

End of Project Evaluation
Matching Grant 1985-1989
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Dominica

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by

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GLOSSARY

ADRA	Adventist Development and Relief Agency
ADRA/D	ADRA/Dominica
A.I.D.	Agency for International Development
CHW	Community Health Worker
DIP	Detailed Implementation Plan
EOP	End of Project
G.O.D.	Government of Dominica
MG	Matching Grant
MOH	Ministry of Health
PHC	Primary Health Committee
PVO	Private Volunteer Organization

Section 1. BACKGROUND

1.1. The Evaluation

1.1.1. Purpose

This evaluation is a statement of ADRA's commitment to evaluation as a vital tool for assisting project staff and client partners to assess the value of their development efforts. Thus ADRA proposes to seek evaluation outcomes that will measure achievements, cost benefits, identification of strengths and weaknesses, the sharing of experience, provide for more effective planning, and measure progress toward project objectives.

It is also the purpose of this evaluation to comply with end-of-project requirements for ADRA's Matching Grant 2. Thus it will seek to determine project achievements in relation to its Logical Framework Matrix and provide recommendations on lessons learned for future reference. The evaluation is designed to be of primary benefit to project staff and partners in Dominica, as well as to regional and headquarters staff. It should also meet A.I.D. evaluation requirements as specified in the appropriate Matching Grant contract.

1.1.2. Approach

In the interest of providing timely, relevant information as economically as possible, the evaluation team, by mutual consent, chose the rapid, low cost data collection approach to this evaluation. There was a consensus that qualitative data rather than quantitative data would best be understood and applied by project participants while still responding to ADRA-A.I.D.'s more traditional reporting requirements.

The two principal methods used in the evaluation were: key informants and direct observations. Additional input was obtained through a review of pertinent documents and records on file at ADRA offices in Dominica, Miami and Washington. Evaluation team members visited four out of the five major community sites. Community and government representatives were interviewed and a final consensus on major conclusions and recommendations was developed on the final day of the evaluation.

1.2. History

1.2.1. ADRA/I Matching Grant Projects

In September of 1982, ADRA headquarters was awarded a centrally funded, three year, A.I.D. Matching Grant with the intent of carrying out integrated community pro-

gramming with emphasis on primary health care, child nutrition, food for consumption, and child spacing activities. Dominica was a part of this first grant (MG 1).

On September 12, 1985, ADRA signed a second Matching Grant contract (MG 2) for the period of July 1, 1985 - June 30, 1986 with \$435,000 in obligated funds. Three subsequent amendments to the original grant were approved as follows:

<u>Amendment</u>	<u>Date of Signature</u>	<u>Period of Obligation</u>	<u>A.I.D. Dollars Obligated</u>
01	8/11/86	7/1/85 - 6/30/87	835,000
02	5/22/87	7/1/85 - 6/30/88	1,265,000
03	3/21/88	7/1/85 - 2/28/89	No cost

1.2.2. ADRA/Dominica

The Adventist Development and Relief Agency (formerly Seventh-day Adventist World Service or S.A.W.S.) began its development activities in the Caribbean in the early 1950's. Early efforts were largely limited to relief endeavors with emphasis on commodity supported programs. A relatively recent example of this type of assistance was ADRA's intervention in Dominica after Hurricane David in 1979 with \$400,000 in assistance to rebuild 110 homes.

Recognizing the need for strengthening its developmental programming ability to meet the growing demands and necessities of its client country partners, ADRA applied to A.I.D. early in 1981 for assistance through its Matching Grant program. Approval was granted by A.I.D. in the Fall of 1982 for ADRA to implement a MG program in 17 countries. Five of these countries were Caribbean nations: Barbados, Dominica, Haiti, Jamaica, and St. Lucia.

ADRA was thus established in Dominica through the assistance of A.I.D. with funds obligated under MG 1. Project emphasis was on environmental health and sanitation in two target communities. ADRA signed a country agreement with the Government of Dominica (G.O.D) in August of 1983 and its first director was Mr. Malcom Cort who directed MG 1 and 2 projects until January of 1987.

ADRA and A.I.D. agreed to continue a wider replication of ADRA's MG 1 activities in Dominica. Thus a contract for MG 2 was signed in the Fall of 1985. ADRA Dominica was authorized to continue its successful environmental health and sanitation project in five new communities.

In January of 1987, Mr. Cort resigned as director and was replaced by Mr. Victor Ragoobar who has capably directed ADRA's affairs on the island for the past two years. With the experience gained from the two Matching Grant projects, ADRA Dominica is now in the process of planning a broader based community development outreach which

has the full support of G.O.D.

1.3. Relevant Policies

1.3.1. U.S.A.I.D./East Caribbean

U.S.A.I.D. does not maintain an office in Dominica. Its activities for the Eastern Caribbean are coordinated out of area and regional offices in Barbados, Trinidad and Miami. The A.I.D. development package for this region is largely bilateral with very little P.V.O. involvement. Its major focus is on economic policy with agriculture, education and health high on the list of development priorities.

U.S.A.I.D.'s Regional Development Strategy Statement (RDSS) is currently being revised and thus was unavailable for the purpose of this evaluation. Past RDSS focus was on economic policy reform based on the recognition that solid economic development in the region must be built on a healthy economy and that this can best be achieved through these reforms.

In the health sector, U.S.A.I.D. strategy has concentrated again on bilateral impacts with emphasis on strengthening government efforts to improve its health services delivery. In this context the ADRA Dominica project is well in tune with U.S.A.I.D. policy for the region. One of Dominica MG project's strengths has been its partnership with the Ministry of Health in both the provision of health services infrastructure as well as health education for participating communities.

1.3.2. Government of Dominica - Ministry of Health

Dominica has achieved considerable improvement in the level of public health over the past decade as evidenced in the decline of its infant mortality rate from 24.1 per 1,000 live births in 1977 to 13.9 in 1983. Unfortunately, the G.O.D. is still plagued by high incidences of typhoid fever, diphtheria, bacillary dysentery, tetanus and malaria. It also reports an incidence rate for yaws of 282.2 cases per 100,000 population, the highest rate in the East Caribbean. Tuberculosis and anemia are also common.

Dominica's health services can be characterized as substandard and inadequate to the needs of the population. Due primarily to a lack of equipment, supplies and transportation; many health facilities are in poor condition. Thus government policy, with limited resources has been to focus on the rehabilitation of government infrastructure and services as funds are available.

The MOH has manifested its grave concern over the high incidence of gastro-enteritis, typhoid and helminthic infestations. Hospital admissions of children under five years of age reveal a high proportion of gastro-enteritis (11.9%). Twenty-three percent of

the population does not have easy access to potable water. Severely limited resources have made it difficult for the MOH to achieve its objectives of providing adequate environmental sanitation infrastructure and educating the public on preventive health care measures.

Again, in this context, ADRA's Dominica project has been well in tune with the MOH's policy and has served to provide the government with services and infrastructure that otherwise would not have been available.

Section 2 ADRA DOMINICA INTEGRATED ENVIRONMENTAL SANITATION PROJECT

2.1. Strategy

2.1.1. Purpose

This project's original purpose under MG 1 was to improve the environmental health of two target communities: Grande Bay and Marigot. It was to be a cooperative effort between ADRA, the MOH and volunteers from the participating communities. The project was implemented using three integrated modules: health education in community schools, training of Community Health Workers (CHWs) and construction/use of environmental infrastructure - latrines and water supplies.

Project activities under MG 1 were appreciated by both host government and beneficiary communities to the extent of requesting an extension and expansion of the program under MG 2. This was approved in 1985 and extended to the communities of Layou, Mahaut, Massacre, Pichelin and Wesley. The same basic modules were continued from MG 1 to MG 2 with refinements in implementation based on lessons learned in MG 1.

2.1.2. Objectives

Matching Grant 1 objectives and MG 2 objectives (as expressed in their respective Logical Frameworks) were essentially the same. Outputs were grouped into three major areas of endeavor: (1) health education for students in the public school system; (2) training of Community Health Workers (3) environmental sanitation activities. A copy of the MG 2 Logical Framework Matrix is provided in Appendix A.

2.2. Achievements

2.2.1. Outcomes

While this evaluation found insufficient data to seriously measure project outputs

(the final KAP survey was canceled due to cash flow problems), project reports, and a mid-project evaluation by an external consultant demonstrate that significant concerns during MG 1 were:

- lack of baseline data to determine prime causes of gastro-intestinal disease
- coordination with government water services to avoid duplication of efforts
- latrine design
- delay in implementation

An End-of-Project (EOP) evaluation was conducted for MG 1 in Dominica early in 1986 and records shows that while serious attempts were made to address the above concerns, a misunderstanding over the obligation of project funds severely hampered project implementation. This problem (see Section 2.3) carried over into MG 2 with negative implications for the successful achievement of its proposed outcomes.

Although data collected for periodic reports could support a partial tracking of MG 2 project activities as compared to proposed outcomes, the cash flow problem alluded to in the previous paragraph made it impossible for project management to complete an EOP survey as planned. Without this survey it is impossible to properly assess the project outcomes and impacts against stated objectives.

The project's Logical Framework Matrix and outcomes-to-date are listed in Appendix A. Measurement of most of the indicators is impossible because the post test KAP was not carried out for lack of funds. Project records examined during the EOP evaluation provide reasonable evidence to conclude that the health education, CHW training, environmental sanitation, and water supply extension components were completed successfully. The one component that was not achieved was the administration of the KAP survey.

2.2.2. Impact

Interview of key informants during the EOP evaluation provided persuasive evidence of a positive overall impact of the Matching Grant projects. Both government and community leaders were clearly supportive in their assessment and appreciation for project outcomes. However, the EOP KAP survey would have provided a more objective analysis of project impact in target communities.

2.3 Key Issues: Strengths and Weaknesses

2.3.1 Programming and Service Delivery

START UP PROCEDURES: Project records reveal a significant gap between the

end of MG 1 and the initiation of MG 2. The project's total dependence on MG funds made it impossible for an orderly transition to take place. The abrupt cessation of activities brought on by the exhaustion of MG 1 funds and the lengthy time required for MG 2 funds to be obligated and transferred down the chain of command resulted in a serious delay in start up activities. Even though the contract for MG 2 was signed in the Fall of 1985, it was almost one year later before any meaningful project activity began to take place.

INFRASTRUCTURE: ADRA Dominica's ability to network this project with G.O.D. and community infrastructure has been outstanding. Supervision and technical support have been largely provided by government staff from the Ministry of Health while direct implementation in each community has been the function of CHWs trained by the project and selected as well as supervised by community Primary Health Committees. The effective utilization of existing government and community infrastructure has permitted ADRA/D to keep project staff to a full time director and a part time office person.

COLLABORATION WITH GOVERNMENT: ADRA/D's successful integration of project implementation with existing government infrastructure has laid the foundation for project sustainability. As outlined in the Dominica Matching Grant Working Model (see Appendix B), with the cessation of project activities, future government and community health interventions can still be achieved through the Primary Health Committee and Community Voluntary Workers trained by ADRA.

2.3.2 Management

ORGANIZATION OF AUTHORITY: Within ADRA International's organizational chart, (see Appendix C) ADRA Dominica responds directly to the ADRA East Caribbean area office with headquarters in Barbados. However, from project inception under MG 1 right on into MG 2, technical and funding control were exercised from the the next two higher offices (ADRA East Caribbean regional office in Trinidad and ADRA Inter-American regional office in Miami).

Communication, supervision and flow of funds for the project were hampered by four significant weaknesses in these offices during the life of the project: change of leadership, timeliness of communication, excessive workload and impractical banking and accounting mechanisms. These issues are charted in Appendix D.

Project management experienced repeated confusion over lines of authority and channels of communication. Directives and/or the lack there of from three different levels of administration (Washington, Miami and Trinidad) contributed to management's uncertainty over project funding and duration.

Project files do not contain a copy of the project contract nor of its subsequent

amendments. This lack of information has made it all but impossible for management to relate project outputs to changed time lines.

Additional confusion was generated by changes in leadership at all levels. The Inter-American regional director died in September of 1986 and was not replaced until May of 1987. Both the Caribbean and Dominica directors were changed during the life of the project. Furthermore, workload levels at the administrative offices allowed for very little time in the way of supervisory and technical, on site, support during the life of the project (a total of 5 visits are recorded between September of 1985 and September of 1988).

Finally, cash flow and accounting procedures were less than ideal with controls and mechanisms split between Washington, Miami, Trinidad and Roseau. The most persistent obstacle to successful project implementation was clearly cash flow. Funds were frequently unavailable for payroll and procurement with consequent negative impact on morale and DIPs.

PERSONNEL: Project staff during the life of the project were kept to just two people: project manager and secretary. This was made possible by a strong partnership between ADRA, the MOH and the Primary Health Committee (PHC). The evaluation committee felt that this was a project strength for it set the tone for project sustainability from the very beginning.

Neither of the two project managers (Malcolm Cort and Victor Ragoobar) had specific training in project technical areas (water quality assurance, liquid waste disposal, enteric disease etiology) when they were hired. However, both of them demonstrated a good grasp of project objectives, and exceptional skills in the interpersonal and organizational skills that were required to interface successfully with both government and communities. Mr. Ragoobar while acting as project manager has been pursuing a Masters of Public Health. The project has provided the opportunity of applying newly acquired academic skills in practical implementation requirements.

There is evidence that the Dominica Program Implementation Model worked well at all levels (ADRA Project Director, MOH personnel, PHC) with the exception of the CHW. The lack of a final KAP Survey as projected in the Logical Framework makes it difficult to know how many CHWs trained by the project are still active in community health activities. Evaluation interviews seem to indicate that pressing economic needs have forced most of these volunteers to seek paid employment outside of the community. This has limited their participation and effectiveness in community health endeavors.

FINANCIAL MANAGEMENT: A major impediment to sound project financial management has been the policy of keeping all project accounting at the ADRA East Caribbean office. Despite mid-term evaluation recommendations to the contrary, this practice has been continued right through to the end. Project management was unable to even get a monthly bank statement until late in the project, consequently it was

extremely difficult to manage project cash flow. There is abundant evidence that this state of affairs had a significant negative impact on project implementation.

Furthermore, MG 1 procured approximately \$ 70,000 U.S. dollars in goods and services beyond EOP. During most of the life of MG 2 it was unclear whether this expenditure would be accepted under MG 1. Since MG 2 was a continuation of MG 1, ADRA Inter-America held \$70,000 of MG 2 funds as a reserve in case these expenditures were not accepted under MG 1. These funds were not made available to the project until late 1988.

There is evidence that project funds were not advanced until the previous quarterly reports had made their way up the chain of command (project office to East Caribbean office to Inter-American office to Washington). This process was not a timely one, consequently project management was always in doubt as to whether the next draw down would arrive in time to meet project requirements. It was not until the project director established a more direct communication with Miami and Washington that some of these difficulties were overcome.

ADRA Inter-America has established a periodic regional audit of project accounts. The evaluation team was given to understand that an EOP audit is underway. At the time of the evaluation no report was made available. The team did not review official financial records since these were not available in Dominica. There is evidence that project management, for their own purposes, kept informal records of income and expense to keep the project within budget parameters. At the time of the evaluation the project was under spent by approximately \$ 25,000 US dollars.

2.3.3. Monitoring and Reporting

ADRA Dominica complied faithfully with required project quarterly reports. Many of the Logframe indicators were to be verified by the final KAP Survey. Unfortunately, funds were not available to complete this survey on schedule, consequently these indicators have not been verified.

2.3.4 Sustainability

SELF-RELIANCE: The project's strong reliance on MOH technical staff and volunteer staff from the community for project implementation successfully avoided the creation of a dependency on ADRA for project continuity. The evaluation team was impressed with the sense of project ownership evidenced in both government and community interviews. There was ample physical evidence of both collective and individual care and nurture of project infrastructure. Both public and private facilities built during the project were well cared for and extensively utilized.

LINKAGES: Good linkages exist between PHCs and MOH facilitators. ADRA's material resources have served to strengthen this linkage by providing the opportunity for both community and government to work together in achieving common goals. The major obstacle to future growth in this relationship will be the continued shortage of local resources. A missing linkage that the project did not address is that of providing the community with the knowledge and skills to access development resources.

2.4. Recommendations

2.4.1. Service Delivery

To: ADRA Headquarters

- (1) Start up funds should be generated from ADRA's own resources to assure smooth transition for projects that are a continuation of former projects as well as the timely start up of new projects. Lengthy delays in start up while awaiting donor obligation of project funds produce a negative impact on both beneficiaries and staff, to say nothing of the implementing agency's credibility with the development community at large.

2.4.2. Management

To: ADRA Regional and Country offices

- (2) Project directors should possess both professional and experience qualifications that will enable them to successfully manage a development project. Where this is impossible, close supervision and support must be available from more qualified personnel. While both the project directors on this project have given every evidence of achieving miracles with limited resources and minimal technical and management support, their task would have been greatly simplified if they had possessed previous experience in development project management or at the very least sufficient technical and supervisory support to see them through their baptism of fire.
- (3) Community Health Workers were the weakest link in this program, largely because of insufficient screening and evaluation in the selection process. It would seem that many were chosen more for their popularity rather than commitment and effectiveness in serving the community's health needs. Future projects with strong emphasis on CHWs should provide seek to have more input on selection as well as provide for more effective incentives and supervision in order to keep the CHWs actively involved.

- (4) **Project accounting should be on site. Project management is seriously handicapped when it does not have permanent, regular access to financial records. It not only deprives management of a vital decision making tool, but also negates the principle of participatory planning and administration.**

To: ADRA International

- (5) **Key project documents such as the contract and subsequent amendments should be copied to project management. It was very difficult for management to plan effectively without reference to these documents.**

APPENDIX A:

DOMINICA MG 2

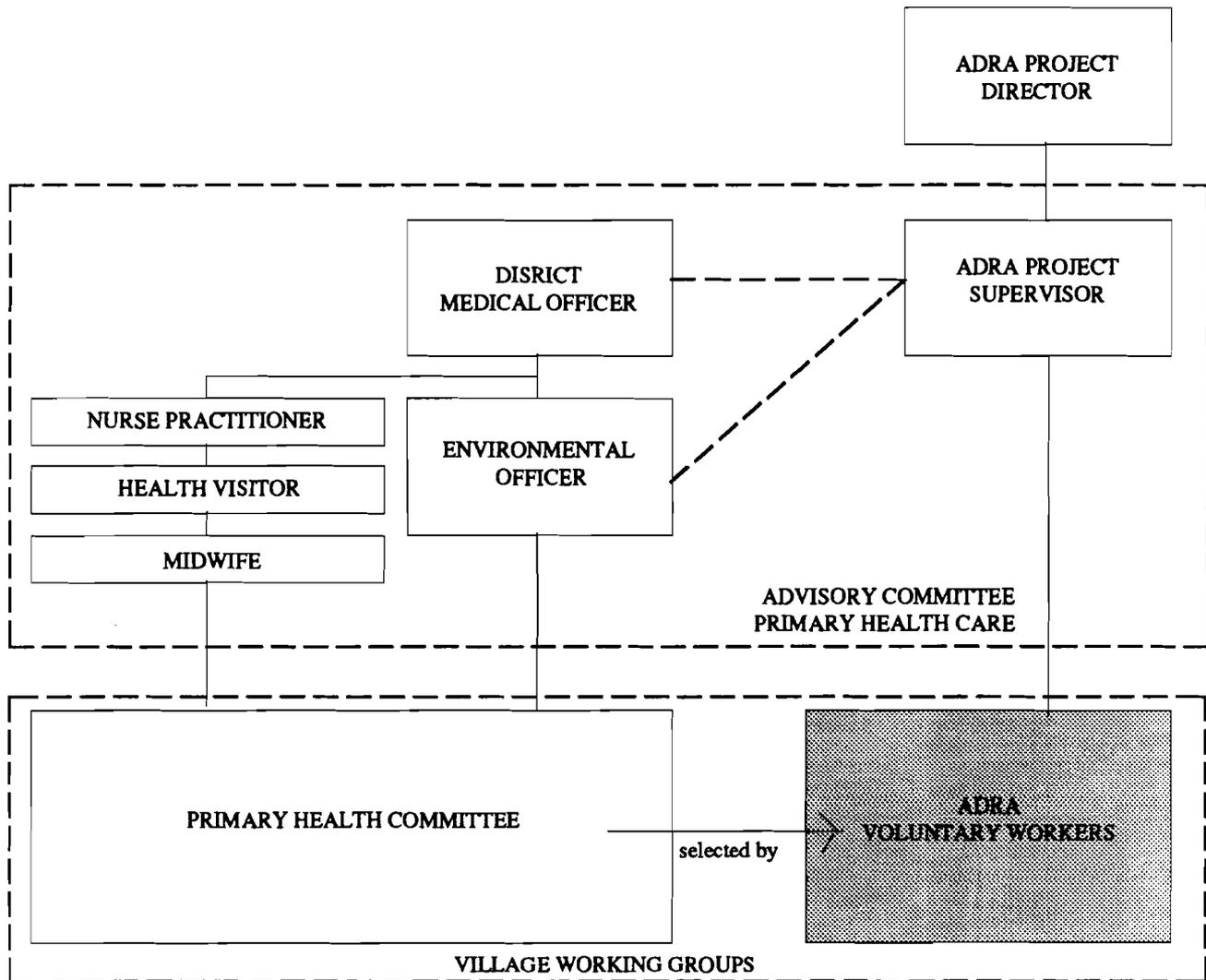
LOGICAL FRAMEWORK MATRIX

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
<p><i>Higher Goal:</i> To which the project purposes may contribute:</p> <p>Improved health status of the people of Dominica</p> <p><i>Project Purpose:</i> Improved health/well-being of mothers of child-bearing age (15-45) and young children (0-5) in the following target areas: <u>Villages</u> Mahaut Massacre Pichelin/Maranatha Layou Wesley</p> <p><i>Outputs:</i> 1. Health Education Component</p>	<p>Decreased national morbidity data</p> <p>50% decreased prevalence rates of typhoid, gastroenteritis and helminthic infestations by Dec. 1988</p> <p>1. 90% of all school students receive instruction covering: a. Transmission of waterborne diseases b. Personal cleanliness by Dec. 1988</p> <p>2. 60% of adults receive health instruction covering: a. Transmission of waterborne diseases b. Personal cleanliness c. The importance of cleanliness of the environment d. Methods of excreta disposal by Dec. 1988</p>	<p>Published statistics MOH's report</p> <p>Published statistics MOH's report</p> <p>Head Teacher's report</p> <p>Reports of Health</p> <p>Education Unit</p> <p>Independent evaluation</p> <p>Monthly report of CHW</p> <p>Pretest KAP</p> <p>Posttest KAP</p>	<p>No major epidemics</p> <p>Related components successfully completed</p> <p>No major epidemics</p> <p>Schools maintain support</p> <p>CHWs maintain support for program</p>

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	MAJOR ASSUMPTIONS
<p>4. Water supply and extension component established</p> <p>5. Follow-up KAP study completed</p>	<p>1. Improvement and extensions: Maranatha Square - 4 standpipes and 1 established spring</p> <p>2. Installation of 2 standpipes in Bottom Wesley by Dec. 1988</p> <p>Administration of KAP survey to communities involved in previous project by Dec. 1987</p>	<p>Constructions in place</p> <p>Monitoring of quarterly reports</p> <p>Posttest KAP</p> <p>Independent evaluation</p>	<p>Central Water Authority cooperation maintained</p> <p>Essential construction supplies remain available</p> <p>Local health teams and health committees maintain support</p>

APPENDIX B:
DOMINICA MATCHING GRANT
WORKING MODEL

ADRA DOMINICA MATCHING GRANT PROGRAMING AND SERVICE DELIVERY MODEL



APPENDIX C:
ADRA INTERNATIONAL
ORGANIZATIONAL CHART APPENDIX B:

APPENDIX D:
DOMINICA MATCHING GRANT 2
TIMELINE CHART

		1985						1986					
		SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Administrative Oversight		ADRA Inter-America Director, S. Gustavsson											
		ADRA East Caribbean Director, N. Modeste											
Project Management		ADRA Dominica Director, M. Hoyte											
Cash Flow											1st Wire transfer for \$13,000		
Major Events		AID Contract Signed 12th									Baseline complete,		Ammend. 01 Signed
Project Reports													Report No. 1 received
		SEPT	1986		NOV	DEC	JAN	FEB	MAR	APR	1987		AUG
Administrative Oversight		ADRA Inter-America Director, S. Cole											
		ADRA East Caribbean Director, N. Modeste											
Project Management		ADRA Dominica Director, M. Hoyte											
		ADRA Dominica Director, V. Ragoobar											
Cash Flow				2nd wire transf. \$ 29,000			3rd wire transf. \$6,000						
Major Events							3 mn backpay to M. Hoyte				Dr. Modesta visit, dedication Layou		Reorganiza-tion of proj. accts.
Project Reports				Report No. 2 received					Report No. 4 received	Ammend. 02 Signed			

		1987					1988						
		SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Administrative Oversight		ADRA Inter-America Director, S. Cole											
		ADRA East Caribbean Director, E. Griffen											
Project Management		ADRA Dominica Director, V. Ragoobar											
Cash Flow					4th. wire transf. \$ 15,000	1rst. bank statement to proj. dir.	5th. wire transf. \$ 15,000.	6th. wire transf. \$ 10,000			7th. wire transf. \$ 4,342.49		
Major Events	HQ audit		Visit by V. Griffen	Visit by S. Cole	Visit by K. Flemmer		Amend. 03 signature		Ragoobar prepares to close on sch.	Cole comm. extension to Feb. 89			
Project Reports					Report No. 7 received			Report No. 8 received					Report No. 9 received
		1988					1989						
		SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
Administrative Oversight		ADRA Inter-America Director, S. Cole											
		ADRA East Caribbean Director, E. Griffith											
Project Management		ADRA Dominica Director, V. Ragoobar											
Cash Flow			MG 2 IAD acct closed										
Major Events	Cole rescinds extension	Staff laid off; activ. ceased			EOP evaluation								
Project Reports		Report No. 10 received			Report No. 11 received								