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FROM - GUATEMALA

SUBJECT - Project Evaluation Summary

REFERENCE -

FOR - MO/PAV

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Following is Project Evaluation Summary for Project
No. 520-0230, Evaluation of Rural Health Care Delivery
System.

BOSTER

PAGE 1 OF 5

DRAFTED BY IDI:MEHauben:get	OFFICE Program	PHONE NO. x-280	DATE 04-11-78	APPROVED BY: ADIR:ECarrasco
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A. I. D. AND OTHER CLEARANCES
APRM:ADSilver PHD:EC Long

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CLASSIFICATION

1. Mission or AID/W Office Name 2. Project Number

USAID/Guatemala

520-0230

3. Project Title

EVALUATION OF RURAL HEALTH CARE DELIVERY SYSTEM

4. Key Project Dates (Fiscal Years) 5. Total U.S. Funding/
Life of Project

a. Project Agreement Signed - FY-76 b. Final Obligation - FY-79 c. Final Input Delivered - FY-80

\$561,000

6. Evaluation No. as Listed in Evaluation Schedule 7. Period Covered by This Evaluation

From: 05-76 To: 03-78

Month/Year Month/Year

8. Date of this Evaluation Review

03 28 78

Month/Day/Year

9. Action Decisions Reached at Evaluation Review, Including Items Needing Further Study.

10. Officer or Unit Responsible

11. Date Action to Be Completed

1. USAID and the Guatemalan Academy of Sciences will negotiate with the Ministry of Health for an increase in MOH contribution to the project prior to formulation of the FY 1978 Project Agreement.

USAID and Academy of Sciences.

April 1978.

2. USAID will work with the Academy in improving the latter's systems of control and accountability for USAID-procured property.

USAID.

May 1978.

12. Signatures

Project Officer

Mission or AID/W Office Director

Signature

Signature

Arthur D. Silver, Acting
Typed Name

Eliseo Carrasco, Acting
Typed Name

April 17, 1978
Date

April 17, 1978
Date

13. Summary

The project's purpose is to evaluate the rural health services system of the Ministry of Health (MOH) and to initiate improvements based on the evaluation in the MOH's capability in planning, monitoring and evaluation of its rural health programs. That is, data and experience from the studies performed under the evaluative portion of the project will be used in the development of a rural health information system, which should be partially institutionalized by the end of the project.

The evaluation effort will consist of the gathering of qualitative and quantitative data on the services provided by personnel at lowest order rural health facilities usually health posts, including TSRs (rural health technicians) and nursing auxiliaries; their relationships to the communities they serve; and support systems, including information systems and logistics.

The project is being implemented by the Guatemalan Academy of Medical, Physical and Natural Sciences, a private non-profit organization. An administrative staff is functioning; equipment, including a 4-wheel drive vehicle and trailer, has been procured; personnel from the area in which the field studies will be implemented (El Quiché) have been recruited and trained in data collection techniques; and the field unit, staffed with professional and non-professional personnel is in place in El Quiché. After considerable delay, content of the five component studies has been clearly defined, and one of those studies, a research activity, is underway; field testing of instruments has been completed or is nearing completion for the other studies. The actual field studies have yet to begin, however.

14. Evaluation Methodology

This was a regular evaluation. Data were collected and analyzed over a two-month period of exhaustive review which included numerous meetings with senior staff of the implementing institution, the Guatemalan Academy of Sciences, voucher audit and examination of fiscal procedures and practices by USAID financial analysts, interviews of USAID personnel who participated in project design and monitoring, and examination of USAID project files.

15. Documents to be Revised to Reflect Decisions Noted Page 2

Project Agreement

16. Evaluation Findings About External Factors

The Ministry of Health's rural delivery system is at this time undergoing changes which may be of considerable significance to the project. Assignment of large numbers of medical students to rural health posts which are consequently reclassified as health centers may well change the role of paramedical personnel which this project was designed to examine, perhaps significantly diminishing their importance. Consequently, so that the usefulness of the study will not be called into question, USAID and the Academy of Sciences will point out to the MOH that component studies of the project will encompass examinations of whatever the revised personnel functions may be, and will prove valuable in describing the complementary outreach role of paramedics (TSRs) in relation to the clinic-based role of the medical students.

17. Evaluation Findings About Goal/Sub-Goal

Goal: To improve Rural Health Services. Adoption by the MOH of the recommendations for implementation of an improved information system which will result from this project would lead to the sector goal since a better information system would presumably facilitate more rational allocation of resources to address real needs.

18. Evaluation Findings About Purpose

Purposes are:

1. To evaluate the Rural Health System.
2. To begin to improve the MOH's capability in planning, monitoring and evaluation of its rural health program.

EOPS condition that the Academy, on the basis of component studies results... will have made recommendations to the MOH for improving, planning, monitoring, evaluation in the system is still far from realization, since the component field studies have not yet begun.

The EOPS condition that the MOH will make use of these recommendations continues to be our hope.

19. Evaluation Findings About Outputs and Inputs

Considerable delay has been experienced in the undertaking of the component studies, the most significant outputs of the project. However, a major stumbling block -- lack of clearly defined and agreed-upon study content -- has recently been surmounted.

Component studies contents were not clearly defined until 20 months after inception of the project, the intervening period having been taken up primarily by establishment of administrative machinery, recruitment and training of field unit personnel in collection techniques, and establishment of field unit in El Quiché. While the field unit was in place, instrument field testing was delayed pending completion of vehicle and equipment procurement. At the time of writing, however, field testing of instruments is nearing completion.

Definition of content of the studies as well as a finite timetable for their implementation was arrived at in a thoroughgoing review of the project by USAID and the Academy, which also resulted in this evaluation. In the future, the USAID Health Division will provide close monitoring and managerial guidance to forestall serious deviations from the implementation schedule.

The studies are:

- a. Review and Integration of Existing Information and of MOH Information Needs, (this research activity is in progress).

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- b. Activities Analysis (instruments have been revised, will be re-tested).
 - c. Community Studies (instruments have been field tested).
 - d. Study of the Rural Health System and Its Support Systems.
 - e. Economic Analysis.
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20. Evaluation Findings About Unplanned Effects

N/A

21. Changes in Design or Execution

A preliminary indicator of whether the project can produce data which the GOG will find useful in instituting improvements in its rural health system in view of problem discussed in paragraph 16, will be signature of the new (FY 1978) Project Agreement. In order to increase the project's attractiveness to the GOG, contents and completion timetable for the component studies have been concretely defined. The studies will examine the newly designated "health centers" in addition to "health posts" and have been structured to provide a picture of activities of these institutions which would encompass changes in functions of their personnel.

Prior year ProAgs required the MOH to pay social benefits, e.g., severance pay, for project personnel. The Ministry found itself in a procedural bind, however, in that it could not legally pay for these benefits since the personnel in question were on contract to the Academy and were not MOH employees. Consequently, under the FY 1978 Project Agreement, AID will pick up these costs on behalf of the Ministry. The Ministry of Health will, however, increase its contribution by an amount equal to this additional cost to AID, so that other aspects of the project will continue to be sufficiently funded.

22. Lessons Learned

The danger inherent in undertaking a project consisting primarily of studies is that these studies may wind up as mere shelf items. More active GOG participation financial and substantive, in the implementation (and design) of the project might have provided greater insurance against this occurring. The Ministry has been providing some personnel, gasoline, use of vehicles and consultation, but has not contributed on other than an in-kind basis, i.e., there has been no cash transfer. AID bears all of the overhead costs of the implementing agency, the Academy, with the exception of the Academy building, which is loaned by the University of San Carlos. At this point, AID through this project, is virtually the sole supporter of the Academy.

The FY 1978 Project Agreement will provide for an increase in the Ministry's contribution.

23. Special Comments or Remarks

N/A
