

UNCLASSIFIED  
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## PROJECT EVALUATION SUMMARY (PES) - PART I

PDB 809

Report Symbol U-447

<b>1. PROJECT TITLE</b> African Child Survival Initiative- Combatting Childhood Communicable Diseases in Lesotho.			<b>2. PROJECT NUMBER</b> 698-0421.32	<b>3. MISSION/AID/W OFFICE</b> USAID/Lesotho, AFR/TR 632-86-7
<b>4. EVALUATION NUMBER</b> (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY)				
<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION				
<b>5. KEY PROJECT IMPLEMENTATION DATES</b> A. First PRO-AG or Equivalent FY <u>84</u> B. Final Obligation Expected FY <u>88</u> C. Final Input Delivery FY <u>88</u>	<b>6. ESTIMATED PROJECT FUNDING</b> A. Total \$ <u>884,200</u> B. U.S. \$ <u>648,900</u>	<b>7. PERIOD COVERED BY EVALUATION</b> From (month/yr.) <u>5/84</u> To (month/yr.) <u>7/86</u> Date of Evaluation Review <u>7/86</u>		

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR		
A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
<b>HIGH PRIORITY RECOMMENDATIONS:</b>		
1. <u>To review, amend and approve the 5-Year Plan for EPI. The Plan of Operations for Accelerated EPI/MCH activities 1987-1990, was signed by the Principal Secretary in March 1987.</u>	UNICEF (Mogwanja), MOH (Borocho).	March 1987.
2. <u>To re-sensitize nurses to identify disease outbreaks. CCCD organized training of nurse clinicians and CCCD trainers to carry out outbreak investigations, especially for measles, with assistance from a CDC/IHPO medical epidemiologist.</u>	CCCD/Lesotho (Nelson, Gittelman), CDC/IHPO.	November 1986, followup late 1987.
3. <u>To train nurses to record vaccination status of measles cases. CDC-IHPO medical epidemiologist included vaccination status on newly-designed measles outbreak form, introduced to nurses during continuing education workshop.</u>	CCCD/Lesotho (Nelson), CDC/IHPO (Rosenblum, Jones).	November 1986.
4. <u>To make a decision concerning an oral rehydration policy. Policy and workplan to implement its provisions was adopted in principle in March 1987.</u>	CCCD/Lesotho (Gittelman); MOH/CDD (Monoang).	March 1987.

(Continued in Annex A)

<b>9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS</b> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Project Paper</td> <td><input checked="" type="checkbox"/> Implementation Plan e.g., CPI Network</td> <td><input type="checkbox"/> N/A.</td> </tr> <tr> <td><input type="checkbox"/> Financial Plan</td> <td><input type="checkbox"/> PIO/T</td> <td><input type="checkbox"/> Other (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Logical Framework</td> <td><input type="checkbox"/> PIO/C</td> <td><input type="checkbox"/> Other (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Project Agreement</td> <td><input type="checkbox"/> PIO/P</td> <td></td> </tr> </table>	<input type="checkbox"/> Project Paper	<input checked="" type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> N/A.	<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P		<b>10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT</b> A. <input type="checkbox"/> Continue Project Without Change B. <input type="checkbox"/> Change Project Design and/or <input checked="" type="checkbox"/> Change Implementation Plan C. <input checked="" type="checkbox"/> Discontinue Project
<input type="checkbox"/> Project Paper	<input checked="" type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> N/A.											
<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PIO/T	<input type="checkbox"/> Other (Specify) _____											
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify) _____											
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P												
<b>11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)</b> Principal Secretary for Health, Mrs. N.T. Borocho Technical Officer, John Nelson Project Development Officer, Adrian de Graffenreid	<b>12. Mission/AID/W Office Director Approval</b> Signature _____ Typed Name <u>Jesse L. Snyder</u> Date <u>1/8/88</u>												

5. (12) To support training efforts of OE II ORT Unit staff, and to open ORT Units in all HSA hospitals. CCCD and MOH/CDD will monitor progress of training and the functioning of new ORT Units. Symposia for physicians, matrons and ORT Unit staff will be organized in Sept. 1987. CCCD/Lesotho (Gittelman); MOH/CDD (Monoang, Moteetee). Sept. 1987.
6. (18) To prepare for HEALTHCOM project by a) adopting ORT policy and b) designating Health Education Unit (HEU) staff to work with project. ORT policy action as stated in #11 above. HEALTHCOM technical advisor and HEU identified staff for longterm mass media activities. CCCD (Gittelman), HEALTHCOM & HEU (Douglass, Rakhetla). February 1987.
7. (41) That HEALTHCOM devise simple, appropriate and focussed ORT messages. HealthCom and HEU will determine standard messages following formative research. HEALTHCOM & HEU (Douglass, Rakhetla). October 1987.
8. (6) To resolve problems with data entry clerk to have full time workers to input data; and to revise morbidity data collection forms to include more distinct disease categories and age-specific data. Not CCCD responsibility. HPSU Unit and World Bank PHN project will address these problems. MOH/HPSU and PHN coordinator (Matsau, Ramatlapeng). Timing not determined.
9. (7) To train health personnel to use health data for planning. CCCD will assist in training for outbreak investigation and EPI/ORT sentinel surveillance. World Bank PHN project to collaborate with HPSU for other instruction. CCCD (Gittelman), CDC/IHPO (E & R Division), HPSU (Matsau, Ramatlapeng). June 1987.
10. (4) To extend Life of Project by 12 months to allow for start-up period of project. USAID and CCCD will consult with the MOH and decide whether to approve an extension during the third year internal CCCD review. USAID/Lesotho (Tyson), CCCD (Gittelman) MOH (Borotho). October 1987.
11. (53) To demonstrate more precisely the cost effectiveness of CCCD interventions with further analyses and surveys as required. USAID mission will collaborate with the MOH, CCCD, the World Bank project, UNICEF to carry out a study by the end of 1987. USAID (Tyson), CCCD (Gittelman), By December 1987.

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PRIORITY RECOMMENDATIONS:

12. (5) To develop management training modules for managers at Central and HSA levels. CCCD will collaborate with UNICEF Family Health Advisor to create these modules. CCCD (Gittelman), UNICEF (Mogwanja). Mid-1987.
13. (9) To organize mass urban vaccination campaigns at least once a year for 2-3 weekends. CCCD will assist EPI with planning and logistics; HEALTHCOM will devise health education materials and publicity; UNICEF will support HSA-wide campaigns. First campaign held in Maseru March-June 1987. CCCD (Gittelman), EPI (Nkuebe), HEALTHCOM & HEU (Douglass, Rakhetla), UNICEF (Mogwanja). March-June 1987
14. (39) That M.O.'s monitor cold chain during monthly visits. CCCD will support UNICEF plans to develop this monitoring through the 1987-1990 accelerated EPI/MCH plan. CCCD (Gittelman), EPI (Nkuebe), UNICEF (Mogwanja). On-going.
15. (16) To commercially produce and market ORS packets. CCCD, with the MOH/CDD, will investigate implementing this in collaboration with the Lesotho Dispensary Association; integrated into the ORS Policy. CCCD (Gittelman), CDD (Monoang), LDA (Ratitapole)., March 1987.
16. (13) To provide for the collection, tabulation, processing and feedback of data collected at ORT Units on the assessment form. CCCD will collaborate with MOH/HPSU to process this data through the current sentinel site surveillance system. Issues regarding feedback will be discussed at the ORT symposia in September. CCCD (Gittelman), MOH/HPSU (Matsau, Thakhisi). September 1987.
17. (32) To calculate catchment populations for all health centers, to be able to calculate disease rates. UNICEF will employ a demographer consultant to determine these figures. UNICEF (Mogwanja). Timing not determined.
18. (57) That internal evaluation team measure achievement of objectives and assess potential for reaching 1988 targets. Evaluation tentatively scheduled for September 23-October 2, 1987. CCCD (Gittelman), USAID (Tyson). Sept. 23-Oct. 2, 1987.

19. (36) That MOH support VHWs to help locate children to be immunized. Through the 1987-1990 Plan of Operations for Accelerated EPI/MCH activities, UNICEF will continue to sponsor VHW training (including CCCD topics) and to increase village health posts. WHO will sponsor the training of health assistants, with the services of an ODA trainer.

UNICEF (Mogwanja),  
WHO (Mkandawire).  
On-going.

20. (26) That no official revision in the data collection forms be made until the HIS consultant has arrived. Not appropriate action for CCCD. Part of World Bank PHN project.

World Bank PHN  
project (Matsau).

21. (17) To continue to monitor the financial feasibility of sustaining the CCCD program after the project terminates, perhaps by exploring charging for well baby or sick baby visits. Included in World Bank PHN project, which USAID/CCCD health financing study.

MOH and World Bank  
PHN Project  
(Matsau).  
USAID (Tyson).  
By December 1987.

OTHER RECOMMENDATIONS:

22. (2) To set up task force to solve transport problems of HSA management teams. Not an appropriate action for CCCD. UNICEF will supply vehicles to 18 HSAs. MOH would have responsibility to establish a task force.

UNICEF (Mogwanja),  
MOH.  
Early 1987 (for  
reception of  
vehicles).

23. (3) To carry out a survey of minimal staff requirements, and establish priorities for training and assignment of personnel at HC and HSA levels. This is appropriate to MOH action, not to CCCD.

MOH (Matsau).  
Timing not  
determined.

24. (10) To aid nurses to carry out outreach vaccination activities in rural areas, by providing for transport, vaccine carriers, adequate vaccine supplies, supervision and support. UNICEF Plan of Operations includes on-going support of outreach activities through Village Health Posts. CCCD will assist with vaccine supplies, supervision, and training/continuing education.

UNICEF (Mogwanja),  
CCCD (Gittelman).  
On-going, pending  
final approval of  
UNICEF Plan  
January 1987.

25. (15) To adopt a uniform health registration card (bukana) and a uniform pricing policy. This is a MOH decision, inappropriate for CCCD action. MOH (Matsau).  
Timing not determined.
26. (23) To determine PHC priorities within the context of donor coordination. CCCD participates in periodic coordination meetings organized by the WHO Representative for donors involved with health activities. Last meeting held October, 1986. WHO (Mkandawire),  
CCCD (Gittelman).  
Timing not determined.
27. (44) To intensify the dialogue between the THs, the VHWS and the medical establishment; to explore the possibility of VHWS distributing ORS packets; to distribute VHW kits. MOH must define the role of the TH within the PHC system. CCCD will assist MOH, LDA and UNICEF in studying role of VHWS in distributing packets, as part of implementing the oral rehydration policy. UNICEF will increase its training and material support for VHWS in the Plan of Operations 1987-1990. CCCD will provide health education materials to VHWS. CCCD (Gittelman),  
UNICEF (Mogwanja),  
MOH (Matsau).  
On-going.
28. (52) To increase the capacity of managers to estimate the operating costs of both programs and units. Included under the cost recovery provisions of the World Bank PHN project. World Bank PHN  
(Matsau).  
Timing not determined.
29. (31) To include general categories of diseases on HC outpatient data collection forms; to devise a standardized system of classifying diseases for NCs; and to create a more precise outpatient form for hospital use. Action appropriate for MOH/Disease Control Unit. MOH (Matsau,  
Ramatlapeng,  
Thakisi).  
Timing not determined.
30. (8) To devise a simple data form for VHWS to collect community-level information. UNICEF Plan of Operations includes training VHWS for some data collection. UNICEF (Mogwanja).  
On-going.
31. (14) To extend the HIS to include additional cost-related management information. World Bank PHN Project will include collection of management data. World Bank PHN  
Project (Matsau).  
Timing not determined.

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32. (30) To make a concerted effort to encourage data collectors to record and report data on each in- and out-patient consulted, and to include periodic patient record checks during HSA supervisory visits. Action appropriate to the MOH/HPSU and the World Bank PHN project.

MOH/HPSU and World  
Bank Project  
(Matsau).

## PROJECT EVALUATION SUMMARY (PES) - PART II

### 1. SUMMARY

The evaluation team found that the CCCD Project is basically well-run and making good progress towards its goals. Efforts toward decentralization of management and training have proceeded well. The Expanded Program on Immunization's (EPI) strong management has led to a 65% full immunization coverage. An oral rehydration therapy (ORT) Unit at QE II Hospital, created to improve hospital diarrhea case management, resulted in a decline of the hospital mortality rates from 12% to 3%. Other units scheduled to open should assure a drop in this mortality rate to the national target of 6% by 1989. In addition, the Project supported the design and production of some impressive health education materials, which complement the intensive training activities.

The evaluation team identified several areas for improvement. Some additional support is needed to improve generic management skills at all levels. Nurses need to focus on identifying and responding to outbreaks, particularly to improve measles surveillance. The Health Information System faces serious reporting delays due to inadequate staff. The team saw little possibility of increasing government financing to sustain Project activities. However, they suggested several methods to increase revenues, and were optimistic about potential results.

Finally, the team recommended that the Project be extended one year to allow for four full operational years following 12 months of start-up activities.

### 2. EVALUATION METHODOLOGY

This Second-Year Evaluation was mandated by the original Project Grant Agreement signed in 1984. The purpose was to evaluate the CCCD Project to date and to assess the extent of its integration into the primary health care system. The team consisted of an epidemiologist, health economist and health management specialist. During the first week, the team contacted key officials of the Ministry of Health (MOH), the Private Health Association of Lesotho (PHAL), CCCD/Lesotho, the USAID mission and other donors. Field visits were held the following week to health service areas. During the third week, the team analyzed data, drafted a report, and presented their findings at the CCCD Coordinating Committee Meeting and at a USAID debriefing.

### 3. EXTERNAL FACTORS

No major changes in the project setting were identified.

### 4. INPUTS

Few problems were identified concerning the quality or

quantity of Project inputs to date. The team did recommend increased inputs in generic management training, through the development of a series of training modules. Problems with staff shortages (in health information systems) and transportation (for supervision) hamper some Project progress. But the MOH itself must address these issues directly, rather than the CCCD Project.

#### 5. OUTPUTS

For EPI, full vaccination coverage for children 12 to 23 months of age is 65%, nearly reaching the projected 1989 target of 70%. However, measles morbidity increased from 5821 to 7362 cases from 1984 to 1985; the 1989 measles case target--a reduction to 2500 cases--is therefore farther off. A future study could help explain the increased morbidity in a highly-vaccinated population.

QEI Hospital appears to have achieved already the 1989 target hospital case fatality rate of 6%, due to its new ORT Unit. Other hospitals should demonstrate similar results as they establish their own Units. The Project also achieved its goal of training over 3,000 health professionals in CCCD topics. Changes in outputs are not needed to carry out the Project purpose.

#### 6. PURPOSE:

The Project purpose is to reduce mortality and morbidity in children less than five years old resulting from communicable diseases and diarrhea. As described under the "Outputs" section, the Project has made good progress in carrying out its original purpose. However, the timeliness and responsiveness of the health information system is threatened by severe staff shortages, which may hamper future Project planning and evaluation.

#### 7. GOAL/SUBGOALS:

Project goals are: a) to reduce by 40% morbidity and mortality due to measles and poliomyelitis through immunization of children; and b) to reduce by 50% mortality due to diarrhea. The subgoal is to increase immunization coverage to 80% for measles and 75% for DPT and polio as measured by the established EPI survey criteria and to increase the use of oral rehydration therapy for diarrheal diseases by 50%. Health Statistics Unit data from 1984 to 1985 show a slight decrease in polio morbidity and nearly 30% increase in measles cases due to countrywide outbreaks. Mortality data were not analyzed for EPI diseases; for diarrhea, mortality was addressed only in terms of hospital case fatality rates.

Nevertheless, the team found that Lesotho is well on the way to achieving the immunization coverage targets--and indeed, has gone beyond targets for some antigens. 1986 coverage survey results were: measles, 73%; DPT (third dose) 82%, and polio (third dose) 80%. The 1989 CCCD workplan added revised targets

for both immunization and diarrheal disease control, and the excellent progress toward these goals have been described elsewhere. Not only have Project inputs themselves led to this progress, but close collaboration with other organizations such as UNICEF and WHO has made a strong contribution as well.

8. BENEFICIARIES

The beneficiaries include a decrease in infant and child morbidity and mortality due to diarrheal disease and six vaccine-preventable diseases; a better informed population regarding prevention and treatment of these diseases; and a well-trained cadre of health professionals able to educate their colleagues and the community at large concerning the CCCD interventions.

9. UNPLANNED EFFECTS

No unplanned results or impact seen.

10. LESSONS LEARNED:

The process of decentralization of activities to the health service areas is a model for other countries. Decentralization has led to stronger local planning and more manageable training programs for health workers and community leaders.

11. SPECIAL COMMENTS OR REMARKS

None.