

CLASSIFICATION:
PROJECT EVALUATION SUMMARY (PES) - PART I

5210086 (7)
PO-AAF-277-Δ1

1. PROJECT TITLE Strengthening Health Services II <i>0311/112 112</i>			2. PROJECT NUMBER 521-0086		3. MISSION AID/W OFFICE USAID/Haiti	
4. EVALUATION NUMBER (Enter the number(s) stated by the reporting unit, g., Country or AID/W Administration Code, Fiscal Year, Serial No., beginning with No. 1 each FY.) 521-79-5 <input type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION			5. ESTIMATED PROJECT FUNDING A. Total \$ _____ B. U.S. \$ 7,525,000		6. PERIOD COVERED BY EVALUATION From (month/year) 8/77 To (month/year) 4/79 <i>18p</i> Date of Evaluation (if any) _____	
7. KEY PROJECT IMPLEMENTATION DATES A. First PRO-AG or Equivalent FY 8/31/77 B. Final Obligation Expected FY _____ C. Final Input Delivery FY 8/31/82			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 positions which anticipate AID/W or regional office action should specify type of document, e.g., program, SPAR, FID, which will present detailed request.) B. NAME OF OFFICER RESPONSIBLE FOR ACTION C. DATE ACTION TO BE COMPLETED			

This PES consolidates and summarizes the findings and recommendations of two evaluations of Project No.086, Strengthening Health Services II.

One evaluation was undertaken by Pacific Consultants, Inc. (1) to review the capability of the Ministry of Public Health and Population (DSPP) in the areas of planning, budgeting, logistics and evaluation; (2) to assess the effectiveness of Westinghouse Health Systems (WHS) in providing long-term technical assistance to the Bureau of Health Planning and Evaluation (BHP/E) in these areas; and (3) to make recommendations concerning the follow-on project, Rural Health Delivery Service (091). Attachment No.1 reports the findings of this evaluation.

The second evaluation was an in-depth technical review, by an international team of experts, of the Malaria Program which is administered by a semi-independent service of DSPP, the Service National des Endemies Majeures (SNEM). Attachment No.2 reports the findings of the evaluation of the malaria component.

Attachments:

- #1- Evaluation of "Strengthening Health Services II (Project 086) and Recommendations Re Implementation of Rural Health Delivery Services 091, Pacific Consultants, Inc. (4/12/79).
- #2- Haiti Malaria Program, Albert E. Farwell, Contract No. AID/LAC - C-1328 (5/20/79).
- #3- Haiti Malaria Program, Economic Analysis, Albert E. Farwell, 5/20/79 (with commentary by William G. Rhoads)

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Project Paper</td> <td><input type="checkbox"/> Implementation Plan (e.g., CPI Network)</td> <td><input type="checkbox"/> Other (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Financial Plan</td> <td><input type="checkbox"/> PRO/AG</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Logical Framework</td> <td><input type="checkbox"/> PRO/C</td> <td><input type="checkbox"/> Other (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Project Agreement</td> <td><input type="checkbox"/> FID/P</td> <td>_____</td> </tr> </table>			<input checked="" type="checkbox"/> Project Paper	<input type="checkbox"/> Implementation Plan (e.g., CPI Network)	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Financial Plan	<input type="checkbox"/> PRO/AG	_____	<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PRO/C	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Project Agreement	<input type="checkbox"/> FID/P	_____	10. ALTERNATIVE DECISION ON FUTURE OF PROJECT A. <input type="checkbox"/> Continue Project Without Change B. <input type="checkbox"/> Change Project Design and/or <input type="checkbox"/> Change Implementation Plan C. <input type="checkbox"/> Discontinue Project	
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<input type="checkbox"/> Project Agreement	<input type="checkbox"/> FID/P	_____														
11. PROJECT OFFICER AND HOST COUNTRY OR OTHER BANKING PARTICIPANTS AS APPROPRIATE (Name and Title) PHO: Sylvia Kulkin <u>(in 521086)</u> PRM: R. Ballantyne <u>(in 521086)</u> PDC: S. Smith <u>(in 521086)</u> CP: W. Rhoads <u>(in 521086)</u>			12. Mission AID/W Office Director Approval Signature _____ Typed Name Allan R. Furman Date 9-28-79													

I. Summary of Findings and Recommendations

A. Background

Health projects, including integrated maternal child health family planning activities and malaria control have been underway in Haiti for a number of years. However, it was not until 1972 that the concept of developing a system of decentralized health services for the country was undertaken in earnest. This resulted in increased assistance from a number of donors, including UNICEF, PAHO, the Inter-American Development Bank (IDB), and AID. The first AID project in this area, Strengthening Health Services I (070), spanned a five-year period from 5/31/74 to 6/1/79, providing budgetary support and advisory assistance to SNEM for development of its malaria control program, and assistance to the DSPP for health planning and administration.

Assistance in these two discrete areas was continued under project 086, Strengthening Health Services II, which started 8/31/77 and is scheduled to end in FY 1982. Project 086 provides funding for continued operations of the SNEM Malaria Control Program and for support of activities determined in the DSPP/Westinghouse (WHS) planning exercise to be necessary for the strengthening of the DSPP and design of the Rural Health Delivery System (RHDS). These latter activities were to fall into three categories: (1) administrative strengthening at the central level, including manpower development and training, provision of technical equipment to support an information system and operational costs of the Bureau of Planning; (2) the design of a functioning logistics system; and (3) the design of a model rural health delivery system.

Since the termination of the Westinghouse contract in December 1973 the only on-going, AID-financed activities in health administration are in the areas of statistics, training and financial support for BHP/E operational and administrative costs. The major involvement of USAID in the health sector is directed toward the Rural Health Delivery System, project

#091, which began 6/29/79.

Sections B and C below present the findings and recommendations of the evaluations of Health Planning (BHP/E) and the Malaria Program (SNEM) respectively.

B. Health Planning and Administration

1) Major Findings of Pacific Consultants Evaluation m

The evaluation concluded that additional institutional development beyond that provided under 070 and 086 will be necessary to strengthen the management capability of the DSPP. Failure to do so will have serious implications for the implementation of RHDS (091).

It was anticipated that the DSPP would develop an effective health planning unit and introduce administrative reforms during the project period. However, the project design was unrealistic in assuming that an entire structure could be renovated, and people trained and given adequate on-the-job experience to undertake a major new health services program in a two year period. Furthermore, the long-term advisor was not as effective as he might have been had he had more experience in international health planning and management, and if he had had better communication with DSPP officials.

The DSPP has not achieved the organizational or functional capacity that was originally anticipated for end-of-project status. It continues to be weak in the areas of health administration and management. There is still an inadequate number of personnel trained in the necessary management and administrative operations. The expanded health program (RHDS) will require a major expansion and much greater administrative sophistication of the DSPP's operational structure. To date DSPP has had too little experience in operation of major outreach programs to ensure adequate program and project management over the next few years. Strengthening the DSPP capability to meet this requirement will take more time and additional external financial and technical support which has been programmed into the RHDS technical assistance component.

The DSPP, as a result of the 070 and 086 programs, is better prepared in the area of health planning for the implementation of 091. However, the BHP/E still requires considerable strengthening in data collection, management and economic analysis. Although some progress in health

planning was made, it is virtually impossible to determine the relative importance of the WHS, PAHO, and GOH contributions. The WHS effort duplicated in large part the technical assistance provided by PAHO under the IDB contract. This suggests that there was inadequate coordination between AID, PAHO, and the Government of Haiti during the design phase. PAHO provided technical assistance to the DSPP in planning and administration all during the WHS project. At the present time PAHO is providing regional nurses, developing job descriptions for both central and regional personnel and conducting seminars in administration and management.

The WHS team produced several procedural manuals, particularly in the areas of transportation, logistics, and statistics. However, because the timing of the WHS efforts did not coincide with the DSPP's readiness for implementation, those reports have served as background documents for the PAHO advisors rather than institutionalized handbooks of procedure. The preparation of reports and manuals, required under the WHS contract, became the major objective of the technical assistance team, but the process had very limited institutional or human resource development impact due to poor communication between the technical assistance team and their counterparts.

In summary, the WHS consultants completed the tasks that were agreed to but were unable to fulfill the underlying and equally important objective of building an administrative structure capable of implementing a nationwide rural health delivery system. This is largely due to the short time frame of the entire project, the even shorter period that most of the consultants spent in Haiti, and the long-term nature of the institution building process.

2) Recommendations of Pacific Consultants Evaluation Team

Because of the residual nature of activities financed under 086 and the overriding importance of the follow-on project 091, USAID requested the evaluation team to review the former in terms of its contribution to

the development of the latter (which is in fact one of the objectives of 086) and, in making their recommendations, to focus upon design and implementation of project 091 (Rural Health Delivery System), the outreach phase of the present health program.

As provided for in the contractor's Terms of Reference, the following recommendations address matters of design and implementation of project 091, Rural Health Delivery System:

- 1- Assistance under the project must place greater emphasis on the institutional development of the DSPP to make it capable of training personnel in modern concepts of health systems management, including supervision, financial accounting, logistics and planning. It is recommended that the period of full-time technical assistance in management training be extended from one to at least two years.
- 2- Deficiencies were noted in all aspects of the rural delivery system due to a lack of delegation of authority along with responsibility. This must be emphasized in the training component of 091.
- 3- The number of BHP/E staff should be increased, their skills in substantive areas improved and their administrative authority increased. Additional short-term consultants and long-term training is recommended for the BHP/E staff in (1) planning of public health nursing programs, (2) health education, (3) socio/cultural and economic aspects of public health service development, (4) epidemiology, (5) public health engineering, and (6) related management areas. Discussions should be initiated with PAHO to coordinate the provision of technical assistance in these areas.
- 4- In order to implement the IDB "regional" program effectively, the concept should be translated to "decentralized general health services". The administrative units might therefore be somewhat

different than "Regions" and "Districts" as they are presently envisioned. In fact, the need for more than one administrative management "tier" between DSPP headquarters and the point of delivery of health services is questionable. Early in the implementation of O91, discussions between PAHO/IDB, AID and GOH-BHP/E and ministry officials should be initiated to discuss the planning of the regionalization effort.

- 5- Unless the implementation of the national rural health delivery system is phased on a geographic basis, its prospects of success may be seriously jeopardized from the outset. The Pacific Consultants evaluation team recommended that a region by region approach be used and that efforts to set up new units (other than the Northern and Southern Regions) be deferred at least until work in existing units is progressing satisfactorily. This phasing process must also take into account GOH financial, managerial, administrative and logistical capacity to undertake this degree of expansion over the proposed project period.
- 6- Project O91 includes the concept of integration of various vertically organized parts of the DSPP into the general rural delivery system. Organizations included are the Division of Family Hygiene (DHF), the Bureau of Nutrition (BON), and the National Malaria Eradication Service (SNEM). It is recognized that, for technical reasons, integration of SNEM will probably be postponed for the foreseeable future. In any event, integration should proceed slowly and only after the implications of such reorganization have been studied on a unit by unit basis.
- 7- Reliance on salary supplements for motivation of DSPP staff is questioned. Although salary levels for all personnel need adjustment, the DSPP should consider other ways to motivate its personnel. These could include management training in the

planned regional seminars, further decentralization of these seminars to the District level and the general strengthening of positive employee motivation through such mechanisms as vertical promotion, rotation and continuing education. This will help the DSPP attract and keep the well-qualified rural health workers who are essential if the DSPP's efforts to improve rural health services are to be successful.

- 8- In the manpower development area the biggest need is for more emphasis on the "training of trainers", particularly with regard to auxiliary nurses. The latter will supervise the agents de sante, who form the base of the health "pyramid" and are the most important point in the entire system in that they are responsible for delivery of primary health services to the rural population. As a corollary to this recommendation, the unit in the DSPP responsible for medical and paramedical education should be strengthened to include a full-time executive assistant. Likewise, there is an urgent need for development of a program in continuing education for much of the DSPP staff involved in the RHDS in addition to the regional seminars which are underway.
- 9- The evaluation team had difficulty determining whether the provision of potable water for people living in small communities (i.e. less than 200 population) was being addressed with sufficient intensity and detail. Accordingly, it is recommended that the results of the AID-assisted hydrogeologic survey be linked with efforts of other donor agencies to increase the development of small rural water supplies. This will require identification of dug wells, drilled wells, protected springs, infiltration galleries, cisterns, and the mechanics of developing and maintaining such water sources.

10- In order to improve collaboration among the various assisting organizations and DSPP, the BHP/E should be given more authority by the DSPP to oversee and organize in a practical way the coordination needed to improve health services.

11- Miscellaneous Recommendations Stemming from Problems Observed in the Field:

- a. Problems concerning proper refrigeration of medicines and vaccines are pronounced in Haiti as in most developing nations. DSPP should seek assistance in this area from PAHO through the WHO "Expanded Immunization Program".
- b. There is a need for improvement in equipment, training, and record keeping. Accordingly, it is recommended that development of training programs, for example, for assistant laboratory technicians to work in health centers and dispensaries be considered along with the provision of necessary equipment and supplies. This type of activity could be included in a possible follow-on project to O91.
- c. Sanitary Officers in the rural areas appear to be spending too much time on excreta disposal problems and insufficient time dealing with small water supplies. It is recommended that this problem be reviewed to determine the role of DSPP staff at both the regional and district levels in provision of potable water supplies.
- d. Sample surveys and functional analyses do not appear to be widely used in obtaining better quality management information. Development of such surveys possibly including functional analyses should be considered.
- e. One of the areas in which SNEM activities can help strengthen the rural health delivery system is by providing chloroquine tablets routinely to agents de sante. At present, the agents have to request this medication from the nearest dispensary before prescribing it for one of their patients. Likewise,

some SNEM field workers in under-utilized areas could perhaps be trained as agents de sante. It is recommended that this be considered either under 091 or a follow-on project.

- f. Integration of "mixed" clinics into the DSPP needs to be examined carefully since at least one of the clinics observed by the team was carrying out a program which exceeded in quality any which were observed in purely DSPP supported clinics. Experience elsewhere has shown that this can, in fact, be accomplished but it requires careful consideration and coordination between the responsible government organization and the private voluntary organizations which service these installations.
- g. Training facilities and materials for health education of the public must be strengthened . It is recommended that this be given greater emphasis and that appropriate participant and observational training be included in the project.
- h. Observation of improved management technologies and management training might be included in the overall participant training program. For example, high level DSPP/BPE officials should visit countries where rural health service management is an important activity, not only within the substantive health area but in the conceptualization of the holistic approach to development. Consideration should be given to a self-assessment of present managerial capacity of the DSPP (financed from the DS/RAD centrally funded Health Management Assessment Project).

C. The Malaria Control Program - SNEM:

1. Major Findings:

The anti-malaria program has not reduced the incidence of malaria to a fixed target level. The lack of success is attributable to many factors, primarily, the inadequate relationship between epidemiological data and the measures taken to ameliorate the malaria problem.

In general, the evaluation team found that not enough attention had been devoted from the beginning of the project to (1) the definition and measurement of entomological parameters and geographical distribution of malaria in the country; (2) the stratification of malarious areas; (3) the assessment of the impact of various intervention measures; and (4) the evaluation of malaria mortality and morbidity rates. Supervisors tend to overlook the need to monitor field activities and to collect needed information. Lack of information and the absence of a detailed annual plan of action with well defined targets made it impossible for SNEM as well as the evaluation team to evaluate achievement against expectation.

Apart from technical and operational shortcomings in implementation, the program suffers from problems of goal identification. Although the program is identified as a long-range control effort to reduce malaria incidence below 500 cases per million, the proposed 1979 Plan of Action states that the goal is short-term eradication. This conversion has not been discussed with AID nor with the Ministry of Public Health and Population. However, no program to achieve the goal of malaria eradication has been defined nor have any tentative estimates of costs been made. It is apparent, however, that an eradication program would require funds greatly in excess of existing availabilities.

SNEM has spent or obligated over \$522,000 for 145 tons of fenitrothion, an expensive, highly toxic insecticide, whose effectiveness against the only incriminated Haitian vector is unknown. Due to lack of reliable information on this and other insecticides, no decision can be

made at this time as to the technical feasibility of an eradication program. Even if appropriately conducted tests of the insecticides under consideration demonstrate that an eradication program is technically feasible, a substantial range of additional constraints, including staffing, training, and the need for more advisors would have to be overcome.

2. Recommendations:

1- Pending resolution of the question of technical feasibility of eradication, the control effort should be continued following the strategy proposed in the report of the evaluation team (Attachment No.2).

2- Conduct field-research projects to determine the effectiveness of three residual insecticides - fenitrothion, malathion and DDT - in interrupting the transmission of malaria under Haitian conditions.

3- Suspend any extension of operational use of residual insecticides until the effectiveness of all three candidate insecticides has been fully field tested and one or more found effective.

4- Recruit a highly qualified, experienced epidemiologist to plan, execute and evaluate the three field-research projects. He would report directly to the SNEM director and have full operational control over the planning and execution of the field tests and evaluation of the results. He would require support of the PAHO entomologist and the full-time service of a well-qualified sanitarian, also from the PAHO advisory staff, to supervise the day-to-day field implementation of the projects. Whether the field-research project director is to be supplied by PAHO or AID should be resolved in terms of ability to locate and recruit the man, not by limitations prescribed in the present Memorandum of Understanding.

5- Adopt as the insecticide of choice the one which proves most effective for operational use under Haitian conditions. Should more than one insecticide prove to be capable of interrupting transmission,

the least expensive should be selected.

6- During the period of recruiting, direction, planning, execution and evaluation of the three field research projects (fifteen months from the time project director reports for duty), classify the country according to homogeneous eco-epidemiological strata on the basis of epidemiological, entomological and parasitological data already available from SNEM records or to be developed. Such stratification will specifically identify areas of high endemicity which require most urgent attention and will permit pre-selection of the most effective intervention measures. Such measures would then be subjected to field testing to evaluate their effectiveness under operating conditions.

7- Recruit without delay qualified successors to the PAHO chief-of-party and the sanitary engineer. An experienced epidemiologist and an equally experienced sanitary engineer are also required.

8- Use the 15 month testing period to initiate a program to train SNEM staff members both in Haiti and overseas to conduct, monitor, measure and evaluate a well-planned antimalaria program, whether it is designated as control or eradication.

9- Continue during this period to protect the population of rural Haiti against malaria-caused morbidity and mortality through the distribution of drugs. By choice, the presumptive treatment is simple chloroquine, which has been shown to be very effective against the parasite Plasmodium falciparum found in Haiti. (Attachment No.2 contains recommendations for streamlining and reducing the present surveillance and drug distribution system).

10- Determine through field testing of intervention measures the effectiveness of two apparently wasteful activities. In the absence of a clear demonstration of operational effectiveness, terminate the use of thermal fogging (except as an emergency measure during

periods of epidemic) and sharply reduce the program of larviciding by limiting its use to the areas where it has a chance of operational effectiveness.

11- Continue to employ the techniques of source reduction (environmental management) and biological measures (use of larvivorous fish) as a means to reduce the production potential of the foci of the mosquito vector, Anopheles albimanus. Source reduction, like all other intervention measures, requires testing and evaluation and should be sufficiently concentrated to have a measurable impact on the mosquito production potential of an area.

Attachment No.2 contains recommendations concerning the stimulation of participation in this form of activity (which may be considered a capital investment as well as an anti-vector measure) by other entities, public and private.

12- In view of such immediate problems as shortage of services, potential funding shortfalls and extent and duration of commitment to the anti-malaria effort, revise the tripartite Memorandum of Understanding between the GOH, PAHO and AID.

II. Actions Initiated and Planned

A. Health Planning - DSPP

Approximately \$520,000 remain unexpended under the DSPP component of project 086 as of 9/30/79 (see Financial Status Statement - Annex A). About half of this amount is obligated in on-going contracts and the balance is for budgetary support. Activities for this year include continuation of training and initiation of activities of the Research/Training Center to be built at Meilleur under RHDS (091).

Many of the objectives of 086 have been incorporated in the 091 project. The specific recommendations for 091 are discussed in section B.2 above. Mission actions, summarized below, are keyed to these recommendations.

(1, 2 & 3) Training and managerial capacity will be addressed through technical assistance provided in 091. The USAID

endorses the Pacific Consultants evaluation recommendations with some modifications which are fully articulated in Annex B.

(4 & 5) Discussions will be initiated with DSPP to better define the regionalization plan. USAID agrees that RHDS should be implemented on a region-by-region basis. Policy and plans for this should be required under Conditions Precedent in Section 4.1 (d) of the Project Agreement.

(6) Integration will only proceed as is realistically feasible.

(7) No salary supplements will be provided by DSPP as a motivational factor. Technical Assistance provided under the personnel management section of 091 will examine other incentives.

(8) Training of trainers workshops are planned under 091

(9) The feasibility of a community water supply project will be examined when 091 begins implementation.

(10) Project 091 is aimed at strengthening the role of BHP/E in the DSPP policy and planning process. In addition the USAID proposes

establishment of a Rural Health Coordinating Committee to promote coordination of USAID/PAHO/DSPP activities (See Annex B, Item 9.)

B. Malaria - SNEM:

On September 18-19, 1979 a SNEM Executive Committee meeting was convened to discuss evaluation recommendations, the Memorandum of Understanding and the 1980 Plan of Action and Budget. In addition to USAID, PAHO/Haiti, SNEM and the GOH, AID/W and PAHO/W were represented and Mr. Farwell, head of the evaluation team, also attended.

The outcome of the meeting was very positive. First, practically all the team's recommendations were accepted. It was agreed to set up a pilot project to test the three operational insecticides by November, 1979 and to provide SNEM with technical assistance from CDC and PAHO to formulate the protocol for these tests. (The consultants are scheduled to arrive November 17). The other recommendations will be implemented step by step beginning in CY 80.

Second, the Memo of Understanding was revised. Major changes included increases in technical assistance by both PAHO & AID, circulation of all technical documents among SNEM, AID & PAHO officials, and conclusion of the AID consultant(s) in technical as well as administrative meetings.

The Plan of Action was approved pending changes recommended by Mr. Grenier, the technical advisor, and Mr. Farwell. Similarly, major revisions to the budget were recommended. These have nearly been completed and the budget will soon be submitted for approval by SNEM.

Annex A

Financial Status of
Strengthening Health Services II (086)
as of 9/30/79

<u>Components</u>	<u>Agreement</u>	<u>Cumulative Obligations</u>	<u>Cumulative Expenditures</u>	<u>Unliquidated Balances</u>
DSPP	<u>(1,525)</u>			
Contract Services	603	603	345	258
Budget Support	919	919	657	262
Other Costs	3	3	3	0
SNEM				
Budget Support	<u>(6,000)</u>			
Earmarked	<u>2,968</u>	2,968	2,589	379
Unearmarked	3,032	3,032	0	3,032
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TOTAL	7,525	7,525	3,594	3,931

APHA CONSULTANT REPORT
ON THE
AID-FUNDED RURAL HEALTH DELIVERY SYSTEM
PROJECT 521-091

Jerry Russell, Dr. P.H.
Port-au-Prince, Haiti
September 13-28, 1979