



EVALUATION

OF

PRIME II

EXECUTIVE SUMMARY

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ACRONYMS AND ABBREVIATIONS

ACNM	American College of Nurse-Midwives
ADOPLAFAM	Asociación Dominicana de Planificación Familiar
CA	Cooperating agency
CHPS	Community-based Health Planning and Services (Ghana)
COPE®	Client-oriented, provider-efficient services (EngenderHealth)
CTO	Cognizant technical officer
DFID	Department for International Development (United Kingdom)
ECSACON	East, Central and Southern African College of Nursing
FP	Family planning
FY	Fiscal year
GHS	Ghana Health Services
GRMA	Ghana Registered Midwives Association
GTZ	German Technical Cooperation
HIV/AIDS	Human immunodeficiency virus/acquired immune deficiency syndrome
HPSP	Health and Population Sector Program
INTRAH	Program for International Training in Health
IPPF	International Planned Parenthood Federation
IR	Intermediate Result
IUD	Intrauterine device
MAARD	Modified Acquisition and Assistance Request Document
MOH	Ministry of Health
NGO	Nongovernmental organization
NIPHP	National Integrated Health and Population Program
PAC	Postabortion care
PAQ	Partenariat pour l'amélioration de la Qualité
PATH	Program for Appropriate Technology in Health
POPTECH	Population Technical Assistance Project
PROSAF	Integrated Family Health Program
PSI	Population Services International
RH	Reproductive health
STI	Sexually transmitted infection
TBA	Traditional birth attendant
TRG	Training Resources Group
UNC	University of North Carolina
UNFPA	United Nations Population Fund
URC	University Research Co., LLC
USAID	United States Agency for International Development
WHO	World Health Organization

EXECUTIVE SUMMARY

BACKGROUND

The purpose of this evaluation was to assess the performance of PRIME II and to provide guidance to USAID regarding the design of future projects. The final evaluation was undertaken with approximately one year remaining in the cooperative agreement.

In September 2003, an evaluation team consisting of four senior professionals was assembled by the Population Technical Assistance Project (POPTECH) to conduct the evaluation. The team's skills and experience include preservice and inservice training, clinical practice, management, policy and strategic planning, information technology, measurement and evaluation, and intimate knowledge of and experience with the U. S. Agency for International Development's (USAID) organization and operations in the United States and abroad.

A standard evaluation process was followed, including

- reviewing key project documents, including a self-assessment prepared by the PRIME II staff, which detailed specific project results;
- soliciting feedback from all countries in which PRIME II has worked through an e-mail survey, to which 12 USAID Missions responded;
- conducting telephone interviews with Missions, partners, and other stakeholders;
- visiting and attending briefing meetings with USAID/Washington staff and PRIME II headquarters staff in Chapel Hill, North Carolina; and
- visiting subprojects in four countries, one each in Africa (Ghana), Asia (Bangladesh), Eastern Europe (Armenia), and Latin America (Paraguay).

THE PRIME II PROJECT DESIGN

PRIME II is implemented under a five-year cooperative agreement by IntraHealth International, Inc., and four partners: Abt Associates Inc., EngenderHealth, Program for Appropriate Technology in Health (PATH), and Training Resources Group (TRG). In addition, the project includes two associate organizations: the American College of Nurse-Midwives (ACNM) and Save the Children. PRIME II was preceded by PRIME I, which was a five-year contract.

The PRIME II agreement included a one-year base period and a four-year option period. The base period was effective beginning September 30, 1999, and was authorized at a funding level of \$15,228,411. The option period was effective October 1, 2000, and ends September 30, 2004, at a funding level of \$88,167,768. Funding for PRIME II through fiscal year (FY) 2003 includes the following:

Core	\$30,542,000
Field Support	<u>39,519,241</u> (both committed and obligated)
Total	\$70,061,241

Strategic Objective and Intermediate Results

PRIME II contributes specifically to the **strategic objective** of the Training Results Package of the Bureau for Global Health, Office of Population and Reproductive Health, “Improved provider performance and sustainable, national systems for training and education in family planning and reproductive health.”

PRIME II’s **Intermediate Results** (IRs) include

- IR 1: Strengthened preservice education, inservice training, and continuing education systems
- IR 2: Improved management support systems for training
- IR 3: Improved policy environment for training
- IR 4: Better informed and empowered clients and communities

The overall goal of the cooperative agreement is to improve family planning and other reproductive health care services that primary-level service providers offer their clients. The clear focus is on **improving provider performance**, not just improving provider skills. Primary providers include all levels of service providers (i.e., those who work directly with clients in order to deliver reproductive health [RH] services, including family planning [FP], HIV/AIDS, maternal health, and postabortion care [PAC]).

PRIME II currently divides its portfolio into four **technical leadership areas**:

- responsive training and learning,
- performance improvement,
- postabortion care, and
- HIV/AIDS and family planning integration.

Desired Project Results

PRIME II was designed to improve primary provider performance by addressing key constraints to performance through targeted interventions. The project was meant to address both knowledge and skills gaps (with training and learning interventions) and other gaps in the enabling environment, such as policy and protocols, supportive supervision, and integrating consumer perspectives.

Performance Improvement Methodology

The project was designed to evolve the performance improvement approach and its potential for efficacy in a variety of low resource settings. PRIME II followed a process that usually began with stakeholders’ meetings to define desired performance and

collaborative performance needs assessments to identify gaps between desired and actual performance. Project staff worked with host country ministries of health and other organizations to identify and develop interventions to close performance gaps.

While PRIME's focus is on outputs (i.e., improving provider performance by addressing key constraints to good performance), the performance improvement approach often involves work at all levels, from policy and planning to the lowest cadre of service providers. PRIME attempts to address both training/learning and nontraining issues (such as supportive supervision, logistics, supplies, and equipment).

KEY FINDINGS

- PRIME's performance under the cooperative agreement has been strong, as has that of its partner organizations (Abt, PATH, EngenderHealth, and TRG). This performance has been aided by the excellence of the PRIME partnership itself, which has been purposefully established and nourished throughout the PRIME II period. It should serve as a model for future programming.
- USAID Mission receptivity has been high, field support funding totals more than half the overall budget and has increased annually, and praise for PRIME's work has been plentiful.
- Near the outset of the fifth and final year of the cooperative agreement, PRIME is on schedule to accomplish nearly all of the items in its performance monitoring plan. Because of its exceptionally well organized monitoring and evaluation system, PRIME is able to document results in nearly all 85 activities in 26 countries.
- In the past four years, PRIME has trained and supported an estimated 115,000 health care providers and trainers and has monitored the outcomes of training in terms of actual performance.
 - In Kenya, 81 percent of 1,600 PAC clients were counseled for FP and half of those counseled left with an FP method.
 - In Rwanda, 85 percent of 1,167 pregnant women that were counseled accepted an HIV test.
 - In India, 90 percent of 6,948 traditional birth attendants (TBAs) were found to be performing to standard.
 - In Ghana, self-directed learning and monthly meetings increased midwives' performance in client-provider interaction from 54 to 77 percent.
 - In Benin, knowledge and performance scores in the areas of sexually transmitted infections (STI), safe motherhood, and infection prevention improved significantly.

- Provider performance in FP in Paraguay increased from 32 to 73 percent in less than a year.

Numerous other findings are already available and others will be forthcoming during the next project year.

- PRIME worked in more than 12 countries to develop national policies, protocols, and standards leading to performance expectations. There are indications of improved performance in supervision in India, Senegal, Kenya, Ghana, Armenia, and Rwanda, among others.
- Significant progress towards sustainability in training capacity has been made: national standards and procedures (Bangladesh, Mali, Rwanda); large-scale decentralized training (El Salvador, Tanzania, Bangladesh); training curricula (Paraguay, Uzbekistan, Ghana); quality training and practicum sites (India, El Salvador); and fostering linkages (East, Central and Southern African College of Nursing [ECSACON], Ethiopia postpartum hemorrhaging, Armenia, Tanzania zonal training center).
- PRIME has improved management systems in support of the primary provider, including identifying performance gaps and associated factors (28 performance needs assessments); improving infrastructure and supplies (Armenia, Honduras, El Salvador); supportive supervision and information systems (Kenya, Ghana Community-based Health Planning and Services [CHPS], Bangladesh); and cost-containment and cost-sharing approaches (Ghana, Honduras).
- PRIME has improved policies and guidelines to increase quality and accessibility through national RH policies (Paraguay, Armenia, Rwanda); national protocols to ensure evidence-based best practices (Benin, Bangladesh, Tanzania, Uzbekistan); and inserting new technical content into guidelines and protocols (STI/HIV, gender-based violence, female genital cutting, active management of the third stage of labor).
- PRIME has increased client satisfaction and the quality, access, and use of FP/RH services through incorporating consumer perspectives (Dominican Republic Asociación Dominicana de Planificación Familiar [ADOPLAFAM]) and fostering consumer-provider partnerships (Uganda and El Salvador adolescents, Rwanda Partenariat pour l'amélioration de la Qualité [PAQ] and mutuelles).
- Acting on USAID/Washington's suggestion, INTRAH/University of North Carolina (UNC) took what appears to be effective action to remove several severe administrative and fiscal constraints associated with its ties to the UNC system. The new entity, IntraHealth International, emerged on July 1, 2003, as a private, nonprofit institution able to manage its own personnel, contracting, funds receipt, accounting, reporting, and other administrative functions.

- PRIME II has assembled an impressive portfolio of field projects that have been strategically selected primarily for their potential impact and scalability. Due to numerous factors largely beyond PRIME's control, many of these will not have reached their full potential by the scheduled project end date (September 2004). It is incumbent upon PRIME and USAID to seek ways to ensure that investments to date will not be lost, and that some way will be found to continue support to key programs having significant potential for real impact.

COMPONENTS OF PRIME II TO BE PRESERVED FOR THE FUTURE

For the remainder of PRIME II as well as for the next three to five years, USAID and IntraHealth need to consider ways to safeguard several important components of PRIME II. While there are many positive aspects of PRIME's work, there are six that are seen as most important to preserve and to continue:

- focus on the primary provider;
- key project activities that have potential for major impact, either in the countries in which they are being implemented or for wider application across countries and regions;
- performance improvement/performance needs assessment;
- monitoring and evaluation;
- blended/self-paced learning approaches; and
- the PRIME II partnership model.

No basic changes should be made to the present project design as it is well conceived and has served its objective well.



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