CRS is prepared to consider new project possibilities.

Recommendation

Consideration of CRS programming in Gaza should be deferred until the new West Bank project is fully in place, adequately managed, and operating effectively.

7. Finding

Although it frequently collaborates effectively with other U.S. PVOs, CRS is sometimes perceived as secretive and defensive about what it is doing, with whom, and where. Such perceptions increase duplication and discourage coordinated planning among voluntary agencies.

Recommendation

AID should condition all grants to CRS and other PVOs on satisfactory demonstration of adequate exchange of information within the international and private voluntary community, making clear that at present there is adequate funding available for PVO initiatives and, hence, no need for inter-PVO competition.

Rural Development

A. Village Infrastructure Component

8. Finding

At the village level, there is little engineering and technical capability for maintaining project quality. The few services available are weak in A&E design, feasibility studies, and construction supervision. As a result, project quality is often poor, infrastructure lifetime considerably shortened, and O&M costs unnecessarily high.

Recommendation

Approval of the new Rural Development Capacity Building project (RD-CB) should be contingent on CRS subcontracting with capable local organizations to conduct prefeasibility studies before planning and designing project activities.

9. Finding

The number, diversity, and geographic dispersion of project activities, coupled with the intense monitoring that will be required under the new RD-CB project, severely tax the management capabilities of the RD staff.

Recommendations

- a. To assure that CRS continues to monitor old RD III activities while also conducting Participatory Rapid Assessments (PRAs) and other work at new project sites, AID should approve the addition of a civil engineer and a professional trainer to the CRS/JWB staff.
- b. An acceptable plan for CRS training of village committees should be an identified deliverable during the first year of the trainer's activities.
- c. AID should make approval of RD-CB conditional on delivery of training manuals during the project. These publications should be written in simple Arabic for use by village development committees and should focus on key aspects of project design and management, including planning and setting priorities; planning and budgeting O&M costs as an integral part of the planning and design processes; establishing appraisal guidelines on the need to conduct prefeasibility studies; and improving contracting, bidding, and negotiation skills and procedures with examples for determining simple Bills of Quantities.

10. Finding

CRS has not prepared project holders to provide adequately for O&M costs or to operate and maintain their completed infrastructure projects properly.

Recommendation

As an integral part of project design, CRS should train the village development committees and other participants to make correct O&M budgets and to develop suitable plans for operating and maintaining completed infrastructure projects.

11. Finding

The new rural development project makes overly-optimistic assumptions about the technical feasibility of implementation.

Recommendations

a. AID should make approval of RD-CB contingent on CRS' agreement to defer implementation of activities and to use the first year of the project to identify VDCs, conduct PRAs, assess training needs, develop training materials, and carry out training and workshops with selected primary and secondary VDCs.

b. During the survey period, CRS staff should close out all old RD activities, including collecting as many outstanding loans as possible and getting permission to write off the rest.

12. Finding

Field trip reports, the key element of the IRD information system, fail to provide the information required for managing projects effectively, assessing their impact, and improving project design.

Recommendations

a. A new field trip reporting format should be designed to incorporate all necessary information about project conditions at the time of field visits, including: the rate of and constraints to project completion; whether the project is operable; and what technical services are still required. Because field trip reports are program audit documents, they should give a full picture of project status at any given time, and should be completed in English and Arabic.

B. Small Enterprise Development Component

13. Finding

CRS lacks the staff and professional expertise to continue working in the already overcrowded field of credit.

Recommendations

a. CRS should abandon all direct lending activities.

b. Before authorizing any lending by village development committees, CRS should ensure that the revenues from which such loans will be made have first been applied to O&M budgets of existing infrastructure and rehabilitation or replacement of obsolete equipment.

c. All lending through the proposed village development committees should give priority to satisfying those remaining village needs identified in the PRAs.

C. Increased Agricultural Production Component

14. Finding

The diversity and spread of activities weakened CRS' capacity to provide adequate follow-up for project continuation and sustainability.

Recommendations

- a. CRS should focus its agricultural efforts exclusively on construction of spring water catchments and improvement of water quality.
- b. Implementation of the spring water catchment priority should focus on the secondary villages (those with no previous RD project) in the IRD target area, using technical assistance from the Palestinian Hydrology Group, which has already surveyed the area and identified appropriate villages.
- c. The spring water catchment activity should be integrated by having the health educators in participating villages provide education in basic water use.

15. Finding

CRS has failed to program adequate provisions for continued employment, technical support, and professional development of the trained paravets.

Recommendations

- a. CRS should continue to seek institutional affiliations and employment possibilities for the paraveterinarians.
- b. CRS should provide a program of continuing education, including the services of a trained veterinarian, to ensure that the paravets maintain their technical proficiency.

Life Cycle/Health Education

16. Finding

The new project will require in-house primary health care experience and skills if it is to become a more focused and professional primary health care delivery program.

Recommendations

- a. A primary health care (PHC) or community health professional with significant field experience should be hired as a permanent, full-time staff member to assist the project manager.
- b. The primary health care project should routinely seek expert assistance from local or, if necessary, expatriate specialists (part-time or short-term) on technical aspects of primary health care such as treatment of anemia, brucellosis, and high-risk pregnancies.

17. Finding

The health educator network reaches some villages with no other primary health care

services. Consequently, abrupt termination of salary payments will cause significant hardship, economic waste, and political cost.

Recommendations

a. AID should immediately authorize continued payment of these salaries for up to two years, subject to the condition that CRS will provide a list of all active health educators, showing:

- Current employer or affiliation, if any;
- Percentage of target salary currently covered;
- Total annual salary gap to be met temporarily by AID;
- Planned activities for achieving full salary coverage within 24 months;
- Planned 12-month targets (estimated conservatively) showing what part of the salary gap will be met; and
- Identification of any health educators for whom full coverage cannot be achieved within 24 months.

b. After CRS has quantified the salary gap and submitted explicit plans for covering it, AID should make available funds for full coverage of this gap for 24 months by transferring the required amount from the \$500,000 now allocated for community development health projects.

c. If, after one year, the planned financial strategies have not been implemented successfully, or one-year targets have not been achieved, AID should immediately cease further payment of health educators' salaries.

18. Finding

The institutions that will employ and technically and financially backstop the CRS-trained primary health care workers have not yet been identified, and therefore appropriate commitments have not been obtained.

Recommendations

a. Advanced training of educators in primary health care should not proceed until CRS identifies and obtains written commitments from enough institutions to constitute a framework for employing and technically and financially supporting the trainees when the project ends.

b. CRS plans should include activities likely to help the proposed PHC institutional network become capable of supporting the trained workers by the end of the project.

c. Curriculum development for PHC training should be undertaken in collaboration with the institutions expected to integrate these workers.

d. CRS should develop a plan based on a detailed analysis showing the activities intended to produce the necessary technical and financial capacity in participating institutions.

SECTION I

INTRODUCTION

SECTION I INTRODUCTION

A. Background

Since 1975, Catholic Relief Services (CRS) has implemented health education, rural infrastructure, and other activities in the West Bank and Gaza Strip. In FY 85, after supporting two earlier CRS Rural Development projects totalling \$2.2 million, AID funded a third seven-year project (RD III) for \$6.9 million, to end in April, 1992. Two no-cost extensions have delayed termination until February, 1993. RD III includes components in Infrastructure Development; Increased Agricultural Productivity, including training of 71 paraveterinarians; and Small Enterprise Development. The three components operated independently throughout the West Bank and Gaza, constituting separate projects and not an integrated rural development program.

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As the projects approached termination, CRS presented proposals for two new projects, to begin in March 1993. AID later decided to fund them under a single cooperative agreement for \$5.5 million over three years. Although these proposals did not integrate rural development and health, they did incorporate new approaches in both areas, including increased emphasis on: institution building; integration of activities; income generation as a means of achieving sustainability; and more sophisticated technical approaches to development.

B. The Assignment

AID commissioned an evaluation to review the two earlier projects and to document lessons learned which could be applied in the implementation of the new project. Three U.S. specialists and two Palestinians, working under the auspices of Chemonics International,

conducted field work in the West Bank and Gaza and prepared the evaluation report from August 6-30, 1992. The Palestinian team members joined in field trips, participated actively in developing findings and recommendations, and concur fully with the final report.

C. Method

The evaluators employed the approach and methods suggested in the Scope of Work (SOW). However, the wide range of activities and questions to be addressed, and the need to emphasize sustainability, soon required some methodological adaptations that should be noted.

The prescribed limitation on report length forced early identification of key issues likely to need more intense review. The new project's content and design also influenced the choice of issues emphasized, since conclusions related to both old and new projects seemed more important than those based only on activities already terminated. The report addresses all concerns expressed in the SOW, with selective emphasis on those considered most critical to the success of the new project or most significant for assessing overall CRS performance. What may seem to be cursory discussions of other topics listed in the SOW are indications that performance has been adequate, rather than failures to investigate.

Field visits incorporated an unavoidable favorable bias because the least successful project outcomes (e.g. failed businesses or non-performing health educators) were no longer available for review. The evaluation approach takes this bias into account by viewing the "good projects" as illustrations of CRS potential, while recognizing the implications and lessons of less impressive results. Despite the tilt toward observation of favorable outcomes, field visits revealed a wide range of results.

Although CRS staff accompanied the evaluation team on all field visits, the Palestinian team members served as interpreters, and CRS workers withdrew whenever this seemed appropriate. In any event, CRS' lack of defensiveness, even when interview responses reflected poorly on its own activities, makes the team confident that staff presence made little difference to the reactions of beneficiaries and others interviewed.

The evaluation method also included careful efforts to separate technical development issues from the complex and highly-charged political context in which they occurred. While complete objectivity is never attainable, the report reflects as much as possible an effort to provide conclusions and recommendations that are independent of any political and other predilections of both authors and readers. Sound planning and good management transcend such differences in perception.

The evaluators had initially planned to focus on indicators of health and economic impact, such as reduction in infant malnutrition or number of new jobs created. This soon proved overambitious, both because such impact was limited and, where reported anecdotally, could not always be confirmed quantitatively. The nature and diversity of project activities, combined with their short duration, also severely limited the likelihood of impact at the purpose level.

Attention therefore shifted to indicators of progress toward institutionalization and sustainability. For example, by exploring the number of health educators and paraveterinarians still working as planned and the number with good prospects for receiving salaries from local organizations, the evaluation established a base for assessing progress and identifying gaps in programming.

Efforts to use net revenue or profits as an indicator failed, both for lack of records and because of CRS' idiosyncratic approaches to recognizing economic impact, which are described later in this report. Realizing that some income-generation activities also serve as good catalysts for increased volunteer work, the team looked at this and other social benefits as indicators of progress.

D. The Current Context

The impact of the Intifada, the Gulf War, and general operating constraints to project planning and implementation are all well documented, but recent developments have changed the context of the new project significantly. The Israeli election and early actions by the Rabin government have created new optimism about prospects for transition in the Occupied Territories. This hopefulness also extends to institutionalization and sustainability of both health and village development activities.

The CRS proposal to work with village development committees offers the opportunity to prepare these local institutions for the more active development role they are likely to play in the future. The improved environment for economic development assistance, also linked to the election results, allows CRS to assist village committees further in building a financial base for continued provision of services.

Before the election, the Intifada and other Palestinian responses encouraged development of nongovernmental indigenous health institutions devoted to building a health system independent of Israeli support or intervention. Unlike the village councils, which have been relatively inactive, the private voluntary health sector continued to develop and is now ready to take full advantage of the new, more favorable environment.

Even as the transition continues, the project context will remain difficult. Conditions in Gaza, for example, seem less likely to change than in the West Bank because mutual hostility between Palestinians and the GOI has been greater. There is also a much weaker base for assumption of new responsibilities by local institutions in Gaza.

In the West Bank, despite better prospects for institutional development, the disastrous economic consequences of the Gulf War seem likely to continue. Little prospects exist for resumption of Palestinian employment in the Gulf states and for the associated remittances. West Bank unemployment will remain high because of the continued presence of Palestinians unable to work outside the Territories, and trade with Jordan and aid from other Arab states may be slow to resume.

While the new Israeli Government may ease current restrictions slightly, there is no reason to assume that permit requirements, travel limitations, and economic retribution, for example, will diminish enough to make work in the Territories comfortable. Factionalism among Palestinian groups—another source of operating difficulties—may even increase with the apparent movement toward specific transitional arrangements. Although the Intifada has already abated considerably, the possibility of sudden resurgence cannot be ignored.

In short, while the current broad project context encourages cautious optimism, the West Bank and Gaza continue to present formidable obstacles to CRS programming and implementation. This evaluation does, and future reviews should, recognize the tentative and fragile nature of project output and purpose aspirations. Success of the new project, for example, depends heavily on explicit optimistic assumptions about progress toward transition and relaxation of GOI impediments to performance. The limitations of working in a highly-charged, restrictive, and uncertain environment require increased flexibility among CRS staff and U.S. Government project monitors alike.

Review of the project context also includes consideration of changes in the status of CRS. Jarred by its discovery of staff malfeasance in 1991, CRS has been shaken further by the arrival of a new country representative, loss of key staff, and the negative findings of an intensive review of rural development activities. Although CRS has recovered well by recruiting new staff, installing new management systems, and undertaking major revisions in its development strategy, the organization is understandably still finding its way. The new project remains highly experimental in terms of both concepts and staff.

If CRS is to convert earlier successful but diverse and unrelated activities into a more professional development and sustainability program, the capacity for early detection and response to flaws in initial hypotheses should be encouraged. AID monitors can contribute by adopting a more flexible view of projected changes in indicator levels. It is less important that CRS achieve the levels set initially than that it demonstrate the continued capacity to make sound course corrections.

E. AID Management of the Project

The Scope of Work omitted reference to longstanding differences between the Department of State and AID about how and by whom the CRS Project should be managed and monitored. These differences led to divided management and monitoring, putting CRS in the position of answering to two masters—a situation that added to its work and frequently left it with unnecessary delays in responses to proposals and routine inquiries. Although these AID/State differences made project management less efficient and effective in the past, their recent resolution should improve AID oversight.

SECTION II

CRS MANAGEMENT

SECTION II CRS MANAGEMENT

Deficiencies in the implementation and outcomes of both the Rural Development and Life Cycle projects reflect a number of CRS management and administrative shortcomings that were identified, and in many cases addressed, before the evaluators' field visit. Although much remains to be done, CRS is clearly improving its management as it develops new systems and reorganizes its administration. To understand fully the project reviews that comprise the rest of this report, and to accurately assess the prospects for new projects, it is essential to examine the current management situation.

Management and administrative changes were instituted following CRS' discovery of a staff member's malfeasance, and in response to the arrival of a new country representative and the imminent departure of the old assistant country representative. As a result, financial and office management systems have received considerable attention. Project-related aspects of management, such as planning, technical assistance, and evaluation, have changed far less.

The recommendations made in a June 10, 1992, report by Jack Winn of ANE/DP, which examined CRS' response to the malfeasance, have not yet been implemented fully. In addition, similar reviews by auditors from Price Waterhouse, the AID Inspector General's Office, and a local consulting engineer retained by CRS, are still to be acted on. Computerization of CRS' Financial Accounting System (FAS), while useful for improving financial controls, has delayed the implementation of other procedures, which are now expected to follow shortly.

Internal office procedures have been assessed and revised in an effective, participatory way. The resulting reorganization emphasizes a team approach, and will accommodate office needs and adapt well to related staff and historical constraints. The new country representative has already given high priority to financial and other aspects of administration. Changes are well underway, and a sound basis for optimism about the PVO's management exists.

Despite the turnover in higher management, CRS enjoys an excellent base of qualified and experienced staff in both administrative and project operations. Staff training, both within and outside the Territories, has added to these skills. However, CRS too often fails to consider the technical and monitoring requirements of project implementation, leaving staff to perform tasks far beyond their competence or available time. The previous geographic and technical dispersion of activities, now being corrected, also overtaxed staff significantly.

Current recruiting for a new manager of the Rural Development project offers CRS an opportunity to improve the project's integration and technical level. Although CRS has done an excellent job of providing career ladders for staff, the new Rural Development

manager should be an outstanding professional hired from outside the present CRS/JWB staff.

Current staff must also be supplemented for full implementation and supervision of the proposed new project. The immediate need for a full-time primary health care specialist is apparent. Pending decisions on whether training will be managed by CRS staff and counterparts, or contracted to consultants, will also affect staffing. Additional technical staff in rural development are needed as well. Adoption of a more active approach to financial strengthening of local counterparts, proposed later in this report, may further increase staffing requirements.

Compartmentalization within and between departments still needs attention. The wisdom of a separate administrative unit in Rural Development, for example, is still being discussed. The historical insulation of projects makes the current integration efforts more difficult. Nevertheless, the new emphasis on team building and the demonstrated commitment and capacity of staff are promising.

A review visit in about six months by someone with Mr. Winn's background would be helpful to assure that systems, procedures, and controls are operating as expected. The new country representative would be well-advised to commission this outside review to confirm that the office has emerged stronger and more efficient from the traumas that jarred it over the last two years.

Little purpose would be served by detailed review in this report of office administration. Until current revisions and reorganizations conclude and more definite outlines of the new project emerge, further comment will only add to CRS burdens. Furthermore, the new emphasis on limiting target areas and activities should ease administrative tasks substantially. Any administrative deficiencies that may remain will be dwarfed by the more fundamental project management limitations identified in the rest of this section.

If CRS is to become the kind of technical and professional organization needed to implement its new ambitious and more developmental projects, its planning, technical assistance, and internal evaluations need prompt and extensive attention. What follows should not be viewed as criticism of past CRS performance, but as an attempt to improve management of a new and fundamentally different program.

A. Planning

CRS planning and project management systems and practices, barely adequate for the grant-by-grant, project-by-project approach of the past, are grossly inadequate for achieving the sustainable development outcomes now targeted. Although the organization's current shift to institution building and longer-term impact is a major step forward, it has not yet been accompanied by problem identification and analysis, clarification of goals, comparison of alternative activities, delineation of strategy and related projects, or design of internal evaluation and feedback—all of which are fundamental to useful planning.

CRS staff acknowledge, for example, that health and employment goals in the current project proposals are unrealistic in relation to the activities expected to achieve them. The links between outputs, purposes, and goals are rarely clear. An outside evaluator cannot make intelligent judgments about the proposals because the information in them is too general and incomplete to permit assessment of what is expected to happen.

The proposals do present the outline of a new and improved approach that emphasizes institution-building, sustainability, income generation, and measurable improvement in important aspects of well-being. There remains the task of developing and explaining details of the specific hypotheses implicit in what some CRS staff call the "buzz words." Such general and indicative planning may have been enough for CRS and AID when "infrastructure" and "health education," for example, were the words. It does not suffice, however, for a serious effort to assist sustainable development.

The foregoing should not be read as encouraging a straitjacket or blueprint approach to planning. The continuing, iterative planning process should go on throughout implementation. CRS' planning, however, so far fails to provide even the bare minimum needed to allow the PVO or AID to know whether the proposed activities have any possibility of producing the stated results. In the current context, with the outstanding opportunities to help Palestinians build an improved health care system and a new system for village development, better planning is critical.

For example, proposals should identify those counterpart health and charitable institutions expected to maintain the health work, specify what resources and other help they will need to do so, and explain how CRS (or others) will help them develop the in-house capacity to meet their own needs. AID's and CRS' exhortations of counterpart organizations to pay ever-higher percentages of health educator salaries, repeated during the past few years, has been no substitute for joint planning of activities to strengthen the financial capacity of these organizations.

Nor do facile references to "public-sector income generation" as the basis for self-sustaining village development replace feasibility studies showing that opportunities do exist in the target area, and estimating how much income they may yield. CRS' planning of income-generation activities is inadequate for assessing profitability. Although project worksheets include estimates of expenses (including depreciation), expected profits, and cash flow, conversations with staff and beneficiaries failed to reveal the basis for such figures. Market analyses and related estimates of demand, seemed particularly weak.

Despite two CRS staff members' later attendance at a four-day Save The Children workshop on group credit, the earlier proposal shows little evidence that the West Bank/Gaza or CRS/Baltimore staffs know much about revolving loan funds. References to the subject in the proposal offer little indication of why such funds might be appropriate or how they might work. Proposals and staff comments indicate little recognition, for example, that interest charges must cover administrative costs and bad-debt losses. References to Islamic banking, an alternative to charging commercial interest, give no details about how that system might support a revolving fund.

CRS' planning illustrates an unfortunate tendency to state outcomes (e.g. "it will be sustained" or "revolving loan funds will provide the resources") as though they are plans. To give the PVO proper credit, the new project proposals do show an effort to carry out during implementation what should have been done in earlier planning. The lines between planning and implementation are indeed often fuzzy. Nevertheless, the proposed surveys and other planning activities leave many gaps that will reduce the likelihood of achieving desired project outcomes.

The new CRS project shows considerable thought and creativity, including review of both outside and internal evaluations, but village development and health planning suffer from an unfortunate weakness for overly optimistic assumptions about project effectiveness and sustainability. For example, the health project anticipates reductions of iron deficiency anemia in children under three from 50 percent or more to below 20 percent, and of water-borne diseases by 50 percent, during the project's three years. Infant mortality, infant dehydration, and Brucellosis (Maltese Fever) are also expected to diminish in impressive fashion. The Integrated Rural Development proposal anticipates a 50 percent increase in employment by the end of the project, an outcome that bears no relation to proposed activities.

In any case, there is little to indicate why or how the modest activities described can be expected to produce such significant results. CRS may know how to achieve what is described, but its project description does not reveal this knowledge.

Project planning also fails to consider realistically the many difficulties likely to be encountered in implementing activities in the West Bank. Even assuming that hypotheses are sound, achieving the stated improvements in health requires a degree of success in carrying out project activities that is most unlikely in the West Bank context.

Similar unrealistic optimism pervades the discussion of sustainability in the Health project proposal. Although the new CRS emphasis on integrating health educators into a primary health care system merits support, the description provides little detail about how this will be achieved. Building self-financed health services is difficult everywhere. To do it in the West Bank in three years, in an economy that has contracted by at least 50 percent during the last five years, seems almost impossible. The proposal provides no indication of the current financial capacity of counterpart organizations, or of the additional funds that are needed to achieve sustainability. Review of the Village Capacity Building project reveals similar glibness about projected outcomes.

CRS has, in effect, deferred planning and made it part of project implementation. For example, the health surveys contemplated, which should have preceded project presentation, are an early step in implementation. Doing the surveys at this time is better than not doing them at all, but should be recognized as part of planning. Survey preparation will reduce the implementation time available for achieving projected results.

The foregoing suggests that CRS planning lacks adequate professional and technical analysis, perhaps because earlier projects have been approved with similarly imprecise

proposals. As this PVO moves into a more development-oriented program, its planning must do the same. Plans must not only present realistic goals, but also explain why and how proposed activities are expected to achieve them. The specification of high numbers without adequate description of their relation to proposed activities serves little purpose.

The absence of effective planning for long-term development goals stems in part from the "give us a project" mentality previously encouraged by the AID funding cycle and proposal process. Until recently, CRS functioned primarily as a grant monitor for infrastructure and as a provider of health education. The organization is now thinking more strategically in defining its goals. The same thought process must be applied to the identification and articulation of preferred and related project alternatives. This requires a major change in CRS' approach to the use of technical assistance in project planning.

B. Technical Assistance

A cursory review of planning and project descriptions reveals the need for additional technical help, even though CRS' national office has some well qualified staff. Field visits showed that CRS does use competent specialists for selected activities, such as chicken projects and rehabilitation training. Nevertheless, this PVO sometimes seems reluctant to recognize that in-house staff, even with help from the regional or headquarters offices, may not know all that is needed for planning.

Current health and income-generation plans exhibit an unacceptable degree of amateurism. Indeed, the entire planning process would benefit from technical help. Instead of planning for achievement of a shared vision, the current process still reflects the bringing together of various unrelated activities that CRS has historically carried out. Administration has become more unified—by integration of the Rural Development department for example—but planning has not yet responded fully.

CRS' failure to identify and remedy technical inadequacies constitutes a serious management problem. CRS presents a very creative approach to supporting nonprofit groups through income-generation activities, for example, but then fails to seek the help needed to convert the idea into effective action. Similarly, it proposes to address a serious anemia problem while showing little understanding of the technical complexities of doing so.

Few PVOs have the technical capacity to answer all of the questions implicit in CRS' ambitious plans, so the need for help reflects no special weakness. If CRS prefers to avoid "expatriate experts," as claimed, there are plenty of competent Palestinian professionals available to help on most issues. Furthermore, if these specialists are not consulted, CRS' credibility and ability to work with local groups will suffer. The Territories are not like other places where CRS leads in technical matters because the host country lacks qualified people. In West Bank/Gaza, where good professionals abound, CRS must take special care to make use of local experts.

Despite the preference for using local technical consultants, there will still be areas in which expatriate help remains essential. Good Palestinian specialists will be delighted to share ideas with well-qualified outside experts.

Using technical assistance need not mean hiring someone else to tell CRS what to do. Instead, it will assure a better understanding of the questions to ask, the alternatives to consider, and the skills to analyze them. As the best physicians often seek a second opinion, a PVO should not be afraid of talking to specialists who can help to improve plans. Improvement in technical review can often be achieved with little additional cost through informal professional discussions. Where more extensive technical consultation is necessary, paying for it will be a good investment.

Some CRS staff seemed to feel that accepting technical assistance conflicts with the agency's laudable desire to respond to Palestinian priorities. This attitude fails to consider that good community development broadens the knowledge and capacity to make choices. It is not just a matter of "helping people to get what they want." Seeking outside assistance to improve the technical level of CRS' planning and implementation is perfectly consistent with the PVO's philosophical predilections.

C. Evaluation

CRS' use of the program performance indicators (PPI) system suffers from excessive attention to furnishing reports on time, coupled with inadequate understanding of how data on indicators can be useful. Although CRS has been remarkably complaisant and efficient in responding to AID requests for identification of indicators and collection of data about them, the PPI system has not yet become an effective tool in CRS' own planning and management. The data requirements are still generally viewed as something done for AID, rather than as something vital for CRS that is, incidentally, useful to AID. This deficiency clearly stems from signals received from AID that appear to make delivering the data more important than thinking about using it effectively for project purposes.

The PPI output level indicators adequately reflect the expected outcomes of project activities, but too often have been viewed as ends in themselves. CRS staff need help in understanding and verifying relationships between output indicators and the impacts expected to follow. Staff members were very receptive to further training in data analysis and related topics. AID and CRS/HQ should make such opportunities available.

CRS' use of the PPI system can therefore be improved by gradual introduction of impact indicators. CRS reporting is good, for example, on number of training sessions, attendance, and similar outputs in the Life Cycle project. However, it has yet to review systematically whether knowledge, attitudes, and practices have changed and, if so, whether the changes have produced measurable differences in any health condition. Anecdotal evidence and occasional studies suggest that more systematic collection of baseline and other data will show positive results and provide opportunities to improve project design.

Routine collection of data on a few specific change variables, accompanied by a modest program of small targeted surveys, would enable CRS to professionalize its health-related activities. With little additional effort, collection of baseline data on infant growth and women's health practices, for example, can be included in the system, making possible regular tabulation of progress and improvement in education.

D. Coordination

CRS attends regular monthly meetings of U.S. PVOs held by the Office of the Consul General. In addition, expatriate and local staff meet informally with various directors and project staff of these other organizations. In some cases, lack of overlap among activities inhibits closer collaboration. For example, the staff of ACIDI's Cooperative Development project (CDP) know what CRS does, but the two agencies rarely work together.

Where complementarity does exist, CRS has at times collaborated effectively. For example, ANERA passes road projects to CRS, and the two PVOs have also worked together closely on training of rehabilitation workers and paraveterinarians. In addition, CRS is now using the Participatory Rapid Assessment (PRA) system developed for Save the Children. Future collaboration with AMIDEAST, which also works in health, would be advisable.

The CRS country representative usually attends monthly meetings that include international organizations, donor agencies, and PVOs from other countries. However, coordination and cooperation with both U.S. and other organizations suffer from attitudes shared by, but not unique to, CRS.

Informal discussions with CRS and other U.S. PVO staff revealed an undercurrent of protectiveness that affects communication and coordination. Some agencies, including CRS, are perceived as reluctant to let others know what they are doing and where. Occasional duplication of efforts occurs, but is explained as "political necessity." Other observers say the competition for grants and related fear that ideas or "turf" will be stolen, diminish PVO openness. Recommending improved communication will help little. This problem is acknowledged widely and is known to U.S. Government representatives. Only continued AID insistence that PVOs plan together, at least by allocating target areas and sector activities within them, would improve the situation.

Coordination with indigenous, international, and third-country organizations suffers from similar reluctance to surrender autonomy and from CRS' unwillingness to seek technical help. As CRS becomes more professional, work with colleagues in other institutions should increase. Also, CRS' new concern for institution building should lead to closer collaboration with the local voluntary agencies expected to maintain activities.

Several Palestinian nonprofit groups complain that CRS adopts an excessively bureaucratic approach to collaboration. Good local organizations resent having to answer questions more suitable for weaker groups seeking funding from CRS. As CRS increases its emphasis on institutionalization, a more sensitive approach to counterparts will be helpful.

Other CRS coordination problems lie within the organization. Throughout field visits and staff interviews, the unfortunate effects of compartmentalization among office departments appeared repeatedly. Health staff knew little about Rural Development activities, and vice versa. Moreover, even within the Rural Development Department, the Small Enterprise, Agriculture, and Paraveterinarian projects operated almost independently. Opportunities for synergistic linkages remained untapped, inefficiency in scheduling field visits was common, and staff productivity suffered. On the other hand, the good internal collaboration between the Life Cycle and Rehabilitation projects illustrates the potential that could have been realized elsewhere.

The common PVO habit of focusing on grants rather than on elements of a project addressing common goals contributed to CRS' problems. However, the situation has already improved. Emphasis on a team approach and an "integrated rural development strategy" encouraged favorable organizational changes. For example, Health and Social Services have been placed in a single office, opening up outstanding possibilities for applying the fundraising skills of Social Services to the needs of counterpart groups.

Integrating Health and Rural Development will take longer. There is little current overlap of activities and the role of health in the integrated rural development strategy remains undefined. Indeed, integrated rural development describes the new office's team approach, not a strategy for reaching program goals. CRS appears to recognize the need to link the two departments more effectively, but goals requiring coordinated programming have not yet been defined. One possible linkage is in the area of water projects, which are carried out through Rural Development. A need exists for educational programs in water usage as a supplement to the water project. Meeting this need would require health educators to receive additional training.

E. The Gaza Strip

The possibility of continued CRS programming in the Gaza Strip appears in this report's Management section because the conclusions are conditioned on improvement of CRS' planning and project design capacity. The U.S. Embassy encourages continued Gaza activity by CRS, primarily for political reasons, and many in AID also support it. In addition, AID seems willing to fund the costs of continued involvement, including the expenses of maintaining a CRS office. CRS affirms the possibility of new programming in Gaza, though it expects to end PL-480 activity by December, 1993. None of the concerned agencies has indicated what an acceptable new program might be.

The special conditions in Gaza call for extra care in programming. For example, more than 60 percent of Gaza residents have refugee status that confers free health care. Therefore, CRS' health activities on the West Bank may be unnecessary in Gaza. Identifying problems amenable to CRS collaboration will require considerable study.

Under these circumstances, a final decision on any program should be deferred until CRS prepares an acceptable plan. It must first gather more information about problems and opportunities in Gaza, and about the interests and capacities of local institutions to address

these problems. Participatory development of a sensible strategy, and technically sound proposals for implementing it, should not be diverted by invitations to accept grants for unrelated activities. CRS' West Bank experience demonstrates that a presence based on unrelated grants serves neither U.S. political concerns nor sustainable development needs.

At the present time, however, all CRS preparations for possible Gaza programming should be deferred. The management requirements for effective planning and implementation of the new West Bank projects present a formidable challenge to CRS. Until this challenge has clearly been met, CRS should not be taxed with the increased burden of Gaza programming.

F. Findings and Recommendations

1. Finding

CRS/JWB planning is not based on adequate problem analysis or consideration of technically sound project alternatives, and is therefore not conducive to preparation of a sound project strategy for the West Bank and Gaza Strip.

Recommendation

AID should encourage CRS to adopt planning practices more likely to produce a coherent project strategy and related project proposals, and should cease to fund grants and projects unrelated to the new strategy.

2. Finding

CRS planning and implementation often fall below an acceptable level of technical competence, especially with respect to the identification and comparison of project alternatives.

Recommendation

a. CRS should increase its use of local specialists to help identify, design, and develop project alternatives, in order to improve the technical quality of its projects, increase CRS credibility, and aid institutionalization by counterpart organizations.

b. AID should not approve project proposals unless they are technically adequate and accompanied by appropriate evidence of consultation with local specialists.

3. Finding

Although CRS data collection and reporting are adequate, forms and content do not permit effective use for project purposes of the information being collected.

Recommendation

The CRS information system should be reviewed and revised to assure adequate collection of baseline data; include a few key indicators for behavioral and health status changes; and establish a system for making regular use of data to improve projects.

4. Finding

CRS has not yet finished installing its new financial systems and controls, or reorganizing its administration.

Recommendation

After approximately six months, CRS or AID should arrange for an outside management audit or review to confirm that financial and administrative revisions have been completed; that these improvements are appropriate for the PVO's new direction and responsibilities; and that a planning process consistent with the new project strategy is underway.

5. Finding

Sustainability has been jeopardized by CRS' failure to help local institutions develop the detailed, feasible plans they will need to assume operating and financial responsibilities at project end.

Recommendation

a. To improve sustainability, project planning should include identification of critical gaps in local counterpart capacity to assume permanent operating and financial responsibilities.

b. Projects should not be programmed without identification of, and immediate collaboration with, a counterpart organization capable of eventually assuming and sustaining operating responsibility for project activities.

c. Project plans should include activities when the project first begins that will prepare counterpart organizations to become self-sustaining.

d. CRS should take advantage of its own Social Service and Small Enterprise Development divisions as it works with local counterparts to develop sustainability strategies that might include fees for services; net revenues from commercial or volunteer-assisted income-generation activities; improved efficiency in performance of current work; and identification of new funding sources, combined with technical assistance to increase effectiveness in fundraising from all sources.

6. Finding

Maintenance of a CRS office and program in the Gaza Strip is of interest to some representatives of the U.S. government, and CRS is prepared to consider new project possibilities.

Recommendation

Consideration of CRS programming in Gaza should be deferred until the new West Bank project is fully in place, adequately managed, and operating effectively.

7. Finding

Although it frequently collaborates effectively with other U.S. PVOs, CRS is sometimes perceived as secretive and defensive about what it is doing, with whom, and where. Such perceptions increase duplication and discourage coordinated planning among voluntary agencies.

Recommendation

AID should condition all grants to CRS and other PVOs on satisfactory demonstration of adequate exchange of information within the international and private voluntary community, making clear that at present there is adequate funding available for PVO initiatives and hence no need for inter-PVO competition.

SECTION III

RURAL DEVELOPMENT

SECTION III RURAL DEVELOPMENT

The evaluation of CRS/JWB Rural Development projects used two well-established methodological approaches. The first was to review achievements against planned targets, as outlined in the Scope Of Work. Second, because targets are often selected by project holders to serve their own purposes, the review also applied a widely accepted rural development structural model to assess CRS' planning and implementation processes.

This model emphasizes the two-tiered decision making structure needed for effective programming and management. Under this model, the CRS country office (the first tier) would be responsible for establishing overall development objectives, project priorities, and a country strategy for guidance throughout project life. The second tier—CRS field staff and project participants—would be responsible for carrying out the vision and strategy through sound project management and operations.

However, there was no evidence at the CRS/JWB office of an overall country strategy or a mission statement with clear objectives and national priorities. This lack of guidance encouraged compartmentalization and a grant-by-grant approach that seriously undermined project performance at the operating level.

A. Village Infrastructure Development

Site visits and evaluation took place at twelve separate infrastructure projects. During these visits, interviews with CRS staff members, discussions with project holders and committee members, and inspections of infrastructure provided a basis for judgments about the overall project management system, project sustainability, and capacity building at the village level.

The activities initiated and developed during RD III indicate a devolution of decision making to the village level without adequate preparation of the villages to make the required project selection and management decisions.

The new integrated rural development approach will provide guidance, training, and technical assistance to project participants before initiation of construction. CRS is to be commended for applying the lessons learned from its earlier RD III activities in the field.

Nonetheless, a number of serious deficiencies remain with respect to project planning and implementation. If these weaknesses are not remedied, they will jeopardize the achievement of the new Rural Development Capacity Building project goals. All of these deficiencies are correctable, but they indicate that future efforts should focus on upgrading technical capacity and project management skills within both CRS and participating villages.

A1. Management Issues

CRS typically responds to needs perceived by the villagers, but does not help them to understand the technical aspects of choice. Criteria for project approval have been driven by this need to respond, rather than by standards or programmatic objectives established at the national office.

These deficiencies underline the stark fact that there is no effective comprehensive project management system. The CRS village development activities implemented through June, 1992, do incorporate selected aspects of a project management system, most notably implementation and some monitoring. Even these, however, are employed in an isolated fashion, while other requisites of a system are non-existent.

One crucial gap in the project management system is the omission of operations and maintenance (O&M) costs in project planning, project design, and budgets. There is also a lack of standard contracting procedures, technical monitoring of specifications, and Bills of Quantity, with the result that construction is frequently of low quality.

CRS staff are unaware of the need for discrete O&M planning and O&M budgeting processes. During site visits and interviews with key RD staff, the answers often given were that project holders were made aware of the need for O&M, or that the CRS criterion for approval is that the project holders have O&M skills. Implicit in these responses was the sense that the planning requirement had been met, or that O&M skills were sufficient. Unfortunately, the O&M responsibility cannot be met by a simple awareness of its need.

CRS staff seem also not to realize that with every addition to infrastructure the cost burdens on participating villages increase. Clearly, these extra costs create a further reason for more careful O&M planning and budgeting. For example, at two project sites the village contribution had actually been provided by the Civil Administration (CIVAD). CIVAD's role not only reflects villages' inability to raise sufficient funds, but may also exacerbate the difficulties of future operations and maintenance, since there is no indication that CIVAD will continue to meet these costs. Capacity to meet O&M needs should have been assessed during the project design.

While O&M and project quality are important, an adequate overall project management system will be paramount, both prior to and throughout implementation of the new IRD Project. The newly "integrated" rural development team must fully apply all of the processes of a project management system as integrated elements within an overall work plan, including project identification, planning, and design (including O&M); priority and goal setting; needs assessments; implementation; and monitoring and evaluation. Otherwise, CRS will simply be adding new burdens to an already poorly monitored set of infrastructure projects.

CRS now submits Bi-Annual Progress Reports on its Rural Development projects, which include quantitative and qualitative indicators. However, these reports reflect some misunderstanding of performance indicators; for example, the number of activities completed

is erroneously reported as a qualitative indicator. The Rural Development Capacity Building project would benefit greatly from the development of End of Project Status (EOPS) measures, including specific indicators of quality.

The new project strategy (commencing July 1992) does incorporate a strong systematic approach to project management, beginning with the application of Participatory Rapid Appraisal (PRA) to the new project villages. A baseline could thereby be established, but it will be dormant unless EOPS measures reflect better understanding of the PPI system. It is not yet clear that PRA findings will be used effectively.

A2. Institution Building

CRS missed an important opportunity during RDIII to work with village groups in a more institutional manner. Important physical infrastructure was completed, but institution building received far less attention. Because village relationships were transitory, little evidence of improved beneficiary capacity was visible.

The new capacity building approach recognizes the need for increased emphasis on institution building. However, such capacity building requires slow behavioral change. It is not yet clear from the proposal that CRS fully understands the problems involved in transferring to project holders the planning and management skills required for them to proceed independently.

A3. Deliverables

The RD III proposal contained clear targets to be achieved in three distinct phases. Deliverables were identified that, if produced, would very likely have led to successes in all elements of the Rural Development project. During Phase I (the first year of the activity) it was clearly stated that "intensive prefeasibility studies" would be carried out for all activities. During Phase II (the second year) activities would be implemented after the prefeasibility studies. Phase II would also include discrete monitoring and evaluation, as well as internal evaluation exercises, and would culminate with an "intensive formal evaluation...providing the focus for the final two years of the activity—Phase III."

The above activities and deliverables were necessary for the successful implementation of the RD project, but unfortunately were not completed. Internal CRS monitoring as well as AID oversight failed to detect and correct the deficiencies. If such a gap between planning and implementation occurs again during the Rural Development Capacity Building project, the consequences will be even more damaging.

CRS staff, indicating surprise at the evaluators' concerns about deliverables, viewed the requirements in the proposal as "conceptual ideas" that suggested possible guidance for project activities. Such confusion about planning confirms the need, expressed by staff, for more training in planning, project management, and data analysis. Deciding after project approval that conditions warrant dropping earlier stated deliverables should require clear and acceptable justification. In the future, when CRS perceives particular deliverables as no

longer required, it can avoid misunderstandings by obtaining written confirmation from AID against each specific deliverable.

A4. Coordination and Technical Assistance

CRS' relationships with other organizations require immediate attention. There appears to be a certain reluctance to have "outsiders come in with alien ideas" (a direct quote). In good community development parlance, the seed of a solution to community problems can often be found in outside or alien ideas. This apparent reluctance among some CRS staff members appears to be nurtured by the senior staff. However, it is evident that outside assistance is needed to upgrade staff capabilities and complement skills from time to time. Achievement of the very ambitious four-year goals set by CRS' RD team will require increased use of the many local technical resources available.

During interviews with staff and directors of other PVOs and local organizations, it became evident that coordination and information sharing were often tentative at best. The U.S. PVOs do share some information with one another. For example, CRS chose to focus on the north and east areas of the West Bank, to avoid duplicating Save The Children's work in the south. CRS also shared a file with ANERA to help that PVO avoid difficulties that CRS had experienced in working with the same cooperative.

However, a less positive pattern emerges in CRS' work with local (i.e., Palestinian) organizations. All those interviewed complained about CRS' bureaucratic approach. Some CRS staff are on committees with members of these organizations and while information sharing occurs, initiatives to work together rarely bring final results. Each of these organizations referred to obstacles placed in the path of final cooperation, citing a bureaucratic process that purposely stops efforts toward cooperation.

The director of one local organization, when asked to explain his reluctance to seek further cooperation with CRS, produced a 19-page CRS regional office questionnaire plus an additional information request taken from CRS guidelines. He was especially resentful that these inquiries came from the cluster office in Egypt. Since the local organization was merely exploring possible collaboration and not seeking funds, CRS' response seems excessive and inappropriate.

In a second case, a local training organization that shares common interests with CRS complained that invitations have been sent to CRS for well over a year to take part in meetings and seminars. No responses were received and the agency resolved not to follow up with CRS any longer. Such local perceptions are damaging and should be corrected. Moreover, examination of the training materials showed that these would have been of value to CRS' projects. A third Palestinian organization complained that after more than a year of discussions and considerable work, it is losing hope that anything will emerge.

The development of collaboration takes time, but local perceptions and the consistent pattern of delays suggest the need for a new approach to counterpart relations. This need is

not just a public relations consideration but has crucial implications for the substance and future of CRS activities.

First, many local organizations have impressive technical resources that CRS could use to address shortcomings identified in its past planning and programming. For example, CRS activities have lacked prefeasibility studies, and ambitious new project plans will require additional technical help. Effective institution building calls for CRS efforts to integrate the technical capacities of local institutions into its own new village development strategy.

Second, unless CRS improves its cooperation with some of these impressive Palestinian institutions, it risks becoming irrelevant to the local development process. As the spokesman of one local organization said, "we are not seeking financial assistance, because we have ample development and operating funds from other sources, placing us well beyond the CRS budgetary level." It is clear that such organizations will assume an increasing leadership role as political transition in the West Bank and Gaza continues. In this context, CRS needs to strengthen working relationships with Palestinian organizations, recognizing that it may be useful to distinguish older, well-established institutions from the many small and unproven groups now emerging.

B. Small Enterprise Development

Since early 1990, CRS has made 37 loans to individuals, family groups, and institutions for small enterprise development. Out of the 37 loans, 29 were for amounts of \$2,000 or less. A May, 1992 survey by CRS showed that at least 38 percent of these loans appear to be in difficulty, behind in payment, or in default.

CRS works with traditional microentrepreneurs who have some basic knowledge and interest in small business, but lack money for necessary supplies or equipment. The evaluation team visited five recipients of these loans. Project holders are not registered with any governmental entity; they largely involve family members; and, at the family-run projects visited, they mingled project or business funds and family resources indistinguishably.

B1. Impact

While CRS has done much to identify and work with microentrepreneurs, there is a lack of systematic data collection to measure the impact of individual projects, and no studies to assess the number of small businesses assisted and the number of jobs created. The absence of good evaluation studies and reviews of most projects makes it difficult to quantify the impact of this component. Nor can a single indicator, such as profit, measure a project's effects, since project goals (as stated in the RD proposal) include improvements in skills and in quality of life.

These Small Enterprise Development projects are not cost-effective. The SED activities visited ranged from nonviable (no longer operating or requiring continued technical or financial aid), through what might be termed borderline viable, to a few sound

enterprises. Given the substantial investment expended, the returns, though impossible to measure precisely, seem very modest.

Several of the SED projects were administered as grants or were divided between grants and loans. No justifiable rationale was presented for this pattern of subsidizing private business ventures. The loan interest charges varied from 0 (waived) to 5 percent, and were not sufficient to cover administrative costs. Selection of recipients was on an ad-hoc basis and largely by word of mouth.

B2. Coordination and Technical Assistance

CRS' coordination with the 21 other entities now providing small loans in the West Bank and Gaza was minimal. Some CRS staff interpret office policies as opposing the sharing of information. During interviews with other institutions providing loans, the following information was obtained regarding the current lending climate and practices in the West Bank:

- The majority of Palestinian organizations do not provide cash loans to individuals (except through cooperatives), and some provide only loans in kind (e.g. agricultural packages loans). All agreed that the climate for lending in WB/G is bad, with repayments even to local organizations totaling less than 50 percent. It is common knowledge among villagers and potential project holders that there is no legal recourse against defaulters.
- In the view of most local organizations, entire geographic areas (e.g. Toubas) and project types (e.g. greenhouses) are not viable for loans. CRS has made five loans for greenhouses in this area.
- Local organizations that make loans are willing to share information on defaulters, as well as viable activities and areas, if there is proper coordination of such information sharing.
- Local organizations felt that U.S. PVOs should not provide loans at this time, considering the poor environment for repayment. They asserted that PVOs' lack of knowledge on the subject of credit and poor administration of loan funds have contributed to the current default rate and casual attitude towards loans among the general populace.

B3. Deliverables

As the RD III proposal stated, CRS hired a Small Enterprise Development advisor to oversee this component. According to the proposal, four business advisors were also to be hired and complemented with a short-term consulting team comprised of one expatriate expert and one local expert. The group was to carry out marketing surveys, assessments of management training needs, and the design and delivery of training courses. The proposal also stated that the consulting team would review CRS' "vast past experience in the handling

of revolving loan funds, to determine how CRS expertise in this area could apply to operations over this activity."

Identification of deliverables within a project proposal provides a sound basis for approval of that proposal. Deliverables are achievements attained through successful completion of specific tasks and activities, and are frequently the critical elements responsible for project approval, indicating as they do a sound knowledge of the conditions necessary for project success. AID should require clear justification for the dropping or deleting of any future deliverable. In the case of the SED activity, there is no indication that the deliverables have been achieved or that the resources have been fully provided. These gaps give further indication of the need for proposal monitoring and improved CRS understanding of what deliverables are in the planning process. In the evaluators' view, amendments with generic language cannot be sufficient justification for dropping critical elements in the blueprint of a project. Such an action should require specific identification of a situation and the deliverable affected by that situation in each case.

B4. SED Activities Under the New Project

As part of the new project direction on RD-CB, CRS has recently made major decisions related to the future of loan projects.

CRS will no longer be directly involved in making loans to individuals, and will lend only, if at all, to institutions and organizations for revenue-generating activities. Net revenue from these loans will be used only to carry on revolving fund programs initiated by original project holders. In addition, the new SED approach will focus on the 15 secondary villages identified after PRAs are conducted and baseline data collected.

CRS is considering turning over its current outstanding loan files to a local organization capable of following up on the loans, with the understanding that it could then use the proceeds for development activities. This would be an appropriate action and would relieve CRS of a monitoring burden requiring significant staff time. Finally, CRS is unclear about how loan repayments should be handled. Senior staff are currently discussing various options. Uncertainty about AID requirements on end use of the funds is a major impediment. AID/W should provide guidance to CRS on the regulations governing use of repaid loan funds and on reporting responsibilities.

C. Increased Agricultural Production Program (IAPP)

The Increased Agricultural Production program is much like the SED projects, but with a focus on agriculturally-oriented activities. Since 1989, CRS has made 30 agricultural loans and 15 grants totalling close to \$300,000. Forty percent of the loans were directed towards the development of water projects for irrigation purposes, with 30 percent for agricultural machinery, 9 percent for vegetable production in greenhouses, and the remaining 21 percent for miscellaneous activities such as beekeeping and cold storage.

Like the SED component, the IAPP too has experienced a high rate of failure, due in part to weather conditions but also to inadequate follow-up and failure to provide timely technical assistance. The repayment rate is under 50 percent and is comparable to that experienced by most of the other 20 organizations dispensing loans in the West Bank and Gaza.

Five site visits confirmed that the diversity and type of activities attempted under this project diminished its effectiveness substantially. The proper undertaking of any one of the activities (e.g. water catchments or farm machinery) would have required more resources than CRS had available. In short, CRS lacked the technical capacity for completing the activities described in the proposal.

In IAPP, CRS followed a "scatter-shot" approach to lending. Grants were also made until 1990, but there was no clear reason why they were used instead of loans. Both loans and grants were given without social and economic surveys.

Rapid appraisal of the five borrowers visited, plus other inquiries, indicated that borrowers were frequently middle-class, fairly well-established farming households. The IAPP proposal anticipates a 20 percent increase in farm income for the project holders. No methodology or proper indicators exist within the proposal to show how this increase will be achieved or measured.

C1. Coordination and Technical Assistance

CRS lacks the technical depth to service most of these borrowers, so problem solving is usually left to the individual entrepreneurs. Local organizations provide in-service training and basic materials that could assist beneficiaries, but these have rarely been used.

With the agricultural machinery project, CRS deserves credit for an innovative approach to meeting a need, but should have obtained more frequent short-term expertise. Because the agricultural machinery project was experimental, it required intense technical assistance, frequent site visits, and follow-up with farmers and dealers. Testing of the technical efficiency and commercial viability of the machines required some esoteric technical advice that was not forthcoming.

In its proposal, CRS recognized the need for these intensive inputs, and the failure to provide the resources seriously weakened an otherwise potentially successful program. The statement in the proposal allowing CRS "the flexibility to respond effectively in a volatile political environment marked by rapidly changing economic circumstances" is not sufficient justification for dropping previously identified technical inputs for project success which were clearly still required. At one site, the farmer's winnower-thresher was down for lack of a spare part. However, from his prior experience with the equipment, he identified some inherent weaknesses that must be addressed if CRS still hopes to design a locally-adapted machine. This is the kind of in-depth follow-up that CRS is unable to provide at this stage. Nonetheless, experience at those sites where the machinery still operates suggests that with proper management and technical inputs, the projects could have achieved far more.

C2. Paravet Training at the Local Level

CRS deserves high praise for the Paravet Training project, which provided instruction to 71 participants. Interviews with another PVO and with a veterinarian active in the field confirmed that CRS training was effective and that the paravets have performed well. Care of minor veterinary needs and referral of more serious problems have been in accordance with training. Basic education to farmers was also done well.

While the paravets interviewed had high praise for their training, they feel that a system of in-service workshops would serve to keep them active and up-to-date. This is an activity that CRS should continue. Adding regular technical support from a well-qualified veterinarian would further preserve and improve the impact of the paravet project. CRS should also continue efforts to place all trained paravets in appropriate institutional settings.

C3. Deliverables

The RD III proposal section dealing with the IAPP indicated some deliverables that were not in evidence, including a formal socioeconomic evaluation of the activity's impact on the agricultural economy at the end of Phase III (1990). Another was the provision of technical assistance and testing facilities for agricultural equipment by the CRS regional (MECA) office. In addition, the proposal indicated that CRS would conduct an economic and financial analysis prior to carrying out any activities.

The proposal also identified performance indicators that would be measured, including annual increases in participating farmers' income exceeding 20 percent. However, there are no records or baseline data available against which such measurements could be carried out.

Finally, this activity was to lead to capitalization of a revolving loan fund during the first two years and capable of continuing past the completion of RD III. The promised loan fund has not been initiated and disposition of repayments from initial loans remains uncertain. Senior CRS staff need to consider this matter promptly, with guidance from AID.

The above findings indicate that better monitoring by CRS/Baltimore and AID/W is required. Most important, the findings underscore the need for better feedback from the field staff to the CRS/JWB national office, so that proposal assumptions and targets can be monitored and course adjustments made as implementation proceeds. This would lead to adjustment in EOPS as the activities progress.

D. The Rural Development Capacity Building Project

The activities described above fall under the RD III proposal, currently operating on a no-cost extension as CRS awaits word on the new proposal for a Rural Development Capacity Building project. This new proposal incorporates many lessons learned during implementation of RD III. The Rural Development staff are proud of the recent reorganization, which they feel manifests their learning process. The former Rural Development section is now the Integrated Rural Development department. However,

"integration" describes office realignment, and not programmed integration of responses to development needs at the village level.

The core of the new CRS-IRD strategy is the Participatory Rapid Appraisal (PRA). This technique evolved from the classic Rapid Rural Appraisal (Chambers) by two Save The Children staff. It has now been adopted by CKS, after Save the Children provided the necessary training. If carried out properly in local communities, the PRA approach can contribute substantially to the professionalization of activities by providing CRS with solid baseline studies and community needs assessments. How well CRS will use this technique to strengthen its program and planning approach at the village level remains to be seen.

Although the new CRS approach reflects some of the broad lessons learned from earlier project implementation, other lessons have not yet been incorporated into field-level planning and project management. From the commencement of the RD III project in 1985 through the new Rural Development Capacity Building project, many of the same problems have appeared repeatedly during implementation. Most of the deficiencies identified in the preceding sections stem from inadequate planning and a failure to recognize the technical complexity of new fields.

As presently constituted, the CRS/JWB staff will be severely taxed in implementing its proposed new strategy. The staff level projected in the proposal is inadequate for maintaining adequate field coverage, training, monitoring, and follow-up in the new villages, while simultaneously monitoring old infrastructure projects. CRS must either increase proposed staff or reduce the pace of proposed activities. In addition, current CRS/JWB resistance to outside technical support is self-defeating because effective project implementation will require more technical help than is now contemplated.

E. Findings and Recommendations

Village Infrastructure Component

8. Finding

At the village level, there is little engineering and technical capability for maintaining project quality. The few services available are weak in A&E design, feasibility studies, and construction supervision. As a result, project quality is often poor, infrastructure lifetime considerably shortened, and O&M costs unnecessarily high.

Recommendation

Approval of the new Rural Development Capacity Building proposal (RD-CB) should be contingent on CRS subcontracting with capable local organizations to conduct prefeasibility studies before planning and designing project activities.

9. Finding

The number, diversity, and geographic dispersion of project activities, coupled with the intense monitoring that will be required under the new RD-CB project, severely tax the management capabilities of the RD staff.

Recommendations

a. To assure that CRS continues to monitor old RD III activities while also conducting Participatory Rapid Assessments (PRAs) and later work at new project sites, AID should approve the addition of a civil engineer and a professional trainer to the CRS/JWB project staff.

b. An acceptable plan for CRS training of village committees should be an identified deliverable during the first year of the trainer's activities.

c. AID should make approval of RD-CB conditional on delivery of training manuals during the project. These publications should be written in simple Arabic for use by village development committees and should focus on key aspects of project design and management, including planning and setting priorities; planning and budgeting O&M costs as an integral part of the planning and design processes; setting appraisal guidelines highlighting the need to conduct prefeasibility studies; and improving contracting, bidding, and negotiation skills and procedures, with examples for determining simple Bills of Quantities.

10. Finding

CRS has not prepared project holders to provide adequately for O&M costs or to operate and maintain their completed infrastructure projects properly.

Recommendation

As an integral part of project design, CRS should train the village development committees and other participants to make correct O&M budgets and to develop suitable plans for operating and maintaining completed infrastructure projects.

11. Finding

The new RD-CB project makes overly-optimistic assumptions about the technical feasibility of implementation.

Recommendations

a. AID should make approval of RD-CB contingent on CRS' agreement to defer implementation of activities and to use the first year of the project to identify VDCs, conduct PRAs, assess training needs, develop training materials, and carry out training and workshops with selected primary- and secondary-village VDCs.

b. During the survey period, CRS staff should close out all old RD activities, including collecting as many outstanding loans as possible and getting permission to write off the rest.

12. Finding

Field trip reports, the key element of the IRD information system, fail to provide the information required for managing projects effectively, assessing their impact, and improving project design.

Recommendation

A new field trip reporting format should be designed to incorporate all necessary information about project conditions at the time of field visits, including: the rate of and constraints to project completion; whether the project is operable; and what technical services are still required. Because field trip reports are project audit documents, they should give a full picture of project status at any given time and should be completed in English and Arabic.

Small Enterprise Development Component

13. Finding

CRS lacks the staff and professional expertise to continue working in the already overcrowded field of credit.

Recommendations

- a. CRS should abandon all direct lending activities.
- b. Before authorizing any lending by village development committees, CRS should ensure that the revenues from which such loans will be made have first been applied to O&M budgets of existing infrastructure, and to rehabilitation or replacement of obsolete equipment.
- c. All lending through the proposed village development committees should give priority to satisfying those remaining village needs identified in the PRA.

Increased Agricultural Production Component

14. Finding

The diversity and spread of activities weakened CRS' capacity to provide adequate follow-up for project continuation and sustainability.

Recommendations

- a. CRS should focus its agricultural efforts exclusively on construction of spring water catchments and improvement of water quality.
- b. Implementation of the spring water catchment priority should focus on the secondary villages (those with no previous RD project) in the IRD target area, using technical assistance from the Palestinian Hydrology Group, which has already surveyed the area and identified appropriate villages.
- c. The spring water catchment activity should be integrated with health efforts by having health educators in participating villages provide education in basic water use.

15. Finding

CRS has failed to program adequate provisions for continued employment, technical support, and professional development of trained paravets.

Recommendations

a. CRS should continue to seek institutional affiliations and employment possibilities for paravets.

b. CRS should provide a program of continuing education and the services of a trained veterinarian to ensure that the paravets maintain their technical proficiency.

SECTION IV

LIFE CYCLE/HEALTH EDUCATION

SECTION IV LIFE CYCLE/HEALTH EDUCATION

A. Background of the Current Project

This project has been evolving since 1973, when CRS decided to add nutrition education to its PL-480 food distribution activities. In 1979, hygiene, child development, and first aid were added, and CRS began training health educators to teach village women these topics. At that time, no other local or international West Bank agency offered such programs. CRS assumed that with health coverage limited and of poor quality, providing basic health education to mothers offered the best hope for improving rural health.

Under the current project, begun in 1985 as Life Cycle/Health Education, health education was continued, but with the additional goals of expansion and institutionalization. A project amendment in 1989 provided funds to continue health education plus other components through clinics, nurses' training at St. Luke's Hospital, and home-based rehabilitation of disabled village children, originally funded separately by AID as the Village In-Reach Program in 1984. The project was extended for a second time to July 31, 1992. Life-of-project funding is \$3,047,387.

Throughout project duration, health education has remained linked with PL-480 food distribution, which CRS plans to end in May, 1993. Resource centers have been advised of this decision, but most beneficiaries have not yet been informed. The impact of commodity termination on future participation remains uncertain.

B. The New Health Project

The West Bank health sector today differs substantially from 1985. A number of local and international agencies now provide health education, some of high quality. Moreover, Palestinian PVO health services, although of varying quality, began to proliferate during the Intifada as part of the Palestinian determination to become self-reliant. Local organizations are now responsible for about half of all primary health care services in the West Bank, and most villages have access to medical services of some kind within a radius of 5-10 kilometers.

The Palestinians are trying to build their own infrastructure for health care delivery in the West Bank and Gaza. The services offered so far, and plans to incorporate primary health care (PHC) projects in the rural areas, have emerged from a need to fill the demand in those areas that have not been adequately met by the Israeli government. The new CRS project can contribute to selected aspects of this embryonic Palestinian system. With a three-year, \$1,444,422 grant from AID, this project proposes to:

- Upgrade 100 health educators and their supervisors to community health workers; and
- Provide \$5,000 grants for community health projects to 100 villages where these health workers are based.

C. Achievement of Planned Objectives

C1. Health Education

The objective of the current project was "to make health education classes available to the majority of women between 16-40 in 200 selected villages." To achieve this objective, the project since 1985 has trained a total of 280 women as health educators (exceeding the original target of 200), including 100 in the past three years. At the grant's close, 200 of these workers were serving 201 villages throughout the West Bank, and the whereabouts of the remaining 80 were unknown. The network of health educators (HEs) produced through this project still remains the largest in the West Bank.

The quantity and quality of these health educators is the key to the success of this project. Educational levels in the West Bank are far higher than in most regions receiving AID support and CRS is thus able to employ unusually well-qualified women as project supervisors and health educators. Among those interviewed were college graduates in social work, business administration, and computer studies, as well as several with prior teaching experience.

Project targets also included enrolling 2,000 women in health education classes during each six-month reporting period. The most recent report available, for April-September 1991, shows that this goal was more than tripled, with 6,348 village women attending classes. It is difficult to assess the full significance of such figures. Some women have attended more than one cycle of classes; others attend primarily for reasons unrelated to project goals, such as socializing or escaping from household routines. Still others do so for PL-480 food.

These figures, as well as the target numbers themselves, would mean more if related to particular project-specific demographic characteristics, such as numbers or percentages of all pregnant women in a village, mothers of children aged 0-3, or women suffering from anemia.

Despite such issues, the project indisputably delivers health education to many village women. CRS merits credit for the impressive accomplishment of winning acceptance and credibility for the health educators and the project in so many West Bank villages. Moreover, interviews and observations confirmed that many participants attend for the right reasons. Women in two classes said the content had been recommended by friends from earlier classes. Others had heard an announcement from the mosque and came out of interest.

Even in villages with clinics, the health education was reportedly reaching mothers in ways that medical facilities and personnel did not. Despite the special circumstances presented by the visit of outsiders, the women appeared extremely engaged by the course. They were also very appreciative of the more general topics covered—such as child-rearing and discipline—in addition to specific health-related issues.

Critics—primarily local health education professionals—assert that women attend health education classes only as an inescapable punishment for receiving the food. These critics predict that attendance and project impact will prove superficial and fleeting once the food is cut off. The evaluators' visits and interviews did not confirm this assessment. Although the food has clearly enhanced class attendance in the lowest-income villages, health educators in more prosperous areas anticipated little or no effect from termination. One in Tulkarem had already enrolled 22 women for the next cycle, even after announcing that there would be no food. At the other extreme, a worker in the Jenin area expects a drop of up to 50 percent, but no worker thought that classes would be impossible without the food incentive.

The project's popularity should not divert attention from the technical weaknesses of the education provided. The educators have presented a very general array of health lessons, with little focus or intensive training on specific behavior or practices. Growth monitoring varies widely in quality, as does follow-up and reporting of infant progress. Children over three are weighed as often as infants—a practice that many specialists consider superfluous—and there is little systematic focus on high-risk children.

Other deficiencies can be identified, but the main point is that CRS could have used more technical help. As it begins to train its health educators in more sophisticated, medically-oriented primary health care, appropriate and continuous technical assistance will be even more important.

C2. Community-Based Rehabilitation for Handicapped Children

Under this component, 55 of the HEs were also trained in home-based rehabilitation (32 since the grant amendment in 1989). Thirty continued to work in this capacity under CRS supervision through July, 1992. These women had dual roles as HEs and rehabilitation workers, worked 80 hours per month (twice as many hours as the HEs), and were paid accordingly.

As the Summary Chart of Performance Indicators shows (see following page), the quantitative program targets have been substantially achieved. These indicators relate to referrals, one-time consultations, longer-term home-based rehabilitation of individual children, and training of family members to continue the rehabilitation for their children.

What these indicators do not measure are some of the less tangible but very noteworthy impacts of this project. In two home visits to families of disabled children, the team observed workers' impressive commitment, skill, and rapport with both patients and families. In addition to the benefits conferred on such families, interviews with doctors,

SUMMARY CHART
PROGRAM PERFORMANCE INDICATORS

BEST AVAILABLE DOCUMENT

General Goal of the Program: To improve the health of Palestinian families in 200 West Bank villages reached by the CRS Health Education Program, and to increase the knowledge and involvement in the development of the disabled children of families participating in the CRS Home-Based Rehabilitation Program.

Objectives	Indicators	Performance this Reporting Period	Since beginning of Grant Amendment Period February 1989	Since Beginning of Grant 1985
1. Make available health education classes to the majority of women (ages 16-40) in 200 designated villages	<p>a. At least 2,000 women attend health education courses every reporting period</p> <p>b. At least 500 new women (ages 16-40) who have never before attended health education classes are enrolled in new classes every reporting period</p>	<p>6,348 village women have attended health education courses</p> <p>2,367 new women were enrolled in new health education classes in 200 West Bank villages</p>	23,451 village women have attended health education courses	74,911 village women have attended health education courses
2. To improve preventive health care and nutritional practices by mothers participating in the Life Cycle/Health Education program	<p>a. At least 90% of babies of mothers attending health education in designated villages are brought to health workers for weighing monthly</p> <p>b. At least 80% of babies weighed maintain progressive growth during the reporting period and fall within acceptable weight norms for the West Bank</p>	<p>92% of babies of mothers attending health education classes were brought for weighing</p> <p>Figures compiled annually will be available in April, 1992</p>	<p>94% of babies of mothers attending health education classes were brought for weighing</p> <p>95.1% of these babies maintained progressive growth</p>	<p>Complete information is not available</p> <p>Complete information is not available</p>
3. To train 200 village women to be health education workers and 30 from that group to be home based rehabilitation workers	<p>a. 200 women successfully complete health education courses</p> <p>b. From the 200 health workers trained, 30 successfully complete home-based rehabilitation courses.</p>	<p>Target reached</p> <p>32 health educators were trained as home-based rehabilitation workers.</p>	<p>Target reached</p> <p>32 health workers trained in home-based rehabilitation</p>	<p>280 women have been trained as health workers</p> <p>55 persons trained in home-based rehabilitation</p>
4. To identify and serve 1,000 West Bank children (ages 0-8) with various disabilities over the course of the grant amendment	<p>a. At least 166 children (0-8) with various disabilities will be assisted (through referrals, one-time consultations, and/or home-based rehabilitation) each reporting period</p> <p>b. 5-10% of disabled children discharged from home-based rehabilitation program each reporting period</p>	<p>644 children assisted through referrals and consultations</p> <p>275 children enrolled in home-based rehabilitation program</p> <p>23.8% of children discharged this period</p>	<p>1,538 children assisted through referrals and consultations</p> <p>328 children enrolled in home-based rehabilitation program</p> <p>31% children discharged</p>	<p>2,357 children assisted through referrals and consultation</p> <p>567 children enrolled in home-based rehabilitation program</p> <p>313 children discharged from program</p>
5. To involve families enrolled in the home-based rehabilitation program in the growth and development of their disabled children	At least 1 member in 90% of participating families will be trained and demonstrate active involvement in their disabled child's rehabilitation program	687 family member trained to carry out rehabilitation for their disabled children	936 family member trained to carry out rehabilitation for their disabled child	1,173 family member trained to carry out rehabilitation for their disabled children
6. To improve the self help, communication, socialization, learning and motor skills of disabled children enrolled in the CRS home-based program	At least 65% of the disabled children in the home-based program show improvement in at least two of the five main areas of development outlined in the Portage test in each reporting period	41% of disabled children in program showed improvement in at least two main areas of development; 55% showed improvement in one area	55% showed improvement in at least one area of development	Complete information is not available
7. To establish five clinics in rural areas serving a minimum of 1,000 patients a month	6,000 patients served by 5 CRS-established clinics each reporting period	6,098 patients served by 6 CRS-established rural clinics	20,792 patients served by 6 CRS established rural clinics	20,792 patients served by 6 CRS established rural clinics

charitable societies, and project participants credited the project with changing public attitudes toward the handicapped.

Project designers originally chose the Portage System for their rehabilitation methodology. This American system is too complicated for use by some village women, particularly the illiterate (although virtually all participating families have literate members in their household). However, the advances made by disabled children under this project suggest that the system was a reasonable choice.

This rehabilitation component shows CRS at its best: addressing a problem considered important by Palestinians; systematically identifying gaps within the existing service delivery system; obtaining expert assistance in designing a technically-sound training program; and integrating most trainees and affected families into an extensive network of parent groups, charitable societies, and medical institutions, for follow-up, support, and supervision.

This project is now linked with ongoing local health activities in two other respects. First, its integration with the Health Education project results in ongoing referrals by HEs. In addition, the assistant project manager (himself a graduate of the rehabilitation training program) continues to play a very active role in the National Committee on Rehabilitation.

Unfortunately, maintenance and sustainability of the integrated system depend on continued payment of worker salaries by AID through CRS, making immediate generation of local support critical before AID withdraws funding. The project has been unable to assure the employment of all graduates by the close of the grant. As of August, 1992, of the 30 CRS-trained home-based rehabilitation workers, nine will be employed by the rehabilitation program of Diakonia, a Swedish development agency, and six more will be picked up by the Rehabilitation programs of the Medical Relief Committee. However, 17 other rehabilitation workers were still seeking salaries to work in this field. Although most will be able to continue working as HEs, with the ending of the grant, many will be unable to continue their follow-up visits. If no provisions are made to sustain their work, the disabled children are likely to suffer serious relapses.

C3. Creation of Six Rural Clinics

Because most village clinics were in the hands of political parties when the Intifada began, CRS decided to assist the establishment of five unaffiliated rural clinics with grants of \$10,000 each in cooperation with registered charitable societies. A sixth clinic was added later. All six continue to operate successfully without CRS assistance, which ended on December 31, 1991. (See Table 1, on the following page). There were 6,098 patient visits during the previous six months, even though two clinics are in villages with fewer than 600 inhabitants.

The sixth facility is a mobile clinic operated by the Patients' Friends Society in Jenin and is the only CRS clinic paired with both health education and home-based rehabilitation services. A visit to the village of Barta'a showed the successful integration of these three



TABLE I

Location of Clinic	Population	Sponsoring Counterpart Organizations	Days/week Operating	Patients seen from April 1, 1991 to September 30, 1991
Barta'a/Jenin	2,000	Jenin Medical Syndicate	6	1,795
Mobile Clinic/Jenin (16 villages)	7,800	Patients Friends Society	6	1,589
Sarra/Nablus	1,200	Benevolent Society for Health Institutions	3	258
Iskaka/Nablus	500	Benevolent Society for Health Institutions	3	193
Deir Samet/Hebron	3,000	Deir Samet Charitable Society	6	1,825
Keisan/Bethlehem	400	Patients Friends Society, Bethlehem	1	438
TOTAL	14,900			6,098

components—as well as the importance of their link to a back-up medical institution. The doctor is a highly popular figure and was supported by: a nurse also from the Patients' Friends Clinic, an excellent CRS-trained health educator/rehabilitation worker, and a Scottish volunteer physiotherapist. According to the doctor, the group works as a team, and observation confirmed this assertion. Finding the mobile clinic after a 45-minute ride on a very poor road, and thereafter reviewing its schedule of weekly visits, confirmed that it reaches isolated populations much in need of its services.

The clinic in Sarra, where the current doctor has just arrived, was less impressive. Neither the sponsoring society nor the village is prepared to pay for the health educator or clinic. In addition, serious problems of cooperation between doctor and health educator appear certain to arise, due to the doctor's questionable commitment to primary health care. Although this shows that the clinics are not uniformly of high quality, they are all delivering useful curative services and seem likely to be sustained without future CRS help.

C4. Training of Nurses

Under a grant of \$55,000 (JD42,000), 36 nurses were trained at St. Luke's Hospital in Nablus in two sessions of 18 months each. This project component resulted from an emergency request to CRS from the Anglican Bishop in 1988. It was understood from the outset that CRS would merely serve as a funding mechanism with no say in curriculum or selection of students. The project manager attended occasional lectures to ensure that training was indeed taking place, and this activity was closed out with the graduation of the second class in June, 1992.

St. Luke's Nursing School is now closed due to lack of funds. Such grants, though useful and often unavoidable, are likely to have less impact than a more integrated program for development of primary health care services.

D. Project Impact

Project impact on knowledge, skills, attitudes, and improved quality of life cannot be assessed with precision because CRS never conducted baseline studies or identified a precise set of target group behaviors and skills it was seeking to influence. As early as 1987, CRS did implement an impact study with two college volunteers, and although the published results presented some serious methodology problems and the authors questioned some of their own data, results were positive. However, the study measured only knowledge and failed to address changes in behavior. More important, the need for many such special studies could be avoided by improvement in the design and by periodic monitoring of data collection by the health educators.

Anecdotal information suggests marked improvements during the project lifetime with respect to:

- cleanliness (both personal hygiene and garbage disposal)
- attitudes toward the handicapped
- numbers of children fully vaccinated
- discontinuation of many traditional but harmful health practices

Not all such changes can be attributed entirely to the CRS program. UNICEF-funded health messages on Jordanian television, health education provided by others, and the march of progress in general, all contributed to cumulative impact. Despite the lack of scientifically precise impact analysis, however, community leaders such as directors of charitable societies and other resource center leaders are making great efforts to keep the project going at considerable cost and sacrifice to themselves. Most interviewed believe that it delivers significant social benefits to their communities. Their continuing commitment is an important indicator of the project's perceived social benefits.

A quite different impact, unanticipated and unintended but with great development potential, can be attributed directly to the project: the creation of a cadre of trained, respected, and assertive women leaders at the village level. In addition, for the women who receive health education, the very experience of class participation often represents the beginning of a new awareness, cooperation, and experience in joint decision making that can assist in democratization. Future development activities, such as the planning and implementation of a village health project, will also benefit. Under the new project, in fact, staff might explore ways to develop new activities in conjunction with project graduates.

E. Project Implementation

Project implementation presents many lessons with implications for the proposed RD-CB project. Although CRS has already incorporated some of these lessons, there is still considerable room for improvement.

The new project gives increasing recognition to the need for institutional and financial support of the trained workers. Under the current project, overall management and

supervision is provided by six organizations designated by CRS as regional resource centers. Unfortunately, the disappointing performance of all centers except the Patients' Friends Society in Jenin emphasizes another very important lesson learned: management at the regional level for a major health education project must be provided by health institutions, not by organizations devoted primarily to social service programs. The ability to raise adequate funds to maintain the program also becomes critical, when the resource centers are expected eventually to pay workers from their own funds.

E1. Training

Since training for new HEs ended in the spring of 1991, no classes could be observed, making performance of the educators the most important indicator of training quality. Field observation of several health educators and rehabilitation workers revealed a generally excellent relationship with clients, adequate substantive knowledge, and good pedagogical techniques (e.g. effective use of participatory teaching techniques and practical demonstrations, such as preparation of weaning foods).

CRS acknowledged that those observed were among the project's best. However, because the 90 participants in the new project have been chosen from all 200 health educators, the sample observed suggests that capabilities of the entire group are likely to be excellent.

In response to the 1989 evaluation, the program instituted regular in-service training that included biweekly lectures, discussions, and workshops on topics chosen by project staff and health educators themselves (e.g. the identification and treatment of acute respiratory infections). The staff has also used these sessions as opportunities to provide practice in areas like first aid, where the original training was found to be too theoretical. Trips to regional health institutions were also arranged for HEs and supervisors.

To oversee curriculum development for the new project, CRS has recently hired a very capable professor from the Arab College of Nursing as a part-time consultant. After ascertaining the additional skills health educators most want to acquire, Dr. Shahin has consulted within the broader health community on training needs and materials. His ties to local health professionals benefit the project, but he may need more than the two days per week now allocated. In any case, a part-time consultant is no substitute for a full-time, permanent public health professional.

As the new curriculum takes shape, staff should also explore ways to group participants according to project-related needs and characteristics. Health educators should also be encouraged to use the curriculum flexibly, for example gearing class presentations to seasonal issues like respiratory infections and diarrhea, rather than sticking rigidly to a fixed lecture schedule. As the new project gets underway, it might also consider workshops or other training for doctors (e.g. in clinics affiliated with the project, and for doctors to whom HEs make referrals) that will reinforce PHC messages. The project director confirmed that West Bank physicians often lack understanding or appreciation of primary health care.

E2. Coordination

Local organizations such as the Medical Relief Committee (MRC) and Bir Zeit University have now been active in health education for several years. However, as these and other institutions began moving into the field, CRS failed initially to coordinate with them on such issues as the assessment of training needs and design of curriculum.

CRS staff have begun to rectify this problem. For example, MRC materials are in use, although not on a systematic basis, and UNICEF materials are also being used by HEs, though only after an inexcusable two-year delivery delay on UNICEF's part. Because most participants (or their husbands and children, at the very least) are literate, the project would benefit from more generous use of such materials. However, CRS staff appeared not to realize that AID funds could be used for this purpose, and should now be encouraged to do so.

E3. Technical Assistance

In view of CRS' peculiar resistance to obtaining technical help, and the resulting lack of in-house primary health care skills, it is remarkable that the health education project has done so well. Where CRS recognized the need for technical assistance, as in the field of rehabilitation, both the design and implementation benefited immeasurably from having full-time, professional in-house staff. The success of the rehabilitation component owes much to the continued participation of well-qualified specialists, and these are also essential for the new PHC project.

Until now, because the health education training has been so general and covered so many topics, the project could get by with a relatively low degree of specialization. As CRS now prepares to provide advanced training in PHC, the technical quality of the training becomes even more important. In addition, PHC training will require more precise specification, and more intense preparation of the health-related topics to be included. For instance, the proposed emphasis on reducing anemia will require an anemia specialist, not just a pediatrician who knows that iron deficiency causes the problem. Consultation with UNICEF, which has already done extensive work on this problem, should be the first step.

Health staff are aware of the need for specialized health consultants to assist with training and curriculum design. It is not yet clear that they also recognize the need for continual in-house PHC expertise to provide monitoring and ongoing technical supervision of all PHC activities.

E4. Reporting and Data Collection

It is important that future training emphasizes the relationship of data collection to the assessment of impact and improvement of future activities. Although the HEs have done well in informally modifying work protocols and approaches, good training on internal evaluation will increase their professionalism and help turn routine data collection into a more useful CRS management tool.

To reduce the burden of data collection, current activity reporting should give way in part to more emphasis on patient follow-up and clinical outcomes. In addition, the data system can be limited to a few critical changes in behavior and health conditions. For example, swaddling, bathing newborns in oil and salt, and putting kohl on infants' eyes, have been identified as widespread practices that should be changed. Good data on these three practices can make them appropriate indicators for the entire range of behaviors to be addressed. The changed behaviors will provide an intermediate measure of worker effectiveness and, with related baseline information on health conditions and participant characteristics, can provide important feedback for making mid-course corrections in the project.

This sharper focus on specific health problems and behaviors to be addressed should be accompanied by more precise targeting of program beneficiaries. This can be achieved by giving priority to those women most affected by the problems the training seeks to overcome. Earlier health education efforts operated frequently on a first-come, first-served basis. However, since education cycles continue, all women in the villages can eventually be accommodated. More targeted outreach can ensure that those most in need of the education receive priority.

E5. Links to Health Services

One of the most important lessons learned is that health education cannot be effective if it exists in a vacuum. Rather, it must be part of a comprehensive health care system that is able to back up health educators with continuous monitoring, feedback, supervision, in-service training, materials, resources for referrals, and (especially in the medicine-oriented Palestinian context) credibility.

At the outset, the project implicitly recognized this need for linkage and had planned to begin by creating a referral network of PHC providers. However, even this minimal goal remained unmet at the time of the 1987 and 1989 evaluations.

The supervisors are now building "resource boxes," containing regional inventories of health care providers and facilities to assist health educators with referrals. However, a list of referrals on paper is only the beginning of a far more complex process of operationalizing the links between health educators and providers.

In a partial and informal way, supervisors and many health educators have already begun to forge the necessary operational links at the village level. There, most of the HEs maintain relationships with nearby clinics and doctors who, in turn, may give occasional talks to mothers and even ask HEs to make home visits to their patients. In a few cases, CRS-trained HE's will now become employees of such clinics. This ad-hoc system is adequate but far from optimal, and the HEs will need more comprehensive technical support in order to deliver full-fledged primary health care services.

Ideally, this comprehensive health back-up should be provided through the resource centers. However, five of the six organizations chosen for this demanding role are not

health, but rather social welfare institutions. They were originally selected because they had longstanding ties to CRS; expressed support for the general goal of health education; were not embroiled in politics (except in Ramallah); and appeared to offer the strongest administrative bases available in their respective regions. They are not, however, part of any health system.

Even now, few Palestinian medical organizations or facilities are qualified or interested in serving as resource centers for the CRS program. Maternal and child health services were introduced into the West Bank by Israeli government clinics, but primary health care in the broadest sense has received little attention from local doctors or organizations until recently.

Moreover, because of the health sector's extraordinary politicization, taking advantage of its existing resources is harder than meets the eye. In fact, several of the local health-providing organizations were boycotting CRS and other AID-supported PVOs until a few months ago. CRS has therefore been trying to steer a cooperative but relatively independent course between the government system on the one hand, and the highly political Palestinian health organizations on the other. Given the likelihood that most of the CRS health educators will not be integrated into health institutions in the near future, it is all the more important that CRS' full-time staff include a PHC specialist until linkages with health institutions improve.

E6. Management at the Regional Level

As the new health education project evolved, CRS continued to rely on the same organizations that were initially chosen as resource centers. Barely adequate for early health education efforts, these resource centers, as presently constituted, are a clearly inadequate institutional bases for primary health care. Effective management of the new project will require significant strengthening of health and fundraising expertise in all resource centers.

The current project manager understands well the weaknesses of projected management arrangements, but confronts two obstacles to their immediate improvement. First, politicization of the West Bank medical community continues to present difficulties. For example, attempts to link the Ramallah resource center with a nearby health institution, the Red Crescent, failed because of political differences between the two groups.

CRS should encourage each resource center to draw upon the full range of medical expertise within its own region, including individuals from both private and public institutions (e.g. Palestinian health specialists within the Ministry of Health, under the Civil Administration). Even where political considerations impede cooperation on an institutional basis, it should be possible to work with qualified professionals in primary health care (and related fields) on an individual basis. These people can participate informally in planning, policy making, identification of key needs, and providing technical expertise as needed. Credibility in the medical community and eventual appropriate responses from counterpart institutions depend on frequent contact with good local professionals.

Second, the economic difficulties facing all charitable societies and other West Bank service organizations have grown far worse in recent years. CRS' options for addressing this constraint are incorporated into the later discussion of sustainability.

F. The Community Health Projects

The new proposal requests \$500,000 to be used for 100 community health projects (\$5,000 each) to be implemented in villages under the direction of health educators receiving advanced training in primary health care and community development. The proposal asserts that each project will yield income of \$300 per month—a patently unrealistic figure unless income means something other than commercial profit.

While it is reasonable to establish a small fund for community health workers to draw on occasionally, when doing so serves community development purposes CRS has failed to support the idea with the kind of detailed planning that would allow rational assessment of the request. Unanswered questions include, for example:

- What kind of projects can possibly yield that much income?
- Who will manage and monitor the income generated?
- How will staff provide technical support and supervision of the projects?
- What basis is there for assuming that 100 villages will be ready for such projects?
- How can projects be executed without creating political dissension in the villages?
- Will project revenues be used first to meet salaries of primary health care workers?
- Why are the projects preferable to alternative uses of the funds?

These questions emphasize CRS' propensity to present a good idea without first doing enough detailed planning to assess its applicability in the project context. Given the untested nature of this idea, initial provision of project funds should be limited to 20 projects, for example, with additional funds made conditional on a satisfactory outcome of the pilot efforts.

G. Institutionalization and Sustainability

Sustainability and institutionalization have been key issues for the Life Cycle/Health Education project. Discussion has focused primarily on assuring salaries for health educators and rehabilitation workers when the grant ended on July 31, 1992. That problem has not yet been solved fully. However, the requirements for establishing a realistic, permanent institutional base for the project have received even less attention.

The institutional dilemmas, while related to the financial question, also present separate and equally daunting challenges.

G1. Institutional Imperatives

In hindsight, it is dismaying and inexplicable that when this project was first designed and funded, no one—not the project manager, the CRS West Bank office, or AID/W—

thought enough about the specific steps required to strengthen institutions potentially willing to employ and pay 200 health educators once the project ended. Institutionalization would now be much simpler had CRS addressed this question aggressively at the beginning, when potential sponsoring organizations had more money, rather than at the end of the grant period. Institutionalization must begin at the start of any project. Few organizations want to incorporate workers trained previously by another with different goals and/or emphases.

As already noted, political considerations have played a role in hampering past and present efforts to institutionalize the health education program. Lacking an indigenous Ministry of Health—with all such a body would imply in terms of coherent health planning, policies, and administrative control—the West Bank health sector is inevitably rather chaotic. New clinics and health service networks have emerged within this vacuum, but they are typically identified with particular political factions who see health services as a vehicle for mobilizing the public as much as for delivering health care.

The CRS solution, not unreasonable but as yet unproven in its feasibility and effectiveness, is to stitch together an institutional framework composed of charitable societies and village-level organizations. The problem is that such institutions usually are not themselves linked to health services and may not even place top priority on such activities. Many are primarily charitable social welfare groups.

In addition, because many such institutions are very weak financially, this approach also involves a conflict between the goals of sustainability and coverage: the poorest villages, who are least able to come up with HE salaries, often lack any medical services at all. They are therefore in greatest need of keeping their health educator. Such villages also find it hardest to become adopted by a charitable society with the necessary resources and commitment to PHC.

Although the options for locating institutional bases for the project remain somewhat limited today, the possibilities for informal, if not formal and institutional cooperation appear now to be improving. With the growing likelihood of increased Palestinian control over health activities in the West Bank, local organizations are showing signs of greater interest in cooperation with one another in general, and with CRS in particular.

CRS, for its part, has begun more aggressively to seek working arrangements with these local PVOs, particularly grassroots health committees such as the Union of Medical Relief Committees and the Union of Health Work Committees. These organizations are based in Jerusalem and offer primary and secondary services, including health education, throughout the West Bank. While these services are not of uniform quality, selected doctors and clinics offer promising opportunities for strengthening the health links to CRS activities. Moreover, according to the Civil Administration's director of preventive health, such links to local Palestinian PVOs pose no problems for the Government of Israel.

Institutionalization also requires that project identity and authority rest from the start with participating local institutions, rather than with CRS. Having learned this lesson, CRS has already specified that under the new project, health educators will be paid by and will

report to the village health society or other local sponsor. This approach also responds more fully to Palestinian desires to assume control over their own health system.

G2. Financial Imperatives

At the time of this evaluation, salaries had been ensured for 53 of the 66 HEs and 15 of the 32 HE-rehabilitation workers selected for upgraded training under the new project. Of the remaining 13 HEs, 10 women (mostly from the Nablus area) are especially outstanding and CRS would like to place them in villages with no medical facilities. As for the 97 trained HEs who will not be participating in the new project, four have assured salaries for future employment as health educators, 30 are still seeking salaries, and 63 ceased working as HEs when their salaries were terminated at grant's end.

CRS staff and supervisors are making valiant efforts to negotiate additional commitments for HEs in both groups. The relative success obtained to date, despite the financial constraints experienced by all service organizations in the West Bank, attests to the project's perceived social benefits.

Funding prospects will improve dramatically in the long term if, as is widely expected on the West Bank, some form of transitional arrangement in the Occupied Territories generates a major influx of funds from Arab, European, and U.S. donors. In the meantime, however, the health educators must be paid in the weeks immediately ahead, or this valuable network will disintegrate as they find employment elsewhere.

Maintaining the network through continued support of salaries by AID deserves high priority. AID's skepticism about local institutions assuming salary payments after at least four years of CRS exhortation merits consideration. However, the current context and CRS' increased recognition that financial planning and technical assistance must accompany exhortation, should encourage one more chance.

The political impact of terminating salary support when PL-480 assistance is simultaneously coming to a close can only be damaging. The resulting destruction of the health educator network will compound these negative effects. Furthermore, the educator network of women leaders, with its demonstrated impact on modernization and democratization of village women, represents an important asset with development and political potential.

From a cost-benefit point of view, a modest additional investment in salaries, with reasonable possibilities for institutionalizing the outcomes of substantial earlier investment, merits serious consideration. While CRS has yet to calculate the full cost of generating funds for replacement of AID support, the technical assistance required to do so should be modest.

Helping the educators, participating organizations, and village councils, for example, to raise the \$1,500 required for annual support of each worker is a manageable task. Previous failure to do so stems from lack of recognition that urging institutions to pick up the

salary was not enough. They and CRS needed help in understanding that building the financial sustainability of nonprofit agencies is an established discipline of proven value.

A few of the local institutions approached by CRS have begun to propose ways to raise the necessary funds. One village council proposes to establish a bakery to underwrite the salary of its health educator. Friends of the Community, the resource center in Ramallah, is considering sponsorship of an international tour of its folklore band. It is clear that unless CRS or others provide good technical help on developing and implementing simple fundraising strategies, many of these good intentions will produce little new money.

To assure that AID will not be caught in an endless cycle of salary support, the recommendations in this report provide downside protection by emphasizing the need for specific fundraising plans and intermediate targets.

G3. The Next Steps

At this point, the technical and financial ability of regional and village institutions to keep the project operating is not fully known. CRS has not identified or worked closely enough with the institutions to cost out the financial requirements for sustainability, or with the potential funding sources that might be available to cover recurrent project costs.

CRS should also continue to explore methods for improving organizational operations and viability. For example, the Community Development Association for Health Education, designed by CRS staff and now being proposed for legal recognition, is a creative response with real potential to garner new funds for the projects. At the same time, the staff must continue to assist local charitable societies and village councils in identifying new funding options. Finally, CRS should explore untried alternatives for placing some health educators (e.g. by locating them with schools).

It is important that CRS secure technical assistance in fundraising from Palestinian sources or, if none can be identified, expatriate specialists. The CRS director of social services possesses impressive fundraising skills and experience, but she too can benefit from contact with new ideas and approaches. In the West Bank, where private organizations are likely to play a dominant role in providing health services, helping them to become more self-sufficient through user fees and other revenue-generating techniques is a critical aspect of development.

The CRS health education project has made an important contribution to the West Bank health sector under difficult circumstances. The project today is at a watershed: Under a new national director, CRS has begun to move into a far more demanding phase, with both political and professional opportunities beckoning. At this point, the project should concentrate on professionalizing its primary health care activities and dramatically increasing efforts to build the institutional foundations required under the new project. If CRS can accomplish what is now contemplated in the new health proposal, the Palestinian primary health care system will be well served.

H. Findings and Recommendations

16. Finding

The new project will require in-house primary health care experience and skills if it is to become a more focused and professional primary health care delivery project.

Recommendations

a. A primary health care or community health professional with field experience should be hired as a permanent, full-time staff member to assist the project manager and staff.

b. The primary health care project should routinely seek expert assistance from local or, if necessary, expatriate experts (part-time or short-term) on technical aspects of primary health care such as treatment of anemia, brucellosis, and high-risk pregnancies.

17. Finding

The health educator network reaches some villages with no other primary health care services, so that abrupt termination of salary payments will cause significant hardship, economic waste, and political cost.

Recommendations

a. AID should immediately authorize continued payment of health educator salaries for up to two years, subject to the condition that CRS will provide a list of all active health educators, showing:

- current employer or affiliation, if any
- percentage of target salary currently covered
- total annual salary gap to be met temporarily by AID
- planned activities for achieving full salary coverage within two years
- planned 12-month salary gap targets, estimated conservatively
- identification of HEs who cannot be fully covered within two years

b. After CRS has quantified the salary gap and submitted explicit plans for covering it, AID should make available funds for full coverage of this gap for 24 months by transferring the required amount from the \$500,000 now allocated for community development health projects.

c. If after one year the planned financial strategies have not been implemented successfully, or one-year targets have not been achieved, AID should immediately cease further payment of health educators' salaries.

18. Finding

The institutions that will employ and backstop (technically and financially) the CRS-trained primary health care workers have not yet been identified, and therefore appropriate commitments have not been obtained.

Recommendations

- a. Advanced training of educators in primary health care should not proceed until CRS identifies and obtains written commitments from enough institutions to constitute a framework for employing and supporting the trainees technically and financially when the project ends.
- b. CRS plans should include activities likely to help the proposed PHC institutional network become capable of supporting the trained workers by the end of the project.
- c. Curriculum development for PHC training should be undertaken in collaboration with the institutions expected to integrate these workers in the future.
- d. CRS should develop a plan with each participating institution based on detailed analysis showing the activities intended to produce the necessary technical and financial capacity in the participating institutions.

SECTION V

INSTITUTIONALIZATION AND SUSTAINABILITY

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A. Village Development

CRS' emphasis in the new Rural Development Capacity Building project on using public-sector income-generation projects as the basis for self-sustaining village development offers an ingenious alternative to the lack of possibilities for village tax and public service systems. The special circumstances of the West Bank make impossible the more traditional methods of building local governmental capacity to tax and provide services effectively.

The choice of representative elected village development committees as counterpart institutions, despite their current absence or weakness and the many constraints to activity, makes good sense in the new context. As transition continues, the committees will be critical for effective local development. By helping them, CRS will contribute to building an indispensable institutional framework. The training and other proposed capacity-building activities can, if implemented well, make the committees into more effective development agencies. This institution-building approach requires years of relationships with individual institutions and a shift in focus away from completion of physical infrastructure projects.

However, self-sustaining village development has both institutional and financial dimensions. Regardless of the committees' eventual capacities for democratic planning and effective implementation, they can do little without an effective financial base. What CRS calls public-sector income-generation projects and proposes as the revenue source for each committee differs significantly from taxation. These differences are not recognized explicitly in the CRS proposal.

Unlike taxes, which taxpayers must pay in a well-administered system, the revenues from public-sector income-generation projects depend on household capacity and willingness to pay user charges for new services. The project proposal assumes without demonstration that all target villages can complete projects that will provide a surplus from user charge net revenues for use in spinoff projects.

While the proposed use of grants and village contributions to cover initial project costs reduces the burden on revenues by eliminating the interest charges common in other contexts, the costs of operations, depreciation, and maintenance, for example, still constitute a formidable burden. Although it is possible that a community project will yield a surplus above this burden, such an outcome is by no means inevitable. An informal system of voluntary taxation might supplement user charges, but this requires considerable luck and sophistication to implement successfully.

Since project documents do not present a format for village committee project plans, it is difficult to assess the adequacy of CRS' analysis of project capacity to generate net

income. Even with such a format, the accuracy of cost and revenue estimates remains untested. Extensive CRS experience with such projects, including an outstanding example of revenue generation cited in the proposal, inspires some confidence in the PVO's capacity to do the necessary analysis. However, several projects reviewed and observed during field visits contradicted that impression. Furthermore, the weakness of economic conditions in the project villages and the lack of village experience in assessing and collecting user charges make the actual outcome of each income-generating project highly uncertain, though still critical to success of any village development strategy.

Accordingly, requiring a description of a project planning formation—with special emphasis on the basis used for estimating costs and revenues—as a condition for final approval of the cooperative agreement seems essential and reasonable. In addition, using annual net revenue generated as the key performance indicator will enable CRS and AID to make early informed judgments about financial sustainability in each village.

It is not clear how CRS will proceed in villages where the primary project fails to produce enough net revenue to support later projects. The project proposal should address this issue.

B. Health

The new health project constitutes a major step by CRS toward a plan for broadening, institutionalizing, and sustaining health services in project villages. By explicitly linking health educators to local health service organizations and facilities, the educators are for the first time being viewed as integral to a primary health care service system. Emphasizing the need to provide the educators with new skills that patients will be willing to pay for, the proposed strategy makes the educators more relevant to the primary health care system and increases the system's capacity to generate the revenues needed to sustain it.

Like village economic development, sustainability of primary health care depends on both institutional and financial dimensions. The resource centers that now supervise the health educators, and the health facilities that will support them, may eventually provide an adequate institutional base for sustainability. However, as currently presented, the financial capacity for self-sufficiency remains dubious.

The CRS approach relies too heavily on patients' support of the health workers. In the absence of a detailed study of patient capacity and willingness to pay for health services, there is little reason to assume that fees for services or some insurance arrangement will be adequate to sustain workers and services by supplementing existing charitable contributions. If experience elsewhere is any guide, such a study is highly unlikely to show that patient fees will be sufficient to cover the real costs of services. Accordingly, CRS' strategy for building a self-sustaining primary health care system must address more explicitly the alternatives for increasing revenues available for system support.

Project documents indicate that revenues from village development committee projects may be used for health. This would be similar to using tax revenues to provide a health

budget. However, the many competing demands on village resources make reliance on this source very risky. A more realistic approach to financing health services involves acknowledgement that the capacity of health service institutions to raise funds can also be a basis for sustainability. In the absence of government support, institutionalizing private nonprofit organizations' fundraising capacities becomes a critical aspect of building self-sustaining health operations.

The foregoing suggests existence of a missing link in the CRS strategy for achieving sustainable primary health care services. As presented, the approach imposes added financial burdens on local health service providers, including any actions to improve system capacity to meet them. At the very least, CRS should assist service institutions to identify the increased financial burdens and help them plan ways to cover the additional costs. Discussions at ANERA showed that PVO to be well acquainted with the importance and methods of developing financial strategies. CRS could benefit from an exchange of ideas with that organization.

More adequate programming would include provision of local technical assistance to help participating organizations develop and implement appropriate income-generation and fund-raising strategies, sources, and techniques. In the absence of such additional programming, current aspirations for a self-sufficient primary health care system remain little more than wishful thinking.

Building the capacity of nonprofit organizations to raise money may involve many different techniques. Increasing private contributions as economic development occurs, instead of watching people with increased income consume it all themselves, is essential for linking economic and social development. Encouraging health organizations to initiate health-related income-generation activities in which they have special competence is an aspect of increasing user fees.

Making health services more efficient may also form part of the financial sustainability strategy. Improving the capacity of health organizations to write proposals may allow them to compete for research and project funds. Helping the organizations form village-level health committees can broaden the funding base.

Though sources of revenue may differ, making health institutions self-sufficient is as much economic development as helping private businesses remain profitable. CRS cannot expect organizations to add to financial burdens by taking on new workers unless it at least offers them help in generating revenues to cover the additional expenses.

Sustainability could have been attained more easily by training people already on the payroll of some local institution. Nevertheless, CRS trained health educators and others on speculation, hoping they would eventually be absorbed by counterpart agencies. The speculation can be made successful, integrating those trained into the private voluntary agency health system, by improving the financial skills of local institutions.

SECTION VI

FINDINGS AND RECOMMENDATIONS

**SECTION VI
FINDINGS AND RECOMMENDATIONS**

ORGANIZATION AND MANAGEMENT

1. Finding

CRS/JWB planning is not based on adequate problem analysis or consideration of technically sound project alternatives, and is therefore not conducive to preparation of a sound program strategy for the West Bank and Gaza.

Recommendation

AID should encourage CRS to adopt planning practices more likely to produce a coherent program strategy and related project proposals, and should cease to fund grants and projects unrelated to the new strategy.

2. Finding

CRS planning and implementation often fall below an acceptable level of technical competence, especially with respect to the identification and comparison of project alternatives.

Recommendations

a. CRS should increase its use of local specialists to help identify, design, and develop project alternatives, in order to improve the technical quality of its projects, increase CRS' credibility, and aid institutionalization by counterpart organizations.

b. AID should not approve project proposals unless they are technically adequate and accompanied by appropriate evidence of consultation with local specialists.

3. Finding

Although CRS data collection and reporting are adequate, forms and content do not permit effective use for program purposes of the information being collected.

Recommendation

The CRS information system should be reviewed and revised to ensure adequate collection of baseline data; include a few key indicators for behavioral and health status changes; and establish a system for making regular use of data to improve programs.

4. Finding

CRS has not yet finished installing its new financial systems and controls, or reorganizing its administration.

Recommendation

After approximately six months, CRS or AID should arrange for an outside management audit or review, to confirm that financial and administrative revisions have been completed; that these improvements are appropriate for CRS' new program direction and responsibilities; and that a planning process consistent with the new program strategy is underway.

5. Finding

Sustainability has been jeopardized by CRS' failure to help local institutions develop the detailed, feasible plans they will need to assume operational and financial responsibilities at project end.

Recommendations

a. To improve sustainability, project planning should include identification of critical gaps in local counterpart capacity to assume permanent operating and financial responsibilities.

b. Projects should not be programmed without identification of, and immediate collaboration with, a counterpart organization capable of eventually assuming and sustaining operating responsibility for project activities.

c. Project plans should include activities when the project first begins that will prepare counterpart organizations to become self-sustaining.

d. CRS should take advantage of its own Social Service and Small Enterprise Development divisions as it works with local counterparts to develop sustainability strategies, including fees for services; revenues from commercial or volunteer-assisted income-generation activities; improved efficiency in performance of current work; and identification of new funding sources, combined with technical assistance to increase effectiveness in fundraising from all sources.

6. Finding

Maintenance of a CRS office and program in the Gaza Strip is of interest to some representatives of the U.S. government, and CRS is prepared to consider new project possibilities.

Recommendation

Consideration of CRS programming in Gaza should be deferred until the new West Bank project is fully in place, adequately managed, and operating effectively.

7. Finding

Although it frequently collaborates effectively with other U.S. PVOs, CRS is sometimes perceived as secretive and defensive about what it is doing, with whom, and where. Such perceptions increase duplication and discourage coordinated planning among voluntary agencies.

Recommendation

AID should condition all grants to CRS and other PVOs on satisfactory demonstration of adequate exchange of information within the international and private voluntary community, making clear that at present there is adequate funding available for PVO initiatives and, hence, no need for inter-PVO competition.

RURAL DEVELOPMENT

A. Village Infrastructure Component

8. Finding

At the village level, there is little engineering and technical capability for maintaining project quality. The few services available are weak in A&E design, feasibility studies, and construction supervision. As a result, project quality is often poor, infrastructure lifetime considerably shortened, and O&M costs unnecessarily high.

Recommendation

Approval of the new Rural Development Capacity Building project (RD-CB) should be contingent on CRS subcontracting with capable local organizations to conduct prefeasibility studies before planning and designing project activities.

9. Finding

The number, diversity, and geographic dispersion of project activities, coupled with the intense monitoring that will be required under the new RD-CB project, severely tax the management capabilities of the RD staff.

Recommendations

a. To assure that CRS continues to monitor old RD III activities while also conducting Participatory Rapid Assessments (PRAs) and other work at new project sites, AID should approve the addition of a civil engineer and a professional trainer to the CRS/JWB project staff.

b. An acceptable plan for CRS training of village committees should be an identified deliverable during the first year of the trainer's activities.

c. AID should make approval of RD-CB conditional on delivery of training manuals during the project. These publications should be written in simple Arabic for use by village development committees and should focus on key aspects of project design and management, including planning and setting priorities; planning and budgeting O&M costs as an integral part of the planning and design processes; establishing appraisal guidelines on the need to conduct prefeasibility studies; and improving contracting, bidding, and negotiation skills and procedures with examples for determining simple Bills of Quantities.

10. Finding

CRS has not prepared project holders to adequately provide for O&M costs or to operate and maintain their completed infrastructure projects properly.

Recommendation

As an integral part of project design, CRS should train the village development committees and other participants to make correct O&M budgets and to develop suitable plans for operating and maintaining completed infrastructure projects.

11. Finding

The new rural development project makes overly-optimistic assumptions about the technical feasibility of implementation.

Recommendations

a. AID should make approval of RD-CB contingent on CRS' agreement to defer implementation of activities and to use the first year of the project to identify VDCs, conduct PRAs, assess training needs, develop training materials, and carry out training and workshops with selected primary and secondary VDCs.

b. During the survey period, CRS staff should close out all old RD activities, including collecting as many outstanding loans as possible and getting permission to write off the rest.

12. Finding

Field trip reports, the key element of the IRD information system, fail to provide the information required for managing projects effectively, assessing their impact, and improving project design.

Recommendation

A new field trip reporting format should be designed to incorporate all necessary information about project conditions at the time of field visits, including: the rate of and constraints to project completion; whether the project is operable; and what technical services are still required. Because field trip reports are program audit documents, they should give a full picture of project status at any given time, and should be completed in English and Arabic.

B. Small Enterprise Development Component

13. Finding

CRS lacks the staff and professional expertise to continue working in the already overcrowded field of credit.

Recommendations

a. CRS should abandon all direct lending activities.

b. Before authorizing any lending by village development committees, CRS should ensure that the revenues from which such loans will be made have first been applied to O&M budgets of existing infrastructure and rehabilitation or replacement of obsolete equipment.

c. All lending through the proposed village development committees should give priority to satisfying those remaining village needs identified in the PRAs.

C. Increased Agricultural Production Component

14. Finding

The diversity and spread of activities weakened CRS' capacity to provide adequate follow-up for project continuation and sustainability.

Recommendations

a. CRS should focus its agricultural efforts exclusively on construction of spring water catchments and improvement of water quality.

b. Implementation of the spring water catchment priority should focus on the secondary villages (those with no previous RD project) in the IRD target area, using technical assistance from the Palestinian Hydrology Group, which has already surveyed the area and identified appropriate villages.

c. The spring water catchment activity should be integrated by having the health educators in participating villages provide education in basic water use.

15. Finding

CRS has failed to program adequate provisions for continued employment, technical support, and professional development of trained paravets.

Recommendations

a. CRS should continue to seek institutional affiliations and employment possibilities for paraveterinarians.

b. CRS should provide a program of continuing education, including the services of a trained veterinarian, to ensure that the paravets maintain their technical proficiency.

LIFE CYCLE/HEALTH EDUCATION

16. Finding

The new project will require in-house primary health care experience and skills if it is to become a more focused and professional primary health care delivery program.

Recommendations

a. A primary health care (PHC) or community health professional with significant field experience should be hired as a permanent, full-time staff member to assist the project manager.

b. The primary health care project should routinely seek expert assistance from local or, if necessary, expatriate specialists (part-time or short-term) on technical aspects of primary health care such as treatment of anemia, brucellosis, and high-risk pregnancies.

17. Finding

The health educator network reaches some villages with no other primary health care services. Consequently, abrupt termination of salary payments will cause significant hardship, economic waste, and political cost.

Recommendations

a. AID should immediately authorize continued payment of these salaries for up to two years, subject to the condition that CRS will provide a list of all active health educators, showing:

- Current employer or affiliation, if any;
- Percentage of target salary currently covered;
- Total annual salary gap to be met temporarily by AID;
- Planned activities for achieving full salary coverage within 24 months;
- Planned 12-month targets (estimated conservatively) showing what part of the salary gap will be met; and
- Identification of any health educators for whom full coverage cannot be achieved within 24 months.

b. After CRS has quantified the salary gap and submitted explicit plans for covering it, AID should make available funds for full coverage of this gap for 24 months by transferring the required amount from the \$500,000 now allocated for community development health projects.

c. If, after one year, the planned financial strategies have not been implemented successfully, or one-year targets have not been achieved, AID should immediately cease further payment of health educators' salaries.

18. Finding

The institutions that will employ and technically and financially backstop the CRS-trained primary health care workers have not yet been identified, and therefore appropriate commitments have not been obtained.

Recommendations

a. Advanced training of educators in primary health care should not proceed until CRS identifies and obtains written commitments from enough institutions to constitute a framework for employing and technically and financially supporting the trainees when the project ends.

b. CRS plans should include activities likely to help the proposed PHC institutional network become capable of supporting the trained workers by the end of the project.

c. Curriculum development for PHC training should be undertaken in collaboration with the institutions expected to integrate these workers.

d. CRS should develop a plan based on a detailed analysis showing the activities intended to produce the necessary technical and financial capacity in participating institutions.

SECTION VII

CONCLUSION

SECTION VII CONCLUSION

Accurate calculation of the economic benefits of CRS projects suffers from the PVO's failure to maintain adequate and continuous records useful for estimating benefits. Much of this incompleteness does not indicate poor management, but reflects sensible recognition of the limits of data collection responsibilities. It would have been expensive and inefficient, for example, for CRS to monitor the economic impact of a road or an electric facility given its brief and modest involvement with each infrastructure project.

Post-project review to confirm use and maintenance is important and has, to some extent, been conducted. Although some PPI activities call for systematic collection of information about post-project outcomes, such as number of jobs or number of electricity connections, the limited duration of CRS involvement with each infrastructure project makes such data collection excessively burdensome. In reviewing use and maintenance, the PVO obtains enough general information to assess the comparative impacts of different kinds of projects.

Measuring the economic impact of CRS-assisted income-generation projects is also hard, given the varied models and inadequate accounting employed. For example, the team observed a chicken project in Gaza operated by a dedicated volunteer who used a \$20,000 CRS grant to a charitable society for initial capitalization. Now selling eggs for over a year, he speaks of dividing profits among volunteer workers, depreciation, and good works. While he described many impressive social benefits financed from egg sales, an accountant would have difficulty determining the profitability of the business. The opportunity cost of money, accounting for volunteer labor, and absence of depreciation allowances when profits lag, for example, all complicate the application of economics criteria to the project.

Nevertheless, for as long as it lasts, the chicken project will serve as a useful catalyst for effective volunteer work and as a continuing source of funds for helping poor people. It could even eventually be converted into a fund for supporting small enterprise development. Visits to a dress factory operated by the Beit Jala Ladies Society and an olive wood marketing project of the Latin Patriarchate, both grant-funded, corroborated the idiosyncratic nature of CRS' definitions of income. In these projects, too, it was impossible to quantify benefits and costs, even though useful activities continue.

Despite measurement difficulties, some CRS activities do contribute substantially to both social and economic aspects of quality of life. Electricity projects have led to installation of new pumps and better lighting.

Individual farmer borrowers may not know how much money they're making, if any, but some have stayed in business and expanded their activities. The rehabilitation workers

and the paraveterinarians perform useful services that can be documented anecdotally and, to some extent, from monthly records of clients and activities.

Village interviews with beneficiaries confirmed that roads and electric systems, for example, are generally perceived positively, despite a significant number of complaints about details. Although specific benefits were not always cited, participants in life cycle classes also expressed enthusiasm for the project.

Whether the volume of impact could have been greater, or is worth what it cost, are questions impossible to answer in the present context. Answers depend on judgments about the worth or value of the benefits achieved. The low percentages of positive outcomes for some activities, detailed in earlier sections of this report, suggest that cost-benefit ratios could be improved substantially by better project planning and more emphasis on building sustainability.

CRS has already taken steps to improve the relation of benefits to costs through reduced dispersion of activities, linking activities to achieve common goals, and increasing impact duration by strengthening capacity of local institutions. Despite the earlier failure to incorporate these and other project improvements, an improved CRS program can deliver enough impact to merit continued support and attention.

Initiating and operating a project in the very volatile West Bank/Gaza context is difficult and does not lend itself to achievement of high cost-benefit ratios. More realistic goal-setting by all agencies involved would reduce disappointment and encourage better design of activities with a reasonable chance of achieving what is promised.

LESSONS LEARNED

1. CRS must increase its technical and professional competence.

Although it is not yet clear that CRS has mastered its lessons, early experience with the new, more development-oriented and sustainable approach emphasizes the need for far more detailed and technical planning than was previously necessary. While such capabilities would have been helpful before, they are critical now because building long-term village development and primary health care networks requires careful assessment of institutional weaknesses. Closer relationships with counterpart groups, especially in health, demand a level of professionalism that CRS has not previously had to attain.

2. Less is more (projects should focus on a few geographic areas, activities, and organizations).

The evaluation emphasizes the importance of project focus on a limited number of geographic areas and activities. By trying to do too much in too many places, CRS clearly diluted its impacts, prevented adequate supervision, and impaired technical effectiveness. A corollary lesson that CRS has learned is the importance of continued focus on a few organizations. Many of the difficulties in earlier infrastructure activities stemmed from

inadequate preparation and follow-up with participating local groups. The new integrated rural development approach remedies this problem.

3. *Steps must be taken at the beginning, rather than the end, of projects to assure institutionalization and sustainability.*

Review of CRS' project experience provides important lessons for CRS and other PVOs concerned with institutionalization and sustainability. It is clear, for example, that initiation of training activities, intended to produce workers who will continue to use their skills, requires early collaboration with the local organizations expected to support them later. While CRS may have been initially justified in its efforts to introduce innovation by training health educators before assuring adequate counterpart support, the new health project reflects the lessons learned from trying to place the educators later.

4. *Sustainability requires the development, with CRS' assistance, of feasible financial strategies for local institutions.*

Continued attention to a limited number of organizations in both rural development and health includes helping them to develop and implement plans for achieving financial sustainability. Although vague on details, new CRS plans clearly recognize that exhorting local groups to "pick up more salaries" does not constitute an adequate strategy for assuring sustainability. Although the proposed emphasis on linking income-generation projects to financing of counterpart activities is commendable, it addresses only part of the problem and does not acknowledge other possible financial strategies.

5. *CRS must continue to strengthen its relationships with Palestinian professionals.*

An important lesson in West Bank/Gaza relates to early and continued technical consultation with local specialists. This is partly to assure that projects are technically adequate and consistent with related local activities. Even more important, however, is the political need to involve distinguished local professionals to assure institutional acceptance and collaboration. As CRS moves into primary health care, a whole new set of professional and institutional relationships must be developed.

6. *Income-generating activities and humanitarian goals can be mutually reinforcing, but should be distinguished clearly.*

The CRS experience also emphasizes the difficulties of using grants for economic development. Too often, the use of CRS grants for income-generation activities has led to confusion between sound business practices and the desire to help poor people. These two criteria are not mutually exclusive, but income must be generated on a solid commercial basis before it can be used for social purposes, however commendable. The new project takes this lesson into account.

7. *CRS should no longer be a source of credit for small loans.*

It is also clear that CRS should not be the lender in credit projects. Effective institutional development requires that an appropriate local institution be supported in making and monitoring loans. It is expensive for a U.S. PVO to be the lender. Collection procedures easily generate ill will and accountability requirements tax PVO administrative capacity. CRS has ceased to be the lender in small-loan activities.

8. *CRS data collection should serve project needs as well as AID reporting requirements.*

As CRS seeks to become more professional, internal project data collection must become more than a way of meeting AID requirements. By claiming to improve significantly the quality of life in selected villages and the health of targeted beneficiaries, CRS commits itself to going beyond mere indicators of output. Project data must become a key tool for measuring outcomes and comparing the effectiveness of alternative activities. While CRS need not become expert in operations research before proceeding further, additional measures are now required to assure that data being collected is used for improving project design. Several CRS staff members identified this need, but appropriate responses have not yet been initiated.

ANNEX A

SCOPE OF WORK

SCOPE OF WORK

EVALUATION OF CATHOLIC RELIEF SERVICES PROJECTS

I. PURPOSE

The purpose of this evaluation is to measure project accomplishments against planned objectives and to assess the impact of those accomplishments. Both projects have been implemented for longer than seven years and both have 1992 project completion dates. To be evaluated are Catholic Relief Services' Rural Development III and the Life Cycle/Health Education Projects.

The following are the objectives of the evaluation:

1. Evaluate the grantee's success in accomplishing its planned objectives;
2. Assess the projects' impact, including economic, social and institution strengthening impact;
3. Document lessons learned to be applied in the implementation of follow-on rural development and health projects.

The Rural Development III and the Life Cycle/Health Education Projects will be evaluated simultaneously by a single evaluation team. The contractor will produce one report with three sections as follows: (1) Overall Management, (2) Rural Development III, and (3) Life Cycle/Health Education.

CRS headquarters and Jerusalem will provide the contractor with background documents, reports and records that describe on-going and completed activities funded by A.I.D. in WB/G. In addition, the A.I.D. Representative at the ConGen Jerusalem and the Economics Officer at the American Embassy in Tel Aviv will provide the evaluation team with relevant information and guidance.

II. DESCRIPTION OF THE PROJECTS TO BE EVALUATED

Catholic Relief Services, a U.S. private and voluntary organization has worked in the West Bank and Gaza since 1975, implementing rural, primarily infrastructure development projects with funding from A.I.D. and with smaller amounts of funding from other sources.

A. Rural Development III Project

RD III was preceded by two earlier A.I.D.-funded projects (RD I and II) totalling \$2.2mn. Under the earlier projects, CRS

completed 96 subprojects including the construction of roads, schools, water and electrical systems and health clinics.

RD III began in FY85. Life of project A.I.D. funding is \$6,942,871. The project completion date has been extended from 4/92 to 6/92.¹ The project consists of three components, each with its own objectives and program performance indicators as follows:

1. Infrastructure Development

Objective: "To improve infrastructure in the health, agriculture, education, sanitation and power sectors in rural Palestinian villages in the West Bank and Gaza. This objective is to be achieved through the implementation of 79 village self-help projects encompassing the construction and improvement of markets roads, health clinics, educational facilities and electrical grids." As of 4/92, CRS had completed:

- 19 market roads (52.37 km)
- 16 interior roads (46.25 km)
- 8 potable water systems
- 4 schools and 6 community centers
- 20 electrification systems
- 2 out-patient health clinics

(In 1990, in the course of its own internal review, CRS uncovered mismanagement and malfeasance practices under this project component and dismissed the project manager. Since that time, CRS has instituted management reforms to address problems, and there have been audits and reviews by both CRS and A.I.D. officials.)

2. Increased Agricultural Productivity Program (IAPP)

Objective: "To improve the income of Palestinian farmers by giving them the knowledge and support needed to increase yields, modernize techniques, and improve markets." CRS assistance under this project component consists of introducing machinery and technical support, improving irrigation technology and water resources, providing extension services and para-veterinarian training.

As of 4/92, CRS had completed the following:

- introduced 8 types of ag machinery and assisted 18 pre-cooperatives in the acquisition of machinery;
- implemented 28 water projects (wells, springs, catchments, canals, drip/sprinkler irrigation);
- provided funding to 29 farmers for agro-business (e.g. beekeeping, greenhouses); and
- trained 81 veterinarian assistants (paravets).

3. Small Enterprise Development (SED)

Objective: "To help in establishing and/or expanding small scale enterprises to provide employment and income generating opportunities to Palestinians in the West Bank and Gaza."

Activity under this component began in mid 1988. As of 10/91, CRS had provided

- 22 grants to small enterprises (\$21,620 in AID funds)
- 35 loans to small enterprises (\$94,500 in A.I.D. funding)

Beneficiaries include individuals, groups, pre-cooperative, societies, and organizations involved in the following types of activity:

- food processing (4) e.g. flour mill, pickles;
- manufacturing (15) e.g. sewing, carpentry, metal works;
- animal husbandry (7) e.g. egg farms, pigeon raising;
- retail business (14) e.g. loans and grants to market ag implements; and
- vocational training (2) courses in sewing and cosmetology.

B. Life Cycle/Health Education Project

The original project description stated it would "build on seven years of CRS experience in WB/G." Project activities have been limited to the West Bank. The project purpose was to improve available health services by developing a health and nutrition education system and a referral network with a primary focus on rural communities. The life of project funding is \$3,047,387. Originally a three-year project, it was extended first to 1989 and then to July 31, 1992. The project was evaluated in FY88, and in 12/88, was amended to make the following changes:

- increase basic health and nutrition education from 157 to 200 villages in the West Bank;
- strengthen village teacher' ability to practice and provide first aid training;
- support nurses training at St Lukes Hospital, Nablus;
- end commodity distribution under this project June 30, 1988; and
- incorporate and extend parts of the Village Inreach Handicapped Project.

A major issue throughout the life of this project has been sustainability and institutionalization and particularly the issue of salaries. At the time of the first amendment, it was proposed that CRS would contract the transfer of management of the Health Education Program to the Union of Charitable Societies. However, it was agreed that "if transfer of the program to the Unions proves untenable," (which it did) CRS would concentrate on activities funded and carried out directly by CRS and not necessarily coordinated through the Unions.

The project status as of 5/92 reporting is as follows:

1. 201 West Bank communities served by the health education program
2. 63 Northern West Bank towns/villages have access to home-based rehabilitation services for disabled children and their families; (services offered by 32 project-trained and locally employed health and rehab workers)
3. 200 health educators carry out home visits and hold monthly classes and weighing sessions;
4. 5 of 6 CRS clinics operating (project assistance ended 12/31/91); a 6th, non-functioning clinic may be relocated
5. 2 year-long nurse training courses completed at St. Lukes (estimated 36 graduates)

III. STATEMENT OF WORK

A. General

The frame of reference for the evaluation and for assessing to what extent project objectives and input and output targets have been achieved will be the grant agreements as amended, the logframes, and project performance indicators. Relevant portions of these documents are attached to this SOW.

Team members will familiarize themselves with these basic references and with other references cited in this scope. In evaluating CRS' performance, the contractor will thoroughly examine project objectives, inputs and outputs. The reference points will be the grant agreements, the PPIs and logframes.

B. Personnel Requirements and Qualifications

There will be 4-5 team members (3 expatriates and 1-2 Palestinians). It is suggested that the Rural Sociologist or the Management Specialist be the team leader and take the lead on the Rural Development section of the evaluation. The team leader will be responsible for managing the team schedule, assigning tasks to team members, and insuring the timely delivery of the evaluation report. It is also suggested that the health education specialist take the lead on the Life Cycle/Health Education section of the evaluation.

Each team member should have a minimum of seven and preferably ten years of previous successful international development experience. Prior work experience in the Middle East, familiarity with the socio-political conditions of the area and Arabic language capability are all desirable but not required qualifications. The Palestinian team member(s) should be fluent in English and Arabic and have extensive knowledge of and experience relevant to this evaluation. Team members must be able to operate independently as well as a team for interviews, site visits, and drafting portions of the evaluation report.

The Contractor will provide the following personnel:

1. Rural Sociologist. Will have extensive experience in the design, management and evaluation of rural development programs. This person may be the team leader and take the lead on the Rural Development III section of the evaluation.

2. Health Services Specialist responsible for taking the lead on the Life Cycle/Health Education section of the evaluation. This person should have extensive experience in the design and implementation of health education and rural health community services in developing countries.

3. Management specialist familiar with PVOs and experienced in the design, implementation and evaluation of rural/community development programs. This person will take responsibility for addressing issues related to project management, relations among donor coordination, training, and related issues. This person should take the lead on the management section of the evaluation.

4. Palestinian development specialist, with practical experience or substantial knowledge of non-governmental organizations. Prior experience planning, implementing, or evaluating development projects. Experience with agriculture, construction, small enterprise or health projects would be particularly appropriate. This person will have excellent knowledge on the history and operations of current needs, constraints and issues relating to at least two of the above areas. Fields of specialization may be economics, agriculture, health, or human resource development.

5. Palestinian Rural Infrastructure Engineer experienced in the design, execution and monitoring of small projects. This team member will have experience in promoting and applying appropriate technology approaches and solutions to meet community-level needs and will have the experience and skills required to plan and fully cost out operations and management plans for a range of projects including roads, buildings, water and electrical systems.

6. Translator(s) to accompany the team whenever translation is needed (e.g. field visits).

TASKS

The Contractor will produce an evaluation report that addresses the following questions:

a. Questions for Both Projects

(Based on project documents -- grant agreement, logframe, project performance indicators)

- What were the planned versus actual purposes?
- What were the planned versus actual objectives? If the objectives are not as planned, why?
- What were the planned versus actual inputs and, if different from planned, why? How did this affect the planned outputs?
- What were the planned versus actual outputs? How do outputs accomplished relate to the purpose/objectives of the grants? In what areas have project outputs exceeded the original objectives? In which areas has performance been weakest, i.e., objectives not been met?
- What general factors (e.g. design, management, socio-political conditions, environmental conditions) have contributed to satisfactory or unsatisfactory performance? What has been done to overcome difficulties?
- Is the PPI system, designed with A.I.D. assistance, useful for CRS planning and management?

b. Project Impact Questions for Both Projects

(Note: By "subproject" we mean the 3 components of the RD III project and the 5 or more components of the Life Cycle/Health Education project. The contractor will assess project impact by addressing the following questions and will supplement these with other relevant questions.)

1. Strengthening Local Capabilities

What evidence is there that beneficiary (community, organization, group, service, enterprise) has increased ability to identify, plan, implement and sustain development activities as a direct result of CRS' assistance? How have the beneficiary's leadership, project management capabilities and other relevant skills improved?

Has CRS been successful in increasing capabilities in some sectors more than others? If so, to what factors can the variation be attributed?

Do project staff, the beneficiaries, and the broader community share a common vision of subproject goals, objectives, benefits, and responsibilities?

Is there evidence that, as a result of subprojects, local communities/beneficiaries have been empowered/strengthened (e.g. better able to exercise legal rights, leverage resources, cooperate effectively, reduce factionalism, solve problems)?

2. Sustainability/Institutionalization

What success has CRS had in assuring the sustainability of the subprojects? What is the prognosis for sustainability in the near and long term?

Are subprojects in some sectors more sustainable than subprojects in other sectors? If so, to what factors can the variation be attributed?

What are the indicators of progress towards financial viability of the institutions supported? What is the ability of the community to meet recurrent costs and what is being done to strengthen that ability?

What is the size of the local budgets for the respective subprojects, and are they sufficient to cover the recurring costs (of equipment, infrastructure, services, enterprises) in the near and long term? Is the budget likely to increase, decrease, remain constant?

Assess the ability of the local managers to plan and manage budgetary matters.

Do local beneficiaries sufficiently value any services provided to be willing to contribute financially towards meeting recurring costs?

What organizational efficiencies could improve operations and therefore viability?

Did project activities generate any spin-off activities? E.g. did health institutions apply lessons learned through Lifecycle to expand their own program? If so, what factors contributed to this occurring in some villages and not in others?

3. Economic Benefits/Costs

What have been the economic benefits of the different subprojects (e.g. increased disposable farm/household income, jobs created)?

To what extent can this benefit be quantified? E.g., what changes in value added resulted from CRS interventions (number of employees, number of products, sales, etc.)?

How do the benefits measure up against the costs? How do these compare with the cost of similar projects implemented by other donors?

What improvements have there been in productivity; (e.g. more

efficient use of labor, equipment, natural resources)?
What additional improvements are needed?

3. Social Benefits/Costs

What have been the social benefits of the projects?
Have the benefits been equitably shared in the communities assisted?

How do the benefits measure against subproject costs?

What impact have the projects had on beneficiaries' knowledge, skills, attitudes?

What evidence is there of improved quality of life as a result of subproject interventions?

c. Lessons Learned/Issues Related to Planned Projects

Document lessons learned and make specific recommendations applicable to the implementation of the two follow-on projects, ✓

Do the designs of the new projects incorporate the lessons learned about e.g. the path to sustainability and financial viability?

An important aspect of the new project is fostering interaction between project health institutions and village committees with an objective of building regional coalitions. What is the evaluation team's assessment of the potential for increasing interaction between the health and RD components?

Are the management plans proposed for the new projects sufficient and appropriate to deliver the intensive training and technical assistance envisaged under Rural Development/Capacity Building and grant management under the new health project?

Are there Palestinian PVOs capable of managing portions of the proposed health and rural development project? If so, what management approach would assure an integrated program at the village level, coordinated by CRS? What are the implications, in terms of government response, to an approach involving Palestinian PVOs?

Is the focus of health educator training appropriate?

d. Project Specific Questions

1. Rural Development III

Were the recommendations of previous evaluations implemented?

If so, with what result?

Have decisions regarding project inputs such as the choice of commodities and location of structures/construction been technically sound, appropriate to needs, maintainable?

Summarize what was provided and evaluate the quality, appropriateness and effectiveness of technical assistance and training.

Review CRS' current project management (staff, information and data collection systems, planning capability, monitoring systems) and, if appropriate, make specific recommendations for improvement.

How does CRS coordinate with other donors and PVOs to insure complementary and non-duplicative activities? Any recommendations for greater synergy?

Comment on A.I.D./Jerusalem and AID/W management in connection with this project. Any recommendations for improvement?

2. Life Cycle/Health Education

Were the recommendations of previous evaluations implemented? If so, with what result?

Summarize what was provided and evaluate the quality, appropriateness and effectiveness of technical assistance and training.

Review CRS' current project management (staff, information and data collection systems, planning capability, monitoring systems) and, if appropriate, make specific recommendations for improvement.

Comment on A.I.D./Jerusalem and AID/W management in connection with this project. Any recommendations for improvement?

How does CRS coordinate with other donors and PVOs to insure complementary and non-duplicative activities? Any recommendations for greater efficiency?

IV. SCHEDULE OF WORK AND MINIMUM LEVEL OF EFFORT

The evaluation will work a total of four weeks in Jerusalem, Tel Aviv and the Occupied Territories. The U.S.-hired members of the team, excluding the team leader, will work up to four additional days in the U.S., with two days prior to departure reserved for briefings from A.I.D., State, and CRS and review of documents and two days upon return reserved for briefings to A.I.D., State, and CRS. The team leader will work up to nine

additional days in the U.S., including the four days of briefings and up to five days to incorporate into the report comments collected and provided by A.I.D.

At the beginning of its fourth week in Jerusalem, the team will provide an annotated outline of the evaluation report and an oral briefing to the interested parties at a meeting organized by the A.I.D. Representative. A separate briefing will be provided to the Embassy Economics Officer if he is not involved in the A.I.D. coordinated meeting. Prior to its departure from Jerusalem, the team will present copies of its draft evaluation report to the A.I.D. Representative and to the Embassy Economics Officer. Upon its return to the U.S., and one week prior to the scheduled briefings in Washington and Baltimore, the team will present the copies of the same draft to A.I.D., State, and CRS.

Not more than two weeks after the briefings, to A.I.D and CRS, A.I.D. will present written comments on the evaluation reports to the contractor. The written comments will represent the coordinated views of the field and home offices of A.I.D. and CRS and the views of the Embassy. Upon receipt of the written comments, the contractor, in the person of the team leader, will work up to five days to finalize the evaluation document. The contractor will submit ten copies of the final report to A.I.D. not later than two weeks after the contractor receives the written comments.

V. METHODOLOGY

A. Rural Development

The suggested methodology for the Rural Development III project is for the evaluation team to evaluate the total projects and, in addition, to select approximately 15 or more activities that are fully and broadly representative of project interventions for in-depth analysis. The evaluation team will interview CRS, make site visits, interview local representatives and beneficiaries, collect data, and make all arrangements necessary to fully complete the tasks in this scope of work.

B. Health

For the Life Cycle /Health Education project, the suggested methodology is to: observe the delivery of services under each of the project components; interview representative individuals responsible for the delivery of services, interview different categories of beneficiaries; and, for purposes of comparison and control, interview representatives of organizations that deliver services similar to those of the Life Cycle /Health Education Project.

Interviews may include the following:

- CRS project staff
- Board members of the 6 organizations considered Resource Centers for health education
- Chairpersons of 6 village charitable societies that have provided health education/facilitated home-based rehabilitation
- Mothers or relatives of CRS-trained, disabled children
- Women who have received health education training
- At least 6 project health educators, candidates for continuation under the follow-on project
- 6 regional supervisors of health educators
- 3 project rehabilitation workers
- 1 project rehabilitation trainer
- Staff of 2 rural clinics established with CRS assistance
- St Lukes Hospital administrators and principal of the nursing schools
- Staff who serve as referral and service sources for the CRS program

The evaluation team site visits may include the following:

- Observe instruction, counseling, supervision
- Observe home-based rehabilitation
- Visit rural clinics
- Visit day center, rehabilitation center
- Review data collection and analysis processes

An illustrative schedule follows:

Week 1: Discussion with AID/W and PVO representatives on Scope of work and program background. The team will fly to Tel Aviv and travel to Jerusalem. The contractor will organize two days of team planning meetings and resource reading in Jerusalem. The meetings will include briefings by A.I.D. and the Consular General and the Economic Officer from the Embassy in Tel Aviv, and representatives of CRS. The team, in consultation with the A.I.D. Representative, will develop a plan and a system for selecting activities for in-depth study and site visits. The team will begin site visits to projects by the end of the first week.

Weeks 2-3: Focus effort on site visits and interviews with subproject representatives and beneficiaries. The team will function independently with assistance from A.I.D. and CRS, arranging its own meetings, with the assistance of the A.I.D. staff. The team will make weekly progress reports to the A.I.D. Representative.

Week 4: At the beginning of the week, present a detailed oral briefing and outline of the evaluation report to the AID representative. Incorporate representative's comments, produce draft report (4 copies) and give to the A.I.D. Representative prior to departure from Jerusalem. Upon its return to Washington, the evaluation team will provide a copy of the draft report and an oral

briefing to AID/W representatives. A.I.D. will provide comments and input from the PVOs on the draft within 2 weeks of its receipt. The evaluation team will produce a final report within one week of receipt of A.I.D. comments.

VI. LOGISTICAL AND ADMINISTRATIVE SUPPORT

The contractor is responsible for all logistical support for the evaluation team and contracting arrangements with the Palestinian team members. Office space, transportation (vehicle, chauffeur, etc.), word processing, translation, typing, printing will not be provided by the A.I.D. office. Team members are advised to carry with them their own word processing equipment. The contractor is authorized to use funds provided in this PIO/T to secure adequate word processing and micro-computer support and to hire services as required.

VII. DELIVERABLES

The team will be responsible for producing an evaluation report that addresses the tasks presented in this scope of work. At the beginning of the 4th week, the evaluation team will present a detailed oral briefing and annotated outline of the evaluation report to the AID representative. The A.I.D. Representative will provide the evaluation team with comments on the outline. Based on these comments and at the end of the 4th week, the evaluation team will give the A.I.D. Representative 4 copies of the draft report.

Upon its return to Washington, the evaluation team will provide a copy of the draft report and an oral briefing to AID/W representatives. A.I.D. will provide comments and input from the PVOs on the draft within 2 weeks of the oral briefing. The evaluation team will produce a final report and deliver ten copies to the AID/W Program Coordinator within two weeks of receiving A.I.D. comments.

The contractor will provide AID/W with a disc containing the text of the report in Word Perfect 5.0 or 5.1.

The format for the report should conform to the following guidelines and will contain the following sections:

1. Basic (Project) Evaluation Sheet , part 2 (one page)

2. Executive Summary (3-5 pages, single spaced)

3. Contents/Main Text. (Maximum 50 pages single spaced)

Describe briefly the context in which the projects were developed and implemented. N.B. The impact of the Intifadah, the Gulf War and general operating constraints are well-documented. Therefore, the team should not devote more than 1-2 pages to background on these subjects). Divide the report into 3 sections: (1) Overall Management; (2) success, impact

of Rural Development III and recommendations relating to the follow-on project; and (3) success and impact of Life Cycle/Health Education and recommendations relating to the follow-on project.

Provide evidence and analysis which form the basis for conclusions and recommendations. The evaluators will clearly distinguish between their findings and their conclusions and the recommendations that follow. Appendices may include additional supporting analyses and data.

4. A short and succinct statement of conclusions and recommendations that are mutually supporting. When possible, recommendations should indicate who should take responsibility and when for the recommended action.

5. Appendices will include the following:

- a. Evaluation scope of work
- b. Logical frameworks and PPIs
- c. Description of the methodology used in the evaluation (e.g. indicators for measurement of impact)
- d. Bibliography of documents consulted
- e. List of person contacted/interviewed
- f. Other

References

1. Both Projects

Grant Agreement and relevant amendments

Logframe

Program Performance Indicators

Recent semi-annual reports

~~Relevant sector assessments or summaries~~

Proposed follow-on projects: Rural Development Capacity

Building and Village Health Services Coordinator

Training

2. Rural Development III

To be identified

3. Life Cycle/Health Education

Instruction manuals

Screening tests

Client records

Assessment forms

Weight charts

Record books

ANNEX B

PROJECT DESIGN SUMMARY LOGICAL FRAMEWORK

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

PROJECT TITLE & NUMBER LIFE CYCLE : HEALTH EDUCATION, 4D-004

Life of Project: 3 Years

From Feb.'85 to Jan.'88

Total US Funding: _____

Date Prepared: May 1, 1984

Revised : Nov.29, 1984

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>PROGRAM GOAL (A-1)</p> <p>Development of programs to improve the health status of Palestinians on the West Bank.</p> <p>B-1</p>	<p>Decreased rates of morbidity and mortality especially among infants</p> <p>Increased percentage of children showing adequate and consistent weight gain.</p> <p>Decreased number of low-birth-weight children.</p>	<p>Baseline, mid-project and post-project surveys.</p>	<p>Behavioral changes can be produced by Health Education .</p> <p>The program is seen as valuable to the villages.</p> <p>Village-teachers show adequate skills in teaching.</p>

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PURPOSE

VERIFIABLE INDICATORS

METHODS OF
VERIFICATION

ASSUMPTIONS

1. To assist Charitable Societies in creating awareness, increasing knowledge, positively influencing attitudes and fostering the adoption of appropriate preventative health behavior

A. Direct Contact

17,000 W.B. mothers have attended classes in the revised Health Ed. Program

Attendance records

12,000 of their children 0-5 have been weighed monthly.

Weight Charts

E-2.

750 pregnant mothers given counseling, screened for high risk, appropriate referrals made.

Follow-up and referral records.

900 newborns weighed, monitored for weight gain; assessed for risk, defects; appropriate referrals made

Home-visit reports

1000 underweight children, or failure to thrive children identified; mothers counseled; appropriate referrals made

Newborn and pre-natal weights

B. Collection of necessary background data-establishment of baseline

Analysis of behavioral aspects of situation

assessment of beliefs and values underlying the behaviors

That mothers continue to attend class and bring their babies for weighing.
That behavioral change can be measured and causality attributed to this project

PURPOSE	VERIFIABLE INDICATORS	VERIFICATION	ASSUMPTIONS
2. To institutionalize Health Education as part of the service of the Union of Charitable Societies	A. The Union of the Charitable Societies will be able to provide leadership, salary office space and transportation to 6 supervisors	Written agreements Expert assessment Budgets	That the Union of Charitable Societies will be able to administer and support the Health Ed. Program
	B. 200 villages through local societies will be able to maintain the cost of a village teacher; provide a classroom and needed equipment	Expert assessment Financial records On-site visits	That competent evaluators will be available That the Charitable Societies ascribe to principles of preventive health and education and non-medical health ed. teachers
	C. New villages will request of the Union of Charitable Societies to become involved in the Health Ed. Program	Record of new villages	That the political and security situation will allow the institutionalization of the Health Ed. Project

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Outcome

VERIFIABLE INDICATORS

MEANS OF
VERIFICATION

ASSUMPTIONS

1. Trained Staff

- A. Instructors responsible for teaching life Cycles of Health Ed. using a participatory approach will be trained
- B. Supervisors of village teachers
- C. Community Dev. Specialist

Expert assessment of adequacy of training in terms of content and individuals trained

Well-qualified staff can be recruited

2. Training

- A. Village teachers
25 new teachers are qualified to present Life Cycle material in 15 new locations
- B. Development of training and Inservice Programs for :
 - . Health Care Personnel
 - . Members of local Charitable Societies

Training records
Class attendance

That new villages are interested and meet criteria for inclusion

That candidates for training can be found

3. Standardized curriculum and materials

- A. Development of Life Cycle Health Education Curriculum for village teachers
- B. Development of appropriate media for instruction
 - . visual aids
 - . teaching aids

Evaluation of Expert in terms of effectiveness and applicability

That satisfactory materials can be developed and refined with relevance beyond the Grant and Gaza

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V-R

Outcome

VERIFIABLE INDICATORS

VERIFICATION

ASSUMPTIONS

4. District based service strategy and logistical support and salaries for Health Ed. personnel in the process of institutionalization

Coordination with village societies to insure consistent payment of salaries for village teachers

Response to workshops given

That local agencies can finance the program

Coordination with district programs to provide the supervisory base for the Health Ed. program

Budget records

That local agencies remain committed to the program

Coordination with in-country programs to provide administration, training and coordination of the Health Ed. program

5. Commodities system is congruent with program goals of :-

A commodity system in place that satisfies program's goals and local sensitivities

Existence of new system for commodity use

That commodities are needed by a segment of the W.B.

- Focus on greatest need
- Development of village:
 - .self reliance
 - .independence

That a system can be developed to identify and deliver commodities to these needy families

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EXAMPLE OF EVALUATION OBJECTIVES/INDICATORS AND INSTRUMENTS

G O A L	O B J E C T I V E S	I N D I C A T O R S	I N S T R U M E N T S
<u>INSTITUTIONALIZATION:</u>			
Local Agency has capability to take over Health Education Program	<p>Societies will show:</p> <ol style="list-style-type: none"> Admin. Capability to incorporate Health Education into their service structure The Unions will demonstrate the ability to supervise adequately the Health Education Program The Unions will show Financial Capability for supporting Health Education 	<ol style="list-style-type: none"> Hiring or replacement of necessary staff Provision of inservice training for supervisors Capacity of staff to recognize areas of weakness in village programs Village contact: how often; for what reason Problem solving ability 	Supervisory Records
		a) Ability to pay salaries	Account records
<u>TEACHER TRAINING:</u>			
Village teachers will possess adequate skills to teach effective lessons and produce positive changes in behaviour of village mothers	<p>Teachers will use:</p> <ol style="list-style-type: none"> Participatory techniques while teaching <p>Teachers will show</p> <ol style="list-style-type: none"> Ability to persuade A change of behaviour will be shown by the mothers 	<ol style="list-style-type: none"> Score on teaching scale Mothers are enthusiastic and eager for class Nutritious meals Presence of first aid kit Presence of toys for Children 	<p>Teacher rating scale</p> <p>Observation</p> <p>Discussion with mothers</p> <p>Observation in home</p>

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G O A L

O B J E C T I V E S

I N D I C A T O R S

I N S T R U M E N T S

WOMEN'S BEHAVIOUR:

Village women will demonstrate better health care techniques

1. Mothers will know how to make and administer ORS

a) Less seriously ill babies at rehydration Center

Demonstration making and use of ORS

2. Mothers will choose to breast feed rather than bottle feed

a) No. of mothers breast feeding vs bottle feeding

Interview

3. Mothers will obtain pre-natal care.

a) No. of mothers receiving pre-natal care

a) Records of visits

b) Weight of newborn i.e. Small for age, etc..."

b) Weight charts

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

PROJECT TITLE & NUMBER LIFE CYCLE : HEALTH EDUCATION, 4D-004

Life of Project: 3 Years

From Feb.'85 to Jan.'88

Total US Funding: _____

Date Prepared: Nov.29, 1984

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>PROGRAM GOAL (A-1)</p> <p>Development of programs to improve the health status of people living in the Gaza Strip.</p>	<p>Decreased rates of morbidity and mortality especially among infants</p> <p>Increased percentage of children showing adequate and consistent weight gain.</p> <p>Decreased number of low-birth-weight children.</p>	<p>Baseline, mid-project and post-project surveys.</p>	<p>Behavioral changes can be produced by Health Education</p> <p>The program is seen as valuable to the villages.</p> <p>Village-teachers show adequate skills in teaching.</p>

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LOGICAL FRAMEWORK

<p>NARRATIVE</p> <p>GOAL:</p> <p>Improve preventive health practices in 100 West Bank Villages</p>	<p>INDICATORS</p> <p>1. Infant mortality reduced to under 20 per 1,000 live births in the 100 villages reached.</p> <p>2. Iron deficiency anaemia in children below three years of age is reduced to less than 20%, and in pregnant women is reduced to less than 15%</p> <p>3. Dehydration in children below five is reduced to less than 2% in winter and 3% in summer</p> <p>4. Water-borne parasitic diseases reduced by 50% of original base-line level.</p> <p>5. Cases of Bercellosis (Maltese Fever) reduced by 50% of original base-line level.</p>	<p>MEANS OF VERIFICATION</p> <p>Periodic Surveys</p> <p>Village Health Committee and Health Workers' reports</p>	<p>ASSUMPTIONS</p> <p>West Bank villages do not suffer disease epidemics</p>
<p>PURPOSE:</p> <p>To increase the number of financially sustainable community-based health and sanitation service programs in 100 West Bank villages</p>	<p>100 new community health programs containing 100% cost recovery strategies are reviewed and funded.</p>	<p>Field visits</p> <p>Proposals and later Village Health Committees' financial reports</p>	<p>Intifada-related conditions and Occupation Authority responses do not drastically change</p>
<p>OUTPUTS:</p> <p>100 trainees' skills and knowledge in preventive health practices and community health program organization increased</p>	<p>100 health workers offer simple diagnostic procedures and referrals to 10,000 villagers every six months for ailments such as diarrhoea, parasitic diseases and under-nourishment by the end of the grant</p> <p>100 health workers are actively involved in the improvement of the village environment by organizing information and action campaigns by the end of the grant</p>	<p>Trainers' exams</p> <p>Clinic and village health workers records</p>	<p>Health professional working in the villages agree to support and complement the work of the trainees</p>
<p>INPUTS:</p> <p>Two regional trainers and six apprentice trainers develop and deliver 15 training modules to 100 trainees.</p> <p>Six Resource Centers assist in the formation of 100 Village Health Committees and Six Regional Health Coordinating Committees</p> <p>CRS/JWB recruits and hires required program personnel</p>	<p>Modules on advanced nutrition, child development, disease prevention, special programming etc. developed and 212 workshops given.</p> <p>100 Village Health Committee and six Regional Coordinating Committee agreements signed</p> <p>All staff in place by the third month of the grant</p>	<p>New training manuals</p> <p>Field visits</p> <p>Signed agreements</p>	<p>100 villages agree to continue supporting health educators' salaries during period of upgrade/training</p>

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IMPLEMENTATION DESIGN/EVALUATIVE COMPONENT

GOAL	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
1. Train 50 paravets in 2-year period.	<p>1. Design curricula for 4 month didactic and 4 month practicum in Veterinarian Assistance Techniques.</p> <p>2. According to attached <i>Appendix III</i>, conduct two training courses in year 1 and two training courses in year 2.</p> <p>3. Up to 50 paravets trained and functioning in paravet programs within 6 months after end of final training course.</p>	<p>Copies of Curricula available in CRS Office, Jerusalem.</p> <p>Attendance records, travel vouchers, records of stipend payments (paravets & practicum veterinarians.)</p> <p>Graduation records, village program records, salary and equipment vouchers, referral records.</p>	<p>Qualified veterinarian can be hired for curriculum design and instruction.</p> <p>Government of Israel permits training of paravets; West Bank and Gaza veterinarians accept paravets for practicum.</p> <p>Paravets finish course; Villages remain committed to village programs; West Bank and Gaza veterinarians cooperate in referral system.</p>
2. Mobilize local village organizations in 50 villages to recruit, support and place candidates for training.	1. Canvas villages in 3 Regions of West Bank and 1 Region in Gaza, advertise program and assist local leaders to select candidates and establish village program, according to program schedule.	Ag staff trip reports, signed village agreements, signed candidate agreements, village program plans submitted.	Villages' commitment to program is commensurate with stated survey attitudes.

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IMPLEMENTATION DESIGN/EVALUATIVE COMPONENT

GOAL	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
3. To establish co-operative networks for animal-care products & supplies procurement in at least 15 villages in West Bank and Gaza.	1. At <u>least</u> 15 villages have functioning co-operative structure within 6 months after end of final training course. 2. At least 10 of 15 villages have reported up to 10% savings in costs of animal-care supplies. 3. At least 5 villages have staged "village vaccination days" or similar co-operative effort under the leadership of the paravet.	Village records, interviews with villagers and paravets. village records, vouchers site visits by CRS/JWB agricultural staff on co-operative days.	Villages develop and maintain interest in co-operative concept. Bulk-rate and factory-direct prices are less than retail. As above; area veterinarians co-operate in referral system.
4. To establish, in at least 10 villages, co-operative networks for the administration of small loans from project funds for capital expenditures to improve animal production.	1. At least 10 villages have applied for and received loans for capital expenditures (improved breeding stock, food processing equipment, milk room equipment, etc.) 2. Loans have been repaid to 95% of schedule. 3. Revolving Fund activity continues at steady pace as new villages place paravets.	Loan applications Program records. Program records.	Village leadership develops and maintains interest in co-operative activity. Economy of rural West Bank/Gaza remains at least at present level.

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IMPLEMENTATION DESIGN/EVALUATIVE COMPONENT

GOAL	VERIFIABLE INDICATORS	MEANS OF VERIFICATION	ASSUMPTIONS
<p>5. Provide consultancy networking through other CRS/JWB programs such as Small Business Development, Rural Infrastructural Development, etc.</p>	<p>1. At least 5 new business ventures (egg selling, dairy products, etc.) are advised by Business Management Team by end of 2nd year.</p> <p>2. At least 5 requests for Infrastructural Development related to animal husbandry processed by end of 2nd year.</p>	<p>BMT record.</p> <p>RD records.</p>	<p>Economy of rural West Bank and Gaza is conducive to new business ventures.</p> <p>CRS/USAID approves related sub-projects.</p>
<p>6. Colate /Publish manual of animal health care e.g. "Where There Is No Vet."</p>	<p>1. Draft of manual completed by agricultural staff by end of year 1.</p> <p>2. Field test of manual by paravets local farmers.</p> <p>3. Manual published by end of year 2.</p>	<p>Draft in CRS office</p> <p>Test results in, revisions complete</p> <p>Manual in use.</p>	
<p>7. Provide successful trainees with basic supply kits for village programs.</p>	<p>Each graduate will receive a \$ 200 kit of equipment, supplies books and charts regarding veterinarian assistance techniques.</p>	<p>Vouchers from vendors and graduates.</p>	

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IMPLEMENTATION DESIGN (LOG-FRAME)

GOAL	OBJECTIVE	VARIABLE INDICATORS	ASSUMPTIONS
improve management capabilities of small/pro businesses on West Bank and in Gaza.	1. Establish 4-member Business Management Team: a. Business Manager b. Accountant c. Secretary d. Driver	Personnel hired; job descriptions indicate coverage of responsibilities.	Present personnel or acceptable replacements remain available. Economic situation in Occupied Territories remains at least as vital as at present.
	2. Review/assess requests for income-generating/agri-business projects (latter with Ag Staff)	Feasibility studies/project proposals written, submitted. (At least six in first year, up to 9 in second year).	Assumptions/perceptions of initial Small Enterprise Development study remain valid.
	3. Conduct Management training workshops for project holders.	Workshop curricula becomes part of program library.	Co-operation of local and foreign PVOs remains extant.
	4. Set up accounting systems and train project personnel in effective accounting.	Businesses are monitored for accountancy proficiency as requested/required.	
	5. Set up secretarial infrastructure and train secretarial staff for project holders.	As above.	
	6. Assist potential project holders in developing funding proposals for income-generating projects.	Local projects submitted to CRS/JWB in proposal form.	
	7. Gather/input data on income-generating small agribusiness and infrastructure projects.	Computer records of projects available to CRS staff	
	8. Act as resource center for small and micro-business personnel.	Library of information on small enterprise development access with other PVOs, other sources.	
	9. Act as conduit for small loans (not to exceed \$ 500 and on a revolving-fund basis) for project infrastructure development	Assessing project holders improve office equipments, accounts ledgers, or provide additional staff training.	

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THE INFRASTRUCTURAL DEVELOPMENT COMPONENT

Project Title : A 4 Year Rural Village Development Program in the Occupied territories of the West Bank and Gaza

Project No. JWB-4D-006

<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means of Verification</u>	<u>Important Assumptions</u>
<p>Specific Purpose (B-1)</p> <p>To improve the agricultural and /or health/ sanitation and/or education and /or the power sector(s) of 50 underdeveloped Arab West Bank and Gaza villages.</p>	<p>Conditions that will indicate purpose has been achieved: End-of-Project status (B-2)</p> <p>Rural Agricultural Sector :</p> <ul style="list-style-type: none"> - Linkage, Connection or improvement of 15 villages to fields and/or villages to main highways. <p>Rural Health/Sanitation Sector :</p> <ul style="list-style-type: none"> - Improvement in 4 villages outpatient health facilities. - 9 Villages provided with clean, running, drinking water. - Cleaner main streets and also vehicular circulation facilitated in 8 villages. <p>Rural Education Sector :</p> <ul style="list-style-type: none"> - Improvement in 8 villages primary school facilities. - Improvement in 6 village community facilities. <p>Rural Power Sector :</p> <ul style="list-style-type: none"> - Electrification or improvement in electrification of 7 villages or parts thereof. 	<p>(B-3)</p> <p>On site inspections. Written & Pictorial records in US Embassy Tel Aviv, CAS JWB & CAS NY Offices.</p> <p>Interviews with village & Military Gov't. & J.D. Gov't. (Social Welfare, health, Education & water dep'ts.) officials.</p>	<p>Assumptions for Achieving Purpose (B-4)</p> <ol style="list-style-type: none"> 1. That there will be peace & security (to a relative extent) in the area. 2. That local gov't officials want development of village and will provide cooperation. 3. That villagers want to develop their villages. 4. That villagers want to help themselves and work together.

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**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK FOR
THE INFRASTRUCTURAL DEVELOPMENT COMPONENT**

Project Title & Number: A 4 Year Rural Village Development Program in the Occupied territories of the West Bank and Gaza.

Project No.: JWB-4B-006

Narrative Summary	Objectively Verifiable Indicators	Means of Verification	Important Assumptions
<p>General Program or Sector Goals: The broader objective to which this project contributes: (A-1)</p> <p>Infrastructural Development of underdeveloped Rural Arab West Bank and Gaza Villages.</p>	<p>Measures of Goal Achievement (A-2)</p> <p>See improvement in one sector of the Infrastructure of 50 Rural Arab West Bank and Gaza Villages.</p>	<p>(A-3)</p> <p>Discussions with village officials</p> <p>On site inspections</p> <p>Ficterial and written records. </p> <p>US Embassy/Tel Aviv & CRS JWB Office.</p> <p>Discussions with military Gov't. officials</p>	<p>Assumption for achieving Goal Targets: (A-4)</p> <ol style="list-style-type: none"> 1. That the political security situation will allow CRS projects to take place. 2. That the Military Gov't. desires improvement of rural West Bank Villages. 3. That villagers want to improve their own villages and villagers are willing to help themselves.

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PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK FOR

THE INFRASTRUCTURAL DEVELOPMENT COMPONENT

Project Title A 4 Year Rural Village Development Program in the Occupied territories of the West Bank and Gaza.

Project No. JWB-4D-006

<u>Narrative Summary</u>	<u>Objectively Verifiable Indicators</u>	<u>Means of Verification</u>	<u>Important Assumption</u>
<u>Project Outputs: (C-1)</u>	<u>Magnitude of Outputs: (C-2)</u>	<u>(C-1)</u>	<u>Assumption for achieving Outputs: (C-4)</u>
- Village access roads	15 Village access roads	On site inspections	
- Village outpatient health clinics.	4 Village outpatient health clinics	Pictorial/written records in US Embassy Tel Aviv & CRS-NY & CRS-JWB offices.	1. That the Israeli Military Gov't. will approve the projects.
- Village drinking water delivery systems	9 Village drinking water delivery systems	Discussions with village officials & citizens.	2. That CRS will be able to travel freely in the area.
- Paved Village main streets	8 Paved Village main streets	Interviews with District Social Welfare Dep't. Officials.	3. That villages want to carry out the projects & will share costs.
- Village prim-schools/classrooms	8 Village prim-schools/classrooms		4. That the Health, Education and Water Dep'te. will approve the health clinics, schools/classrooms & water delivery systems respectively.
- Village Community centers	6 Village Community Centers		5. That local Gov't officials will provide cooperation.
- Village electricity systems.	7 Village electricity systems		
	Total: 57 projects improving 50 Villages	Local Newspapers articles.	
			<u>IMPORTANT CONSTRAINTS</u>
			1. Civil Disturbances incl strikes Demonstrations, etc.
			2. Military Curfews
			3. Changing political status of the area.

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Appendix 1

PROGRAM DESIGN SUMMARY

OBJECTIVE	PLANNED PROCEDURE	EVALUATION PARAMETERS
Select three agricultural implements to increase dryland production by improving harvesting and post harvesting methods and field conditions.	Five multicrowpers, three reaper-harvesters, and two rock pickers will be disseminated into the area.	Record performance of the machines and determine any required modifications. Also, list constraints of each machine and determine solutions.
Utilize agricultural cooperatives and individual farmers to assist in introducing the Increased Agricultural Productivity Program into the West Bank and Gaza Strip.	Two cooperatives and five private farmers will be selected to work with the machinery.	Determine the effectiveness of the two introduction methods by using a farmer survey in order to obtain farmer opinion.
Coordinate agricultural activities with agricultural implement dealers and farmers, through farmer information days and on the farm demonstrations, to further develop the private sector and meet farmers needs.	Two implement dealers will be selected to coordinate agricultural activities with farmers	Determine effectiveness of the agricultural activities by documenting increased demand for these farm implements
Increase agricultural activity in lesser developed areas in the Gaza Strip by establishing a CRS/Gaza Agricultural station	A Gaza Ag. station will be opened to service farmers.	Enumerate farmers who are involved with CRS activities to justify CRS' presence in the area.
Continue assessing current farming practices to determine additional machinery requirements for the area.	Traditional farming practices will be examined, and a list of machinery requirements will be constructed to address the farmer needs.	Enumerate additional machinery requested by farmers and additional machinery purchase to fulfill the agricultural needs

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APPENDIX 2:

TIME TABLE OF INCREASED AGRICULTURAL PRODUCTIVITY PROGRAM 1987

W H A T	W H E N	W H O (1)
Inquiries of farmers and local private volunteer organizations	January - March	Grealish , Sa'id
Multicropper modifications	March	Haddad
Multicropper manufacture	April	Haddad
Reaper-Harvester implementation schedule	April	Grealish, Sa'id Extension Agent, Khalil
Multicropper implementation schedule	May - July	Grealish, Sa'id Extension Agent
Rock-Picker manufacture	June	Haddad
Rock-Picker implementation schedule	June - December	Grealish, Sa'id
Assessment of additional agricultural needs	June - December	Grealish, Sa'id Extension Agent
Extension activities (Farmer information days and on the farm demonstrations)	April - December	Grealish, Sa'id Extension Agent, Haddad Khalil

(1) - William John Grealish , Project Manager Agricultural Specialist

- Issam Sa'id , Agricultural Mechanization Field Agent
- Ibrahim Haddad , Agricultural Machinery Manufacturer
- Khalil Musa , Agricultural Machinery Dealer
- Extension Agent , to be selected

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APPENDIX 3:

IMPLEMENTATION SCHEDULE 1967

Planned Activity	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
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Multicropper
Winnow-Thresher ;-----;

Reaper-Harvester (1) ;-----;

Rock-Picker (2) ;-----;

(1) The reaper harvester can be used throughout the year due to a variety of crops and multiple cuttings of crops such as alfalfa.

(2) The rock-picker can be utilized all year round due to farmers leaving sections of their fields fallow.

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CATHOLIC RELIEF SERVICES
PROGRAM PERFORMANCE INDICATORS

The CRS program in the West Bank/Gaza consists of two large grants. The first is in rural development and includes agriculture, small enterprise development, and infrastructure. The second, referred to as the Life Cycle/Health program, covers health education and aid to the handicapped.

For the Rural Development Program, purposes were identified for the Agriculture, Small Enterprise and Infrastructure component, as follows:

Agriculture:

<u>Objectives</u>	<u>Indicators</u>
To increase productivity in _____ of assisted villages	no. of dunams in cultivation
	percentage of increase in yield
	No. of dunums cultivated with new crop
	reduction in animal morbidity

Data Collection: CRS will establish a baseline by sampling a representative number of farmers in assisted villages. The sample will be undertaken by extension agents who work with the farmer. The same farmers will be resampled on an annual basis to measure increase in productivity.

Infrastructure:

To increase the number and improve the quality of basic services available and being maintained by village committees.	kms and % of roads still operating and well maintained (minimum potholes, good drainage, surfaced)
	no. and % of health clinics, schools, community centers staffed and fully operational (electricity, water)
	no. % of water and electricity systems still in operation
	no. % of villages in which fees collected for water and electricity installed by CRS cover cost of operations

THEME: 1000

Data Collection: Baseline data will be available from project documents. Annual or biannual follow-up visits will provide impact information.

CRS

Small Enterprise Activities: (mainly grants)

To generate income and employment in assisted villages

no. of enterprises assisted

no. of female enterprises assisted

rate of return on investment (per enterprise)

no. of jobs created

no. of grant-assisted enterprises operating after 5 years at break even or better

Data Collection: Number of enterprises assisted will be determined from project records. Other baseline data will be generated from site visits to these 15 activities before May 1990. Annual indicator information will be gathered by return visits.

Health:

To improve and upgrade the quality of health practices and general rehabilitation in 200 CRS assisted villages

% increase in no. of women reached by CRS health education

% increase in no. of CRS assisted handicapped children no longer requiring general rehabilitation services

increase in no. of patients treated by CRS supported health care facilities

Data Gathering Notes: Data will be routinely collected by health education workers.

CRS

Studies on impact of general rehabilitation services given by recently trained former health workers in 14 villages not available until at least February 1st, 1991.

Separate impact studies of ongoing general rehabilitation and health education in 155 villages ready by May 1990. Impact indicators to focus on health practices in CRS assisted villages by measuring rates of infant mortality, morbidity and disability of children of mothers attending CRS health education.

OUTPUT LEVEL INDICATORS (to be included in each semi-annual report)

RURAL DEVELOPMENT CENTER

I. Mechanization

Type of Machine	No. of village involved	No. of Machines purchased as result of intervention	Project to date	Past six months
1. Harvester/Binder				
2. Thresher				
3. Baler Machine				
4. Grape Juice				
5. Manure Spreader				
6. Rock Picker				

II. Irrigation

1. Type of System: Drip, Sprinkler, Canals
2. Number of farmers served
3. Numbers of dunams cultivated
4. Number of villages in which new crops introduced

III. Extension Service

1. Number of farmers attending
2. Number of farmers utilizing information 3 months later

CRS
OUTPUT LEVEL INDICATORS

IV. Income Generation

1. Number of Income Generating Projects Established
2. Number of persons employed
3. Number of families involved

V. Paravets

- 1.. Number of applicants screened
2. Number of candidates in training*
3. Number of candidates completed training*
4. Number of graduates utilizing training
obtaining income

* These Indicators are the most critical. The others could be dropped if reporting becomes too onerous.

CRS
SMALL ENTERPRISE DEVELOPMENT
OUTPUT INDICATORS
(to be included in semi-annual report)

Indicators	Last 6 months	Since bngg of project (year)	Since bngg of program (year)
# businesses assisted	5	17	
# grants made	6	15	
# people employed	19	24	
# people trained	38	72	
# feasibility studies conducted			
# total \$ value of grants			

RURAL DEVELOPMENT OUTPUT INDICATORS

Indicators	Last 6 months	Since bngg of project (year)	Since bngg of program (year)
kms markets roads con- instructed			
kms market roads improved			
# health clinics constructed			
# health clinics improved			

homes with water connections

homes with latrines

primary schools constructed

primary schools improved

community centers constructed

community centers improved

CRS
OUTPUT LEVEL INDICATORS

Indicators

homes with electric connections

businesses with electric connections

Agricultural Mechanization

demonstrations given for each piece of equipment

irrigation systems completed

farmer information days held

Small Business - Output Indicators

business assisted

grants made

people employed

HEALTH OUTPUT INDICATORS

<u>Output Indicators</u>	<u>Last 6 months</u>	<u>Since bgng project (year)</u>	<u>Since bgng program (year)</u>
# of villages with CRS sponsored health education			
# of villages with CRS sponsored health education and general rehabilitation for handicapped children			
# of villages health workers trained in community-based rehabilitation (CBR)			
# dehydrated children referred for treatment			
# underweight children referred for treatment			
# disabled children referred for treatment			
# of "high risk" pregnancies referred to clinic/hospital			
# of mothers who have completed the CRS primary health education course			
# of disabled children completing CRS rehabilitation program			
# rural clinics equipped by CRS			

ANNEX C

SELECTED BIBLIOGRAPHY

ANNEX C
SELECTED BIBLIOGRAPHY

In addition to reviewing all CRS West Bank/Gaza program proposals, all CRS six-month progress reports to AID, CRS project and sub-project files, and AID correspondence relating to CRS projects, the team consulted the following documents and books;

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- UNICEF. *The Strategy for the 1992-1994 UNICEF Program in the West Bank and the Gaza Strip*, UNICEF, Jerusalem, July 1992.

ANNEX D

SITES VISITED AND PERSONS INTERVIEWED

ANNEX D
SITES VISITED AND PERSONS INTERVIEWED

U.S. Department of State

William Harrop, U.S. Ambassador, Tel Aviv
Keith Weideman, Deputy Chief of Mission
Jake Walles, Desk Officer
Norman Olsen, Economic Officer, Jerusalem/West Bank
Molly Williamson, Consul General, Jerusalem/West Bank
Salah Sakka, Gaza Field Representative

U.S. Agency for International Development

John L. Champagne, NE/ME Office Director
Jack Winn, AG Office
Orion Yeandel, AID Contract Officer
Dorothy Young, NE/ME Project Officer
Diana Swain, NE/ME Desk Officer
Kristen Loken, WB/G PVO Officer
S. Suzanne Olds, Former JWB/G AID Representative

Civil Administration of Israel

Avraham Lavine, Ministry of Labor and Social Welfare
Dr. Theodore Tolchinsky, Director of Preventive Health, Ministry of Health

U.S. PVOs

Catholic Relief Services, Baltimore, MD.

John Donnelly, OPRM Director
Grace Hauck, Contract Administrator
Thomas Dart, Program Officer
William Canny, Deputy Director, Mid-East Region

Catholic Relief Services, JWB

Jonathan Evans, Director
Ann Johnson, Deputy Director
Hillary Terrazi, Gaza Office
Dr. Amin Shahin, Primary Health Care Training Consultant
Project and Administrative Staff

AMIDEAST

Bruce Stanley, Director
Amal Nashashibi, Health Specialist

ANERA

Lance Matteson, Director JWB
Ibrahim Mater, Program Director

CDP/ACDI

Thomas LeQuay, Director
Daoud Istanbaouli, Deputy Director
Joseph NesNes, Deputy Director

SAVE THE CHILDREN

Randall Harshbarger, Director

UNICEF

Chris Smith, Project Officer
Khalid Nabris, Project Officer (Health Education)

OTHERS**Palestine Hydrology Group**

Dr. Abdul Rahman Tamimi, Director

Economic Development Group

Dr. Hisham Awartani, Director

Ma'an Development Center

Sami Khader, Deputy Director

Palestine Agricultural Resource Center

Ismail Daik, Director

Rural Development Projects, Village Councils, and Mukhtars

Agricultural Access Road, Gaza
Al Arraqa Access Road, Jenin
Al Taybeh Retail Business
Anis Water Catchment, Jenin
Aqrabba Electrification Project, Nablus
Arrenneh Electrification, Jenin
Beit Sahour Retail Project, Bethlehem
Beit Jala Ladies Charitable Society
 Community Center
 Embroidery Center
 Sewing Factory

Charitable Society Egg Production Project Director, Gaza
Jericho Water Catchment, Drip Irrigation, Jordan Valley
Joureesh Interior Road, Nablus
Latin Patriarchate Olive Wood Project Director, Jerusalem
Maythaloona Harvester-Binder
Maythaloona PARAVET
Nassareeyah Water Catchment, Jenin
Rafah Village Council, Gaza
Ramallah Poultry/Egg Production Project
Tabour Greenhouse Project
Yasseed Interior Streets, Nablus
Zebdaloona Silo Project

Resource Centers and Health Sites

Bethlehem

Beit Jala Ladies' Society (Resource Center)
President
Supervisor
Social Worker

Jenin

Patients' Friends Society (Resource Center)
Dr. Abu Ghaleb, President
Dr. Ahman Al-Ruzeh, Deputy Director
Mrs Tamam Shalaby, CRS Supervisor
Haifa Irsheid, Trainer

Nablus

Union of Charitable Societies (Resource Center)
President

St Luke's Hospital, Nablus
Khalid Gian, Chief Accountant

Ramallah

Friends of Community Society (Resource Center)
Kamel Jbeil, President
Mrs. Vara Ahu Bhutb, Supervisor

Tulkarem

Dar El-Yateem (Resource Center)
President
Health Educator
Supervisor

Union of Charitable Societies, Jerusalem/West Bank
Dr. Amin Khatib, President

Union of Health Work Committees
Sufian MsHasha, Executive Director

Union of Palestinian Medical Relief Committees
Mustafa Barghouthi, MD, Chairman
Umairyah M. Khammash, MD, MPH
Jihad Mashal, Rehabilitation Specialist

Village of Aboud
Clinic established by Caritas, Medical Relief Committee and CRS
Amal Francis, Health Educator
Clinic nurse

Village of Beit Amar
Sara Hammoudeh, Health Educator
Mothers attending class

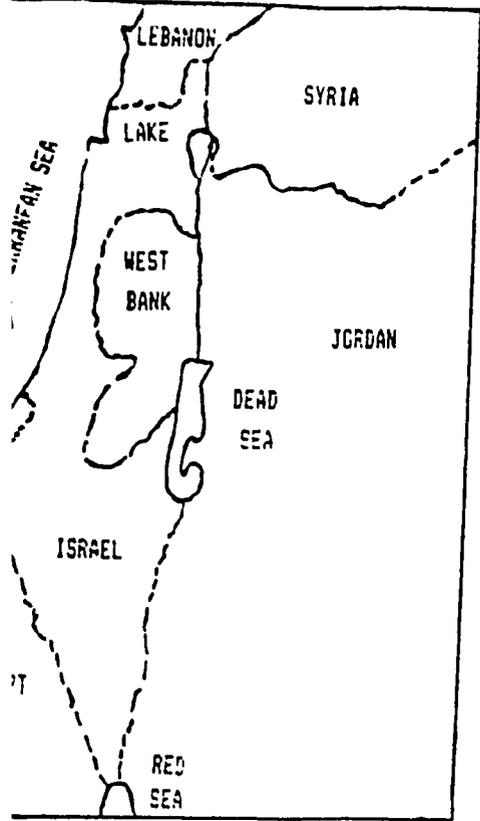
Village of Kufur Qallil
Health Educator
Mothers at Weighing Session

Village of Mughayer
Director
Bahieh Atiq, Rehabilitation worker
Sarah McPherson, physiotherapist (MAP volunteer)

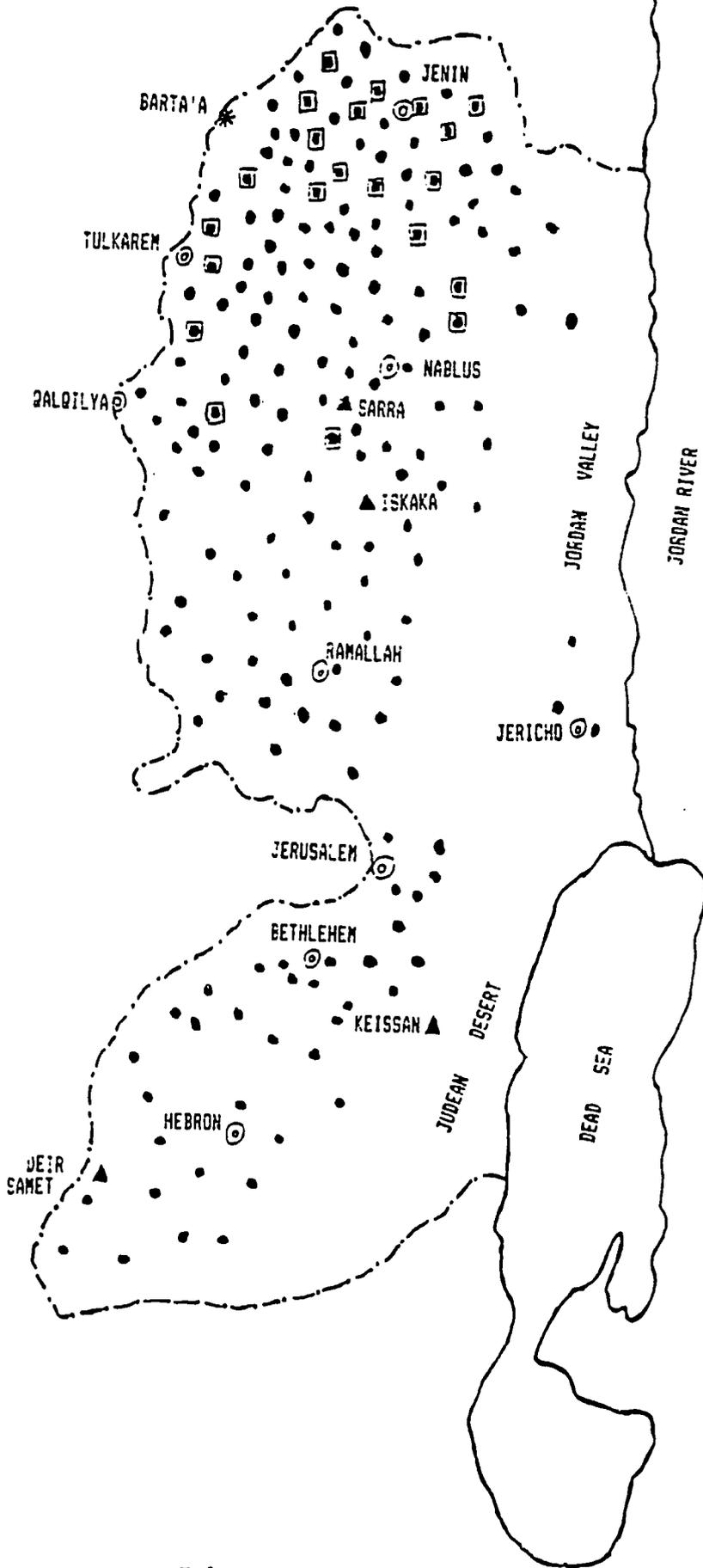
Village of Sarra
Dr. Nihad Halawi
Mr Afif Nablusi, Director of Nablus Charitable Society for Support of Medical Institutions of
Nablus

ANNEX E

SUPPLEMENTARY MATERIALS



WEST BANK Towns & Villages
reached by the CRS Life Cycle/
Health Education Project.

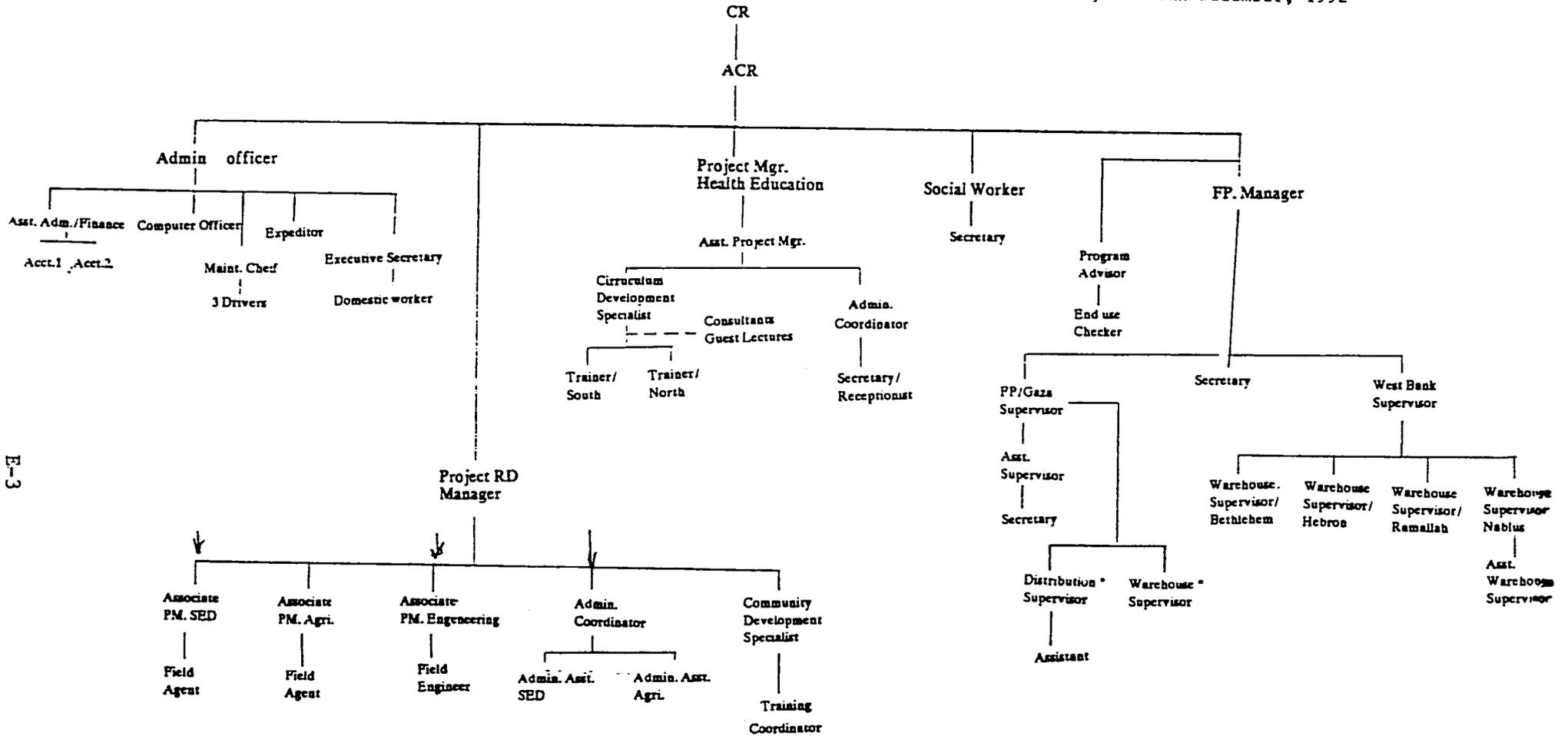


HASHEMITE KINGDOM OF JORDAN

- ◆ Village with CRS health education
- ◻ Village with health education and home-based rehabilitation
- ▲ Village with health education and clinic established by CRS
- * Village with CRS established clinic, health education and home-based rehabilitation
- ⊙ Major Town or City

ORGANISATIONAL CHART
CATHOLIC RELIEF SERVICES/JWB

May through December, 1992



* GOT/MSW Employees

BEST AVAILABLE DOCUMENT

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