

PROJECT EVALUATION SUMMARY (PES) - PART I

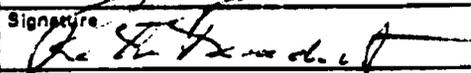
Report Symbol U-447

1. PROJECT TITLE Rural Medical Assistance			2. PROJECT NUMBER 682-0202	3. MISSION/AID/W OFFICE USAID/Mauritania
5. KEY PROJECT IMPLEMENTATION DATES			4. EVALUATION NUMBER (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) <u>82-5</u>	
A. First PRO-AG or Equivalent FY <u>79</u>	B. Final Obligation Expected FY <u>79</u>	C. Final Input Delivery FY <u>84</u>	<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION	
6. ESTIMATED PROJECT FUNDING			7. PERIOD COVERED BY EVALUATION	
A. Total \$ <u>2,163,000</u>			From (month/yr.) <u>August, 1979</u>	
B. U.S. \$ <u>1,662,000</u>			To (month/yr.) <u>March, 1982</u>	
			Date of Evaluation Review	

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
1. This project is generally on-target in achieving its objectives. Implementation of major project activities, as defined in the PP and Pro-Ag, should be maintained. At the same time, the evaluation has highlighted two significant and interrelated problems which must be addressed, both by the project staff and through independent consultancies where required.	MOH/ Contractor/ USAID	8/83
a. Costs. The evaluation has noted the relatively high cost of training, installing and supervising community health workers (CHW). Means must be investigated to reduce the financial burden of operating the CHW system.		
b. The project's administrative and supervisory structure for handling CHWs is not well integrated into the existing Mauritanian health system. Investigation must be made of how to more closely integrate the CHW and other rural health programs into a more cohesive and manageable system at the regional level.	MOH/ Contractor/ USAID/ PRICOR Proj.	8/83

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS			10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT		
<input type="checkbox"/> Project Paper	<input checked="" type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify)	A. <input type="checkbox"/> Continue Project Without Change		
<input type="checkbox"/> Financial Plan	<input checked="" type="checkbox"/> PIO/T		B. <input type="checkbox"/> Change Project Design and/or		
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify)	<input checked="" type="checkbox"/> Change Implementation Plan	Minor Changes	
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P		C. <input type="checkbox"/> Discontinue Project		

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)		12. Mission/AID/W Office Director Approval	
Linda Neuhauser, Health Officer, USAID/Mauritania		Signature: 	
Mohamed Mahmoud Ould Hacen, Director of Public Health		Typed Name: Peter Benedict, Director	
Ramiro Delgado - Garcia, Consultant, DIMPEX Assoc.		Date: December 15, 1982	
Mona Grieser, Public Health Advisor, RMA Project			

Continuation (PES - Part 1)

Block 8 (cont.)

<u>ACTION</u>	<u>RESPONSIBLE OFFICER</u>	<u>DATE TO BE COMPLETED</u>
2. The administrative burden on the Contractor was not properly foreseen in the design documents. As a consequence, the scope of work for the T.A. Contract must be expanded and the Contract amended to take these administrative responsibilities into account.	USAID/ AID-W/ DIMPEX	ASAP

13. Summary

The Rural Medical Assistance project has been successful in its efforts to initiate a system of community level primary health care in the Trarza Region, supported by community health workers selected by the local communities and trained through the project. Through the end of the evaluation period (March, 1982), nearly 100 villages were actively participating in the project. The goal of the project is to involve roughly 200 communities in the program over the life of the project - a goal which will be met given the current rate of progress.

During the remaining life of the project, while the number of CHWs is expanded and their training reinforced, concurrent efforts must also be made to find means to reduce the cost of the program of training, installing and supervising the CHWs. The current mode of operation, which is experimental in nature, is too costly, particularly in light of the poor economic health of Mauritania and the need to hold down recurrent cost burdens.

A part of the solution to the cost problem lies in a closer integration of the CHW program with the existing administrative structure of the Ministry of Health. Closer integration should reduce the supervisory burden and associated costs of vehicle and fuel usage. A more cost-effective, integrated system of primary health care will be more likely to be replicated in other regions of the country once the current project is completed.

14. Evaluation Methodology

This interim evaluation, conducted jointly by USAID and the Mauritanian Ministry of Health, was designed to assess project progress and to recommend any needed changes in the focus or operation of project activities. The principal technique employed was that of interviewing. All principal administrative and technical personnel associated with the project were interviewed including USAID, GIRM and contract personnel. A small group of field-based CHW and supervisory personnel were also interviewed in order to assess progress in the target region. The major objective was to analyze the project's success in: (1) establishing procedures for selecting and training nurses and CHWs in primary health care techniques, (2) developing a curriculum for the training of CHWs, (3) developing a methodology for primary health care organization at the village level, (4) promoting village level support of CHW and the restocking of village medical kits, and (5) collecting data on the development and execution of project activities.

15. External Factors

The project setting has not changed substantially since the project was initially designed. Environmental conditions and the physical setting of the project still impose the same threats to human health.

16. Inputs

The GIRM has supplied the required technical personnel, training sites and office space for this project. The need for personnel to handle

project logistics (drivers, office personnel) was not well foreseen in the PP. As a consequence, expenses for such personnel have been absorbed by AID. The Peace Corps has supplied an initial group of 5 volunteers to work with the project who are now completing their terms of service. There will not be a second group of volunteers for the project since there was not sufficient success in defining a meaningful role for the volunteers within the project.

Some changes have been made in AID's inputs to the project, including the elimination of an advisory position in the training field. As the project has progressed, some equipment items such as tents for the CHWs and a radio system have been dropped as either impractical or unnecessary. The major inputs required by the project are now in place.

17. Outputs

The project has trained 96 CHWs for 96 communities in the Trarza region. The PP calls for a total of 192 such workers to be trained - a goal which the project will meet given its current rate of progress. The other outputs regarding training of supervisors and educational staff for the CHW program are being achieved.

18. Purpose

"(1) To develop a basic health care system in Trarza Region which, with modifications, can serve as a model for similar projects throughout Mauritania. (2) To assist the GIRM to develop the capacity to plan,

manage and operate a low-cost primary health care system."

This program is being achieved. However, the key phrase, "with modifications", must be applied in order to make the program functional in other regions of the country (see section 13 of the PES). Further study must be conducted as well, during the life of this project, on the long-term prospects for continued support of community health workers and the acquisition of needed medical supplies by the local communities themselves. Data gathering must continue so that the viability of the program over time can be assessed and any appropriate adjustments made in the approach to the delivery of primary health care services.

19. Goal

"To help stabilize the rural population in the interior of Mauritania."

Subgoal: "To improve the health status of Mauritanians, particularly in the rural areas of Trarza Region, by providing a low cost, primary health delivery system that is accessible to all."

No attempt was made in this interim evaluation to assess the project's impact at the goal level.

20. Beneficiaries

The project is designed to benefit directly the entire population of the villages served by the CHW program which will be active by the end of the life of the project in approximately 192 communities. To date, the program has reached some 96 communities. While the project is in the

process of gathering data on services rendered to community members, it is too early in the development of the program to assess the impact of this experimental system on the health status of participating communities.

21. Unplanned Effects

No major unplanned effects.

22. Lessons Learned

- (a) Greater emphasis must be placed on the logistical requirements of project activities (clerical needs, chauffeurs, day-to-day administration, transportation costs) during project design.
- (b) If the CHW program is to be practical on a wide scale in Mauritania, costs of the program must be reduced by integrating its training and supervisory functions within the existing administrative structures of the Ministry of Health. Further, the Ministry of Health must develop a more rational system of integration of its various functions at the regional level, including the CHW program, in order to improve management effectiveness and reduce costs.
- (c) By removing the technical advisor position for health education, the development of scientifically sound education methods and materials has not been accomplished. In addition, the public health advisor did not have time to design the data collection

instruments and ensure that data were collected scientifically. Therefore, removing technical advisory positions in order to give the project more money for other budget line items such as operational support does not pay off since the project runs less efficiently and at a lower technical level than desirable.

- (d) Lines of authority and designation of counterparts should be clear. In this project, the Contractor was reporting to the AID project manager. The Mauritanian nurse who was the chief supervisor and administrator was considered her GIRM counterpart. This situation meant that advice and guidance offered by the COP was frequently not acted upon because the GIRM counterpart was not at a decision making level in Ministry of Health. In future, the chief of party of the Contract team should at least have the Director of Health as a counterpart, in the same manner as the AID health officer.
- (e) The specific role of any Peace Corps volunteers to be associated with a project should be clearly defined before project execution. Particularly, a decision should be made about whether volunteers should work at a village, regional or capital city level. Feasibility of executing the role assigned to volunteers should be carefully assessed.

23. Special Comments or Remarks

A report on the evaluation entitled, First Formal Evaluation - Rural Medical Assistance Project, Trarza, Islamic Republic of Mauritania, written by DIMPEX Associates, Inc., is attached as Annex A to this PES.

EXECUTIVE SUMMARY

ON

TECHNOLOGY TRANSFER

Date : December 1, 1982
Project : Rural Medical Assistance (682-0202)
Country : Mauritania
Period of Project: 1979 - 1983

1. What constraint does this project attempt to relieve?

The Rural Medical Assistance project is attempting to relieve the lack of basic primary health care services at the community level in the Trarza Region of Mauritania. Lack of such services means that the first line of defense against infectious and chronic diseases is lost and that sound first aid is not always given at a village level which leads to wound complications. The opportunity is also foregone to assist individuals in eliminating improper sanitary practices and improving the level of prenatal and child care. Weak health services at the community level, if left unremedied, contribute to the high levels of infant mortality and the generally high rate of morbidity among the inhabitants of Mauritania which lead to significant productivity loss throughout the country.

2. What technology does the project promote to relieve this constraint?

The project is promoting the establishment of a system of community health workers trained in the recognition of disease symptoms and the use of basic medicines, first aid techniques and the elementary components of community sanitation. Included in the training of these individuals is knowledge of the basic treatment of malaria, diarrhea, and upper respiratory and eye infections. The use of materials to assist newborns is being promoted including eyedrops to prevent syphilis and purulent conjunctivitis and scissors, alcohol and sterile bandages to cut and bind the umbilical cord to prevent tetanus and puerperal sepsis. Village health kits, to be restocked by means of the community's own resources, include antimalarial pills, cough medicine, eye and skin ointments, antihelminthics and first aid materials.

3. What technology does the project attempt to replace?

Knowledge of the relationship between diseases and the disposal of waste and the use of impure water is rudimentary in Mauritania. The availability of sterile materials and medications for the care of newborns and the prevention and treatment of disease and injuries is extremely limited. So too is the knowledge of how properly to use such medications and health supplies. The project aims to upgrade local health care skills and knowledge and to promote the availability of products useful in improving community health.

11

4. Why did project planners believe that intended beneficiaries would adopt the proposed technology?

Traditional medical practices, encompassing fairly organized if antiquated criteria of diagnosis and treatment, are widespread in the region. The project meets an expressed need for curative services (first aid, malarial treatment, and rehydration) that was not previously being met. The project attempts to build on this demand, where possible, by providing up-to-date knowledge of medical practices and techniques and introducing commodities of proven efficacy. The basic problem is not one of social acceptability, but that of cost. If the project can demonstrate that the social and economic benefits of improved community health care outweigh the costs of supporting the health worker and the required medical supplies, then the technology introduced by the project will be adopted. The project is in fact an experiment designed to assess how best to provide such services at an acceptable cost to local Mauritanian communities. The many requests made by villages, both within and beyond the Trarza Region, to be included in the project's program is evidence of the strong demand for village level health services in Mauritania.

5. What characteristics did the intended beneficiaries exhibit that had relevance to their adopting the proposed technology?

See item 4 above.

6. What adoption rate has this project achieved in transferring the proposed technology?

The project has to date trained and installed 96 community health workers in communities which have agreed to accept and support the program. This implementation rate is above that expected in order to meet the goal of establishing the system in 192 communities by the end of the project. Continued surveillance and analysis will be required however to assess the long-term impact of the program.

7. Has the project set forces in motion that will induce further exploration of the constraint and improvements in the technical package proposed to overcome it?

The project has been instrumental in assisting the Ministry of Health to reorient its program planning from an essentially urban-based, curative approach to an approach which includes a primary health care component with a focus on rural areas. This reorientation is expressed in the Government's desire to expand the primary health care scheme developed under the project to other regions of the country, once cost-reducing administrative changes have been effected.

8. Do private input suppliers have an incentive to examine the constraint addressed by the project and to come up with solutions?

The GIRM has recently authorized the licensing of a limited number of individuals to participate in the distribution of drug supplies to rural areas. This approach is in its infancy, but tends to reflect a shift in current public policy toward allowing greater private participation in health practice and drug supply.

9. What delivery system does the project employ to transfer technology to intended beneficiaries?

The delivery system consists of a series of training programs which transfer skills to all participants in the project: supervisory staff, the community health workers and local trainers who will be able to continue the education process once the project is completed.

10. What training techniques does the project use to develop the delivery system?

Training seminars have been held for first-aid agents, local trainers themselves, community health workers, and CHW supervisors. The CHW training program is carried out on a recurrent cycle, including reinforcement sessions for previously trained workers. Trainers and supervisors have also been sent on short-term educational programs in village health to the WHO facilities located in Lomé.

11. What effect has the transferred technology had upon those impacted by it?

As shown by the level of participation in the CHW program to date, interest in project activities is strong. The long-term impact of the project in terms of continued participation and benefits to community health cannot yet be assessed. A more complete answer to this question will be available at the time of the final evaluation of this project which will be conducted in late FY 83 or early FY 84.

15