PD-ABN-155

A.I.D. EVALUATION SUMMARY - PART I

IDENTIFICATION DATA

A. Reporting A.I.D. Unit:	B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan?	C. Evaluation Timing
USAID/NICARAGUA Evaluation Number:96/1	Yes X Slipped __ Ad Hoc __ Evaluation Plan Submission Date: FY: 95 Q:2	Interim X Final __ Ex Post __ Other __

D. Activity or Activities Evaluated (List the following information for project(s) or program(s); if not applicable list title and date of the evaluation report.)

Project No.	Project/Program Title	First PROAG or Equivalent (FY)	Most Recent PACD (mo/yr)	Planned LOP Cost (000)	Amount Obligated to date (000)
524-0327	**Decentralized Health Services**	1993	3/99	22,000	10,600

ACTIONS*

E. Action Decisions Approved by Mission Director - Actions Required:	Name of Officer Responsible for Action	Date to be Completed
See Attachment "A"		

APPROVALS

F. Date of Mission Review of Evaluation:

G. Approvals of Evaluation Summary and Action Decisions:

	Project Officer or Program Officer	Evaluation Officer	Representative of Borrower/Grantee	Mission Director
Name (Typed)	Sheila Lutjens	Paul Greenough		George Carner
Signature	[illegible]	[illegible]		George Carner
Date	7/9/96	8/30/96		9/4/96

ABSTRACT

H. Evaluation Abstract: The DHS Project's goal is to improve maternal and child health in Nicaragua. Its purpose (original project design) is to improve the management capacity; increase the effectiveness and access to the public health resources; and encourage the development of alternative sources of financing for health sector activities. The project is being implemented by: Management Sciences for Health (MSH) as the primary contractor with Development Group Incorporated as a Subcontractor; the immunization component is implemented by PAHO through a buy-in to the LAC regional project; and all project commodities are procured through a PASA with the USPHS. The methodology used for this evaluation consisted of review of project documents, interviews with persons involved in the design, monitoring and implementation of DHS Project-funded components. The purpose of the evaluation was to assess the continued validity of the original project design, recommend modifications in the design or mix of inputs and evaluate project strengths and weaknesses as well as progress to date.

The major findings and conclusions are:

- **Accelerated Start Component (ASC):** - The majority of the baseline studies required under this component were completed satisfactorily and on time. However, the Human Resources Assessment, executed by MSH, was not completed satisfactorily and therefore not accepted. This should be completed in order to identify and/or revise the training strategy and content .
- **Maternal Health and Child Survival Component (MH/CS):** - The 1994 and 1995 workplans lack specificity in terms of how the numerous activities cited plans will serve to address the priorities and objectives of the project.
  - No clear strategy for technical assistance or training was articulated but rather was inferred from the selection of activities and interventions. These activities are well documented however, the link between these activities and changes in service delivery and in turn, the impact on purpose level indicators is lacking. As a consequence, the assistance provided by MSH is not likely to meet the objectives of the component.
  - Activities directed towards the control of diarrheal disease and the management and treatment of ARI, appear to have been satisfactorily advanced. Activities in the area of maternal health particularly birth spacing, and nutrition education need further emphasis.
  - There has been controversy over the differing roles played by MSH and PAHO in child immunization activities and communications have been problematic.
  - Process for restructuring the MH/CS component should be pursued by MINSA, PAHO, USAID/Nicaragua, and the contractor as appropriate in a collaborative manner.
  - **Training and Information, Education and Communication Sub-component:**
  - Lack of a human resource data base for the health sector from which to develop a targeted training plan impedes DHS project-funded training effort. Despite this, a large amount of training was carried out due to special efforts by the training advisor to identify needs.
  - The Out of Country (OOC) training strategy appears to follow a demand driven approach tied to needs articulated by the SILAIS and therefore future training should be assessed as to its relevancy to DHS priority areas.
  - **Commodities and Logistics Sub-component:** - Work performed by the USPH/PASA and MSH is of high quality. The CIPS staff is knowledgeable and active in pursuing solutions to problems. However, training of field level warehouse personnel needs to be developed.
  - Stock-outs continue but are lower in the DHS project SILAIS. There is a high rate of family planning products stock-outs.
  - CIPS is satisfied with USPHS procurement except with respect to the price of US-source products.
  - A survey of warehouse conditions is needed.
  - Over-prescription perceived to be a problem by MINSA officials.
- **Alternative Sources of Finance Component:** - Limited progress to date. The planned studies should be executed as soon as possible in order to advance GON understanding of alternative financing options for the sector.
- **Management, Finance, and Decentralization Component:** -The products delivered to date meet the needs of MINSA as it pursues its financial management systems development and decentralization objectives.
- **Role of USAID/Nicaragua and MINSA:** USAID has not finalized the Monitoring and Evaluation Plan that identifies the activities to be undertaken, objectives, indicators, and means of verification necessary to determine progress.

COSTS

I. Evaluation Costs

1. Evaluation Team Name / Affiliation	Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U.S. $000)	Source of Fund
Rose M. Schneider Oralia Puente W. Timothy Farrell	524-0327 AEP-0085-I-00-3001-00	$71,749	Project

2. Mission/Office Professional Staff Person-Days (estimate):	3. Borrower/Grantee Professional Staff Person-Days (Estimate):
N/A	N/A

SUMMARY		
J. Summary of Evaluation Findings, Conclusions, and Recommendations (Try not to exceed three (3) pages) Address the following items: • Purpose of Evaluation and methodology used • Purpose of activity(ies) evaluated • Findings and conclusions (relate to questions) • Principal Recommendations • Lessons Learned		
Mission or Office: USAID/Nicaragua	Date This Summary Prepared: August 30, 1996	Title and Date of Full Evaluation Report: Nicaragua Decentralized Health Services Project Mid-Term Evaluation (04/96)

The Decentralized Health Services (DHS) Project supports USAID/Nicaragua's Strategic Objective concerned with improving maternal and child health, and is designed to complement the Ministry of Health's (MINSA) priority focus on improving the health of women and children.

An assessment of Nicaragua's health care system identified three major problems: the scope of services; the quality of services; and the excessive costs of the services. USAID/Nicaragua and the Government of Nicaragua (GON) agreed that the health care system could not be sustained without continuous major inputs of donor resources. The DHS project was fashioned to support MINSA to address this fundamental problem.

Nicaraguan maternal health and child survival (MH/CS) programs address preventable diarrheal and respiratory illnesses; provide immunizations for children and women of childbearing age; monitor growth and development of children; and provide maternal-prenatal, delivery, and postnatal care. The breadth of coverage is high and efforts are being made to improve the effectiveness of the care provided.

The DHS Project has as its core objective the improvement of maternal and child health in Nicaragua. This is to be accomplished by strengthening management capacity; increasing the effectiveness and access to the public health resources; and encouraging the development of alternative sources of financing for health sector activities. To accomplish the objectives, four components were designed into the DHS Project, which include: 1) Accelerated start component; 2) Maternal health and child survival component; 3) Alternative source of financing component; and 4) Management and financial decentralization component.

The purpose of the evaluation was to assess the continued validity of the 1991 project design, vis-avis the current needs of the Nicaraguan Ministry of Health and the recently revised Mission strategy and recommend any modifications in the desing or mix of inputs and evaluate the implementation of the project to date.

CONCLUSIONS AND RECOMMENDATIONS:

The DHS project is a complex set of inter-related components. Overall project performance has been mixed with some components achieving all their expected outcomes while others have had some delays or problems concerning quality of the products developed. Project management, by the Prime Contractor, has not adequately addressed these delays/problems in submitting required documents, completed reports and yearly workplans. These difficulties have at times overshadowed real progress in the project.

ACCELERATED START COMPONENT

This component conducts a series of studies to provide analytical underpinning for the project. Almost all the studies were completed according to plan and found acceptable. The studies that were satisfactorily completed on time are:

- Survey of Ongoing and Proposed Donor Activities
- Cost Containment and Cost Recovery Assessment Report
- Preliminary Analysis of the Financial Administration System for the Health Services of MINSA
- Assessment of the MINSA's Compliance with the Finance-Related conditions of its USAID PL480 Title III Agreement
- Assessment of Commodity Needs Study
- Tracking Systems for Commodity Study
- Financial Management System Report

Those that experienced some delays or redrafts are:

- ASC Activities Final Report
- Baseline Data Collection and Analysis for the Logical Framework

The Human Resources Assessment was not accepted. USAID determined that further revisions would not be productive.

Recommendation:

-MSH and USAID should consider whether the completion of the Assessment would serve current needs. If so, MSH should consider identifying and contracting for short term technical assistance to do this study.

MATERNAL HEALTH AND CHILD SURVIVAL COMPONENT

The principal strategy to attain the objectives of the DHS project is to increase the coverage and improve the quality of maternal-child services through the development and implementation of the MOH's integrated services for women and children. While significant progress has been made in implementing MH/CS activities within this framework of integrated care, it is not clear how these activities will lead to attainment of project objectives. A succinct MCH strategy has not been clearly articulated. In addition, the Prime Contractor has focused considerable attention on immunization activities as an entry point for provision of MH/CS services. While this is a valid approach, it has led to some confusion, overlap and disagreement in approaches for assessing immunization coverage and the type of training provided between the Prime Contractor and PAHO, principal implementing organization for the MOH immunization program. The issue for the project is not whether the Prime Contractor utilizes a sound approach but rather the overlap of roles. Major accomplishments under the MH/CS component include:

- Community surveys in targeted SILAIS to determine the nature and extent of health problems in each SILAIS.
- Development of a permanent registry for children to facilitate delivery of services in the Integrated Model.
- Development of a tracking/monitoring system to facilitate the continuous supply of priority medicines/contraceptives.
- Survey of 57 oral rehydration units in the SILAIS to assess location and availability of supplies and equipment.
- Development and testing of an investigative training methodology to improve the diagnosis and treatment of ARI was carried out in one project SILAIS (approximately 180 workers trained). Results were disseminated at a MINSA conference and will be replicated in the other project SILAIS.
- Investigation and analysis of maternal and infant deaths were carried out to identify priority interventions; workshops on family planning and the introduction of Depo-Provera; reviews of nutrition status monitoring tools used to measure child survival with MINSA led to growth chart revisions and staff re-training in its use; study of nutritional status in one SILAIS identified the vulnerable age where nutritional deficiency begins and where interventions should be directed, design and implementation of the necessary managerial tools to provide services in an integrated manner.
- Significant progress has been made in training key groups in the treatment of diarrhea and ARI, basic management skills and the financial management systems.
- The work performed by USPHS and MSH on the Commodities and Logistics Sub-Component has been of high quality.

Recommendations:

- MINSA and USAID should reassess what MH/CS activities are to be promoted in the four SILAIS. The restructuring of the component should emphasize the activities in the control of diarrheal diseases and the treatment of ARI that appear to have been satisfactorily advanced to date, and maternal health including birth spacing and nutrition education activities.
- The next workplan should identify what specific activities in the four priority areas will be undertaken in each of the SILAIS being supported by the four Technical Advisors.
- PAHO should have lead responsibility for implementing DHS-supported immunization activities. Those activities identified in MSH's contract should be coordinated with PAHO and MINSA.
- The annual training plan should reflect the requirements identified in the Human Resources Assessment that has yet to be completed. The proposed training activities should be developed in the context of a clear training strategy.
- The OOC Training Plan should demonstrate how the specific activities relate to project priorities.
- USAID/Nicaragua and MINSA should reexamine the need for an IE&C activity within the project.
- USAID/Nicaragua should request that USPHS work with MINSA to review the DHS project-funded

supplies and equipment requirements necessary to adequately support the MH/CS component through the life of the project.
- USAID/Nicaragua should coordinate with MINSA and the United Nations Family Planning Association (UNFPA) regarding shortages of family planning commodities.
- A survey of warehouse conditions should be undertaken before supporting MINSA's desire to decentralize the warehouse function.

ALTERNATIVE SOURCES OF FINANCE COMPONENT

This component has made limited progress to date with one study completed and on time. A total of four are planned (one per year). Whether this rate of progress is acceptable must be weighed against other project priorities and the political climate for alternative financing in Nicaragua.

Recommendations:

- USAID/Nicaragua in consultation with MINSA and Ministry of Finance should reassess the validity of the studies currently programmed to be executed in the ASFC.
- Consideration should be given to having the studies be managed by a series of short-term advisors. However, overall management of this component should remain with MSH.

MANAGEMENT, FINANCE AND DECENTRALIZATION COMPONENT

Progress towards the objectives of this component has been systematic and sustained. The products delivered to date meet the needs of MINSA as it pursues its financial management systems development and decentralization objectives.

Recommendation:

- Activities concerned with the installation of the FMS being supplied by other donors should be monitored by the DGI consultant to ensure that no deficiencies occur.

MANAGEMENT OF THE PROJECT BY MSH

While substantial progress has been made on most of the project components, some deficiencies may be due to the assignment of too many tasks to the Chief of Party (COP), in particular, the ASC and AFSC components. Although responsibility for performance still rests with the contractor, the acceptance of too many tasks can be responsible for project performance problems. Monitoring systems are in place to measure overall project progress through annual reports and workplans.

Recommendations:

- The new members of the the MH/CS contractor team must take part in the assessment of the problems facing each target SILAIS, helping to determine and design SILAIS-specific activities.
- USAID/Nicaragua should request that MSH augment its management systems.

DONOR COORDINATION

There is a need for more effective and increased donor coordination.

Recommendation:

- USAID/Nicaragua should consider dropping the Covenant in the Project Agreement to create a National SILAIS Commission with a National Coordinator, given the existence of three other mechanisms in MINSA to perform coordination functions.

ROLES OF USAID/NICARAGUA AND MINSA IN THE PROJECT

Recommendation:

- In order to systematically monitor the project, USAID/Nicaragua should upgrade the monitoring and evaluation plan.

ATTACHMENTS

K. Attachments (List attachments submitted with this Evaluation Summary; always attach a copy of the full report.)

The full evaluation report is attached: ***Nicaragua Decentralized Health Services Project / Midterm Evaluation***

COMMENTS

L. Comments by Mission and Borrower/Grantee on Full Report

In the initial team briefing, the Mission stressed the importance of clear statements of findings, leading to conclusions and very specific recommendations that the Mission could act upon. We also provided a pamphlet from a USAID workshop on clear writing. The Mission was therefore disappointed in the extensive use of tentative language (could, might, perhaps) and the passive voice,which weaken the report.

The Contractor's long delay in finalizing the report also detracted from its usefulness.

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ATTACHMENT 1

CONCLUSION	RECOMMENDATION	MISSION ACTION
The Human Resources Assessment (HRA) -executed by MSH- has not been completed.	Determine whether the completion of the Assessment would serve current needs.	Revise MSH contract to include the design and implementation of a study of the knowledge and self-reported attitudes of health workers which will serve to revise the training content/strategy. Completed by June 30, 1996
The MH/CS 1994 and 1995 workplans lack specificity in terms of how the numerous activities are linked to the priorities of the project. There is no clear strategy for TA to the MCH component	Reassessment of MH/CS activities to be promoted in these SILAIS. The restructuring of the component should emphasize the activities in the control of diarrheal diseases and ARI, maternal health (including birth spacing and nutrition education).	1996 workplans have taken into consideration the increased emphasis in the priority areas and revised to clearly articulate the link between activities and priorities and will provide the strategy for TA. DHS project re-design reflects this increased focus.
No clearly defined training strategy has been provided and contractor uses a demand driven approach for OOC training. Reassess utility of an IEC campaign.	Training plans should reflect requirements identified in the HRA. Demonstration of how OOC training relates to DHS project priorities and reexamine need for an IEC activity.	Training strategy/content will be revised after KAP study. OOC training is deleted under the DHS project. Contract requirements for an IEC campaign have been deleted.
No clear definition on PAHO and DHS role/responsibility on child immunizations.	PAHO should have lead responsibility for implementing DHS-supported immunization activities.	Mission revised Prime Contractor SOW to delete immunization activities except for the continuation/promotion of a permanent registry for children. Direct Grant with PAHO in lieu of a buy-in to the LAC regional EPI project.
The "Alternative Sources of Finance Component" has made limited project.	USAID, MINSA, and MIFIN should reassess validity of studies currently programmed. Consider to have the studies managed by short-term study managers under MSH's lead.	This component/activities under the DHS project and Prime Contractor has been deleted.
Need for increased donor coordination.	Consider dropping the Covenant in the ProAg to create a National SILAIS Commission with a National Coordinator.	Mission to take the lead in increasing and maintaining efforts for coordination through regular meetings with MINSA and donors.
USAID has not finalized the Monitoring and Evaluation Plan that identifies activities to undertake, objectives, indicators and means of verification necessary to determine progress.	USAID should upgrade the Monitoring and Evaluation Plan.	COTR monitoring and evaluation plan revised on completion of 1996 workplans (June 5, 1996)