

Evaluation Publications Catalog

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United States Agency for International Development
Center for Development Information and Evaluation

A.I.D. economic policy reform program in Cameroon

PN-AAX-251

Blane, Dianne; Fuchs-Carsch, Michael; et al.

U.S. Agency for International Development. Bur. for Program and Policy Coordination. Center for Development Information and Evaluation

Jun 1991, x, 26 p. + attachment: ill., charts, maps, En

A.I.D. impact evaluation report, no. 78

The Cameroon Fertilizer Sub-sector Reform Program aims to ensure small farmer access to fertilizers by replacing the public monopoly of fertilizer import and distribution with a free-market system. This evaluation assesses the impacts of the project at its mid-point.

Although some elements of state and donor involvement are still strong, the system has been liberalized and is on its way to privatization. In 1989/90, more than 64,000 tons of fertilizer were imported by 2 private firms and distributed by 5 co-operatives and 4 private traders. The impact of liberalization has been beneficial and positive. Leakages (i.e. waste, corruption, and inefficiencies), common under the public

monopoly, have been stopped. Furthermore, the government has reduced its subsidy bill, realizing savings of about \$14 million over the past 2 years. And, most importantly, farmers have been shielded from undue price increases, despite the subsidy reduction, because of efficiency gains in private fertilizer importation and distribution. The sustainability

of these gains will depend largely on Cameroon's capacity to overcome its current economic crisis and the government's commitment to structural adjustment. Sustainability will be constrained by increasingly limited purchasing power in rural areas. If farmers have less to spend, the volume of fertilizer imports will decrease.

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A major lesson learned is that reform of the input side (e.g., fertilizer) of a productive sector will be constrained and difficult to complete in the absence of reform in marketing output (e.g., coffee, cotton).

A.I.D. economic policy reform program in Uganda

PN-AAX-252

Atherton, Joan; Costello, Edward, Herley, Thomas J.

U.S. Agency for International Development. Directorate for Policy. Center for Development Information and Evaluation. Ofc. of Evaluation

Dec 1991, xii, 24 p.: ill., En

A.I.D. impact evaluation report, no 79

Appendices: PN-ABK-411 (A.I.D. evaluation working paper report no. 148)

In 1988, A.I.D. initiated a program to lessen Uganda's almost complete dependence on coffee by promoting nontraditional exports. The program, which included a Commodity Import Program (CIP), complementary technical assistance, and P.L. 480 assistance, supported policy measures to: (1) issue simultaneous export/import licenses for exporters of nontraditional commodities; (2) allow exporters to hold foreign exchange; (3) streamline procedures and reduce costs for obtaining export and import licenses and for using air cargo to export perishables.

The program, according to this mid-term impact evaluation, is well on its way to achieving its objectives. The value and volume of nontraditional exports have risen at least five-

fold, mainly in agricultural staples, which require relatively simple marketing and transport arrangements and a knowledge and technology base already available. Increases in exports of fresh fruits and vegetables have not been as dramatic because their special production, infrastructure, and marketing requirements remain inadequately developed. Other key factors in the program's success have included rehabilitation of major roads; active policy dialogue with the host government and other donors; an indigenous capacity for policy reform; and a strategy of demonstrating immediate benefits and focusing on limited manageable policy changes. On the negative side, collection and monitoring of baseline data, so necessary for measuring program achievements, were inadequately developed; foreign exchange subsidies, though initially helpful in stimulating the nontraditional sector, in effect provided windfall profits to some importers; and the USAID Mission's decision to choose beneficiary firms on a case-by-case basis also resulted in windfall profits for some firms. A key lesson learned is that in Uganda, program success depends on well-conceived policies, not on the type of assistance.

A.I.D. economic policy reform programs in Africa: a synthesis of findings from six evaluations

PN-AAX-253

Lieberson, Joseph M.

U.S. Agency for International Development. Directorate for Policy. Center for Development Information and Evaluation. Ofc. of Evaluation

Dec 1991, x, 34 p., En

A.I.D. program and operations assessment report, no. 1

A.I.D. Evaluation Highlights No. 7: PN-ABG-003

Since 1985, A.I.D. has assisted 19 African governments in restructuring their economies. This report presents case studies of the economic reform programs in six of these countries — Mali, The Gambia, Senegal, Cameroon, Uganda, and Malawi. The report concludes that the programs were generally successful, though in most cases they took longer than expected and many objectives have not yet been fully achieved. Major findings are as follows. (1) The removal of price and market controls generally had an immediate and positive impact, despite the occasional reluctance of the private sector to take full advantage of new investment and marketing opportunities. (2) The elimination of subsidies and industrial protection spurred productive efficiency but required some painful adjustments for firms that had previously been protected. (3) Removal of import and export controls improved efficiency, but did not prevent government bureaucratic delays. (4) Elimination of monopolies held by state-owned enterprises opened markets and allowed the private sector to compete and deliver goods at a much lower cost. Constraints included linked markets (those still controlled by governments) and inadequate business infrastructure. (5) Tax reforms

to improve economic incentives, as well as tax collection and civil service reforms, appear promising but results are uneven. (6) Programs to develop host country capacity for internal reform helped build long-term policy reform sustainability. (7) The programs required large analytical staff input from both A.I.D. and the host government. (8) Policy reform involves a highly complex set of political, economic, and social changes with winners and losers in both the public and private sectors. Lessons learned are detailed in conclusion.

A.I.D.'s in-country presence: an assessment

PN-AAX-260

Koehring, John W.; Askin, Peter W.; et al.

U.S. Agency for International Development. Directorate for Policy. Center for Development Information and Evaluation.

Oct 1992, xiv, 40 p. + 7 appendices: charts, statistical tables. En

A.I.D. program and operations assessment report, no. 3

A.I.D. Evaluation Highlights No. 13: PN-ABG-009

A characteristic feature of A.I.D.'s foreign assistance program is the in-country presence of direct-hire A.I.D. personnel. This study examines the advantages and disadvantages of this in-country presence and identifies ways to make it more cost-effective. The study finds that A.I.D.'s traditional system of in-country presence provides two chief advantages: influence and program

accountability. The system provides for the development of personal relationships between A.I.D. foreign service officers and host country counterparts and, in turn, allows program delivery to occur with a unique sensitivity to host countries' political and cultural atmosphere. Program accountability benefits from a higher quality of implementation, faster disbursement rates, and prompt and more efficient management and decisionmaking.

The study also found disadvantages with in-country presence, particularly a tendency toward a paternalistic approach that thwarts recipient governments' ability to handle their own affairs; excessive use of U.S. experts, even when qualified local experts are available; and over-bureaucratization of medium-sized and large Missions. However, the study concludes that A.I.D.'s in-country presence gives the United States a competitive edge in delivering economic and development assistance and should be retained as the cornerstone of A.I.D.'s operational mode. At the same time, there are several ways in which A.I.D. can maintain the benefits of in-country presence while reducing operating costs: by being more selective about the functions direct hires perform overseas, reducing documentation requirements, distinguishing more clearly between development and political programs, and making more concerted efforts to lead recipient countries to self-reliance. A series of action recommendations are presented in conclusion.

Evaluation of A.I.D. child survival programs: Bolivia case study

PN-AAX-262

Martin, Richard R.; O'Connor, Patricia: et al.

U.S. Agency for International Development. Directorate for Policy. Center for Development Information and Evaluation. Ofc. of Evaluation

Nov 1992, xviii, 128 p. + 2 appendices: charts, statistical tables, En

A.I.D. technical report, no. 5

A.I.D. Evaluation Highlights No. 10: PN-ABG-006

Bolivia's infant and child mortality rates are the highest in South America, at 96 and 142 deaths per 1,000 live births, respectively. In the late 1980's, Bolivia was designated a USAID Child Survival (CS) "emphasis country", and by 1992 CS represented about 60% of USAID's development assistance to Bolivia. This report evaluates the impact of that assistance, with emphasis on three key initiatives: the Community and Child Health project, USAID's major activity with the Ministry of Health (MOH); a series of Self-Financing Health Care projects, which targeted the creation and expansion of a private primary health care organization, PROSALUD; and support for *Programa de Coordinacion en Supervivencia Infantil* (PROCOSI), which has developed a coordinating organization for private voluntary health organizations. Major findings include the following. (1) The MOH program has greatly expanded coverage of some basic CS services; in

particular, basic immunization coverage has risen from less than 10% in 1986 to 55% in 1991. However, the MOH was unable to distribute US-AID-provided oral rehydration salts on a national level; as a result, diarrhea continues to be the leading killer of children under five. (2) Coverage by the private sector entities, PROSALUD and PROCOSI, is relatively small, but both provide quality services. PROSALUD in particular provides better services than the MOH and at somewhat lower costs. (3) A major breakthrough is the achievement of sustainability of CS services in several different projects. PROSALUD has shown the feasibility of recovering costs through user fees, even with low-income clients; encouraged by PROSALUD's success, the MOH has also begun to collect fees. Additionally, a USAID-funded debt-for-development swap will generate interest income for PVO health activities on a permanent basis. (4) There is evidence that USAID's CS program, though arriving late on the scene, is beginning to have an impact on reducing child mortality. The greatest opportunities for further reductions lie in the area of diarrheal disease control, and US-AID should adjust its program towards this priority.

Evaluation of A.I.D. child survival programs: Haiti case study

PN-AAX-256

Liberi, Dawn; Clay, Robert; et al.
U.S. Agency for International Development. Directorate for Policy. Center for

Development Information and Evaluation. Ofc. of Evaluation
May 1992, xiv, 24 p. + appendix: charts, En
A.I.D. technical report, no. 2

A.I.D.'s child survival program in Haiti, which includes efforts in Expanded Program of Immunization, diarrheal disease control, family planning, and nutrition and breastfeeding, has had a positive impact on the health of children and has helped reduce overall rates of infant and child mortality. The infant mortality rate has dropped from 144 per 1,000 live births in the early 1970's to roughly 100 per 1,000 live births in the late-1980's. In some areas where A.I.D. funding is concentrated, such as the Cite Soleil slum in Port-au-Prince, infant mortality rate declines have been especially dramatic. These improvements have occurred despite zero or negative economic growth, a decaying public sector infrastructure, and social and political instability and decline, and are therefore attributable to efforts in health education and promotion, and increased access to primary health care, with a particular focus on outreach and child survival interventions. Some of A.I.D.'s notable contributions include the following: (1) support of public and private policy formulation that established child survival as a health priority. (2) development of a new outreach approach to health service delivery that has expanded access to care, particularly in rural areas; (3) financial support of an array of PVO's that now provide health services to roughly 30% of the population; (4) fostering

of a partnership between public and nonprofit health sectors; (5) establishment and support of a core of indigenous organizations that provide research, training, and technical assistance to the health sector, and (6) human resource development training for health care providers and managers within the public and private sectors

Evaluation of A.I.D. family planning programs: Kenya case study

PN-AAX-257

Dumm, John; Cornelius, Richard; et al.
U.S. Agency for International Development. Directorate for Policy. Center for Development Information and Evaluation. Ofc. of Evaluation
Jun 1992, xi, 36 p. + attachment: charts, En
A.I.D. technical report, no. 3
A.I.D. Evaluation Highlights No. 9: PN-ABG-005

Since 1983, A.I.D. has provided support valued at \$53 million to a broad range of family planning programs in Kenya. These programs have now begun to succeed. The country's population growth rate has fallen from a high of 3.8% in 1979 to about 3.6% in 1990, the fertility rate has dropped from about 8 children per woman to about 6.5, and contraceptive use — the most important factor in recent fertility decline — has almost quadrupled. The programs have also helped reduce maternal and infant mortality by reducing the incidence of high-risk pregnancies and births, and have had

economic benefits, in that smaller families are better able to afford to feed, clothe, shelter, and educate their children. According to this evaluation, A.I.D. played a major role in the above achievements, providing support for fertility surveys, family planning training for health workers, community-based family planning, employer-based family planning services, voluntary surgical contraception, and improved management of contraceptive logistics and of nongovernmental organizations. Of special importance have been the presence of strong A.I.D. technical staff and the willingness of A.I.D. to take on logistics and institutional development tasks. Finally, by using central as well as bilateral funding mechanisms, the A.I.D. Mission was able to tailor technical assistance directly to local needs.

Evaluation of A.I.D. child survival programs: Morocco case study

PN-AAX-254

Chiavaroli, Eugene R.; Agle, Andrew N.; et al.

U.S. Agency for International Development. Directorate for Policy. Center for Development Information and Evaluation. Ofc. of Evaluation

Dec 1991, x, [29] p.: charts, statistical tables. En

A.I.D. technical report, no. 1

French ed.: PN-AAX-259

During the past 15 years, USAID has provided more than \$50 million to family planning and maternal/child health (FP/MCH) activities in

Morocco. Beginning with a focus on FP, USAID assistance has evolved into an integrated FP/MCH approach primarily through an outreach program known as Visite a Domiciles de Motivation Systematique. Current assistance consists of four components: FP, immunization, diarrheal disease control, and nutritional surveillance. According to this evaluation, the FP and immunization programs, which received the bulk of USAID support, have both been effective. Contraceptive use is becoming more widespread and the fertility rate is going down. Vaccination coverage is rising, mortality from immunizable diseases is declining, and reported incidence of vaccine-preventable diseases has dropped considerably. Success in combatting diarrheal disease, however, has been modest, with only slight improvement in knowledge and use of oral rehydration therapy. While nutritional status has improved, this is probably due more to a general improvement in the standard of living than to USAID programs.

Although there have been a number of concerns about the efficiency and sustainability of the Moroccan program, the report concludes that Morocco's experience demonstrates the value of offering selected child survival interventions as an integrated package. The model is replicable, but its success cannot be divorced from the context in which it functions.

The following lessons can be learned from Morocco's FP/MCH

system. (1) If properly motivated, public health workers will deliver good care to rural populations. (2) An FP program can be successfully initiated even in the absence of a stated public policy. (3) Careful phasing in of activities can lead to a more successful program. (4) Giving priority to FP and immunization is a valid strategy in child survival. (5) Ideally, the private sector should be involved as soon as possible (as was not the case in Morocco).

Evaluation of A.I.D. family planning programs: Philippine case study

PN-AAX-261

Schmeding, Robert; Kumar, Krishna; et al.

U.S. Agency for International Development. Directorate for Policy. Center for Development Information and Evaluation. Ofc. of Evaluation

Oct 1992, xxiv, 69 p. + 4 appendices: statistical tables, En

A.I.D. technical report, no. 4

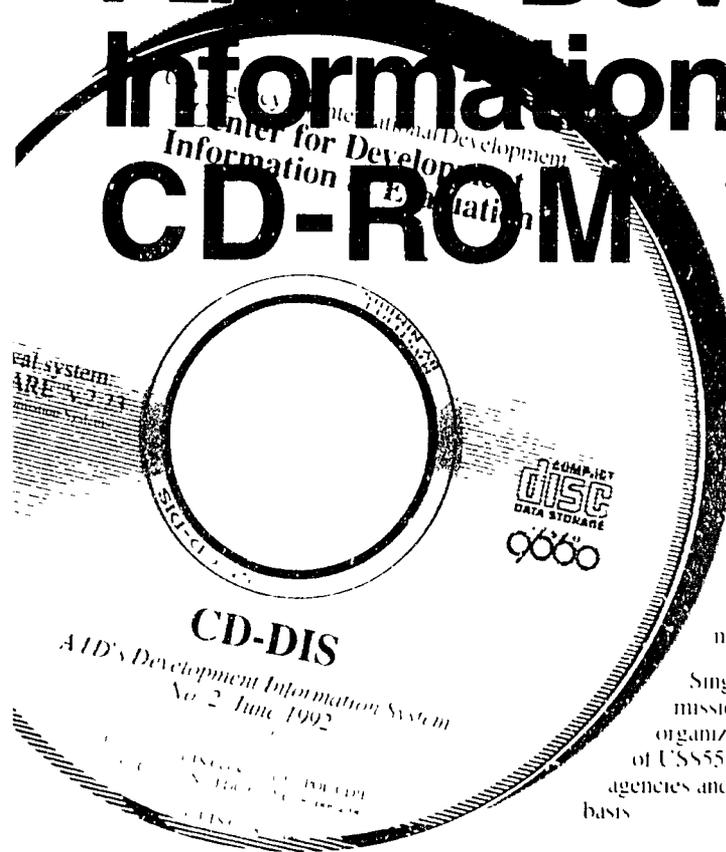
A.I.D. Evaluation Highlights No. 11: PN-ABG-007

Between 1968 and 1988, the Philippine national family planning (FP) program and FP activities supported by A.I.D. through three projects were virtually identical. The effectiveness of these efforts, a major aim of which was to support an Outreach program initiated in 1976, is assessed herein.

On the positive side, the FP program established a delivery system which provided easy access to af-

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fordable FP services, while the Outreach effort, although it fell into disarray in the late 1980's, transformed an urban, clinic-based program into a wide-ranging national community-based delivery system. Costs were quite high (especially for Outreach), but analysis reveals a break-even by 1985 and a 5:1 benefits costs ratio by the year 2000.

However, declines in population growth rates and in total fertility rates were not a result of the methods in which A.I.D. made its greatest investment. The Outreach program was unable to increase demand for reversible methods (despite massive promotional efforts), apparently due to lack of appeal, a fact reflected in higher discontinuation rates for these methods in the Philippines than in neighboring countries. The only methods evidencing increasing use and demand — voluntary surgical contraception (VSC) and the various forms of rhythm — were not especially promoted by the program, though A.I.D. did play a major role by training doctors and nurses in VSC. The increased demand for these two methods was due in large part to the promotional efforts of nongovernmental organizations (NGO's), who served as a major force for innovation and training for the FP program.

Over and above individual weaknesses (e.g., inadequate training of field workers in contraceptive methods, failure to develop a long-term strategic plan and establish realistic targets), the program lacked financial sustainability; from the outset it

was largely dependent on external assistance, most of it provided by A.I.D., whose too early withdrawal of funds for training further undermined sustainability. This teaches the importance of developing a financial strategy systematically. It also shows that developing countries cannot shoulder an increasing part of huge FP programs without sustained economic growth.

Evaluation of A.I.D.'s child survival program in Malawi

PN-ABG-008

Martin, Richard

U.S. Agency for International Development, Directorate for Policy, Center for Development Information and Evaluation, Ofc. of Evaluation

Dec 1992, 8 p.; charts, En

A.I.D. evaluation highlights, no. 12

Since the mid-1980's, A.I.D. has provided about \$44 million in assistance to health and population projects in Malawi. A.I.D.'s program has focused on strengthening the Ministry of Health (MOH), and has included the following key activities: training for MOH staff; TA in planning, policy development, and financial sustainability; malaria research; construction of rural piped-water systems; AIDS prevention; and family planning.

Some indicators of the positive impacts of A.I.D.'s assistance include an 80% immunization coverage, a 50% decline in morbidity from diarrheal diseases between 1980 and

1989 (attributable mostly to water sanitation efforts rather than use of oral rehydration therapy, which is low), and increasing use of condoms and other contraceptives. Unfortunately, progress against some causes of infant mortality has been offset by a resurgence of malaria due to the spread of chloroquine resistant strains; recent statistics indicate that Malawi's infant mortality rate, one of the highest in the world, may actually be increasing. Furthermore, hope for future reductions has been diminished by the advent of the AIDS epidemic, whose impact is just beginning to be felt. While some progress has been made towards program sustainability, particularly in terms of institutional capacity, it may be unrealistic to expect a country as poor as Malawi to support the needed interventions without outside financial assistance.

An A.I.D.-supported Demographic and Health Survey is being planned for 1993; it is hoped that this study will provide much better information on a range of family health conditions.

Export and investment promotion: sustainability and effective service delivery — volume 1: synthesis of findings from Latin America and the Caribbean

PN-AAX-258

Ebrahimi, Farah, ed.

Robert R. Nathan Associates, Inc.

Louis Berger International, Inc. Development Economics Group

U.S. Agency for International Development. Bur. for Latin America and the Caribbean (Sponsor)

U.S. Agency for International Development. Directorate for Policy. Center for Development Information and Evaluation. Ofc. of Evaluation (Sponsor)

Jun 1992, x, [26] p.: charts, En

A.I.D. program and operations assessment report, no. 2

A.I.D. Evaluation Highlights No. 8: PN-ABG-004; v. 2: annexes, PN-ABG-989 9300095

In the last 10 years USAID has provided approximately \$500 million to trade and investment promotion organizations in Latin America and the Caribbean. This study assesses the merits of ten such organizations in Costa Rica, the Dominican Republic, Guatemala, and Chile, and identifies programs that have the greatest impact on exports and investment. Overall, promotional institutions provide services which the assisted firms, especially those in the agricultural and manufacturing sectors, consider highly valuable to their export growth; they also provide an attractive rate of return to A.I.D.'s investment (conservatively estimated at 25% in real terms). Despite the benefits to individual firms, however, the programs' overall impact on nontraditional exports at the national level is generally not dramatic. Nor can promotional institutions serve as effective substitutes for policies favoring export-oriented investment. The most important services rendered by promotional institutions are informational; while needs vary from country to country, requests for market information and contact

names seem to be universal. However, the data tentatively suggest that firms both foreign and domestic are most likely to benefit not from information customized to a targeted cli-

entele — as conventional wisdom would have it — but from information standardized in the form of handbooks, short courses, and brochures.

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