

UNITED STATES GOVERNMENT

5170100 (3)

# Memorandum

TO : Mr. Gerald Schwab, Chief, LA/DP/ES

DATE: March 11, 1974 16p

FROM : Francis R. Campbell, Program Officer, USAID/DR

SUBJECT: Evaluation of AID Loan 517-L-021, Maternal and Infant Care

REFERENCE: Campbell/Schwab letter, 1/31/74; SD TOAID A-117, 9/10/73

Enclosed is the Evaluation Report of AID Loan 517-L-021, Maternal and Infant Care which is submitted in compliance with USAID/DR's FY-1974 Evaluation Plan.

This was the Mission's first attempt at using the logical framework techniques on a capital project evaluation and it took more time because of that; we think it proved to be a useful exercise, in this case at least. We will be interested in any comments you might have.

cc: (W/enclosure)

Messrs Seifman/Ivers and Ms Parker, LA/DR

Mr. G. Gower, LA/CAR

(W/O enclosure)

Evaluation Committee Members: B. Piñero, J. Suma; A. Valdez

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EVALUATION OF  
AID LOAN 517-L-021  
MATERNAL AND INFANT CARE  
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DOMINICAN REPUBLIC

SUMMARY

The project purpose will have been achieved upon completion of the project although later than planned. Because of a misjudgement as to the magnitude and the complexity of the specified goal, no demonstrated decrease in the rate of population growth has been achieved while, concurrently, no increase has been evidenced. Nevertheless, upon examining the benefits derived from the project, this evaluation reveals that the essential preconditions for an effective family planning program will have been established. The future benefits to and effectiveness of the family planning program, in terms of reduced numbers of births per dollar/peso of expenditure, can be favorable ... assuming the adoption of accompanying administrative reforms on which future assistance should be focused.

FOREWARD

To carry out this capital project evaluation, the Mission used, to the maximum extent practical, the logical framework technique described in AIDTO CIRC A-1030 (11/2/73). The methodology suggested was followed closely. Therefore, the accompanying matrix is an integral part of the evaluation and should be examined before reviewing the following commentary.

To facilitate future 021 loan evaluations that will be based on this exercise and in the interest of considering the nature and design of future capital assistance in the health sector, a major effort was made to verify original project objectives and to revalidate the changes that have since occurred effecting these factors.

BACKGROUND

In February 1968, the Secretariat of Public Health adopted a regional health services plan that was to include a program of maternal/infant care services, including family planning, through a dispersed system of hospitals, maternity-health sub-centers, and rural clinics. Based on this plan, USAID submitted a Capital Assistance Paper proposing to finance \$9.32 million for construction/remodeling of 132 health facilities plus equipment, training and technical assistance. The Loan Authorization, however, provided only \$7.1 million. Although the loan was signed in April 1969, the preparation of equipment lists and detailed construction specifications were not completed until 1971.

## PROGRESS TOWARD PLANNED OBJECTIVES

### Goal

The goal, a sharp reduction in the population growth rate, is not set forth in the Loan Agreement, but is part of the rationale offered for the loan in the Capital Assistance Paper. To address the population problem the project was conceived and structured to provide physical facilities for medical services in terms of a maternal/infant care program with family planning being an integral part of that care. Both the magnitude and complexity of the goal appear to have been seriously misjudged in that a measure of progress toward goal achievement, the only such measurement that is specified under the project, was a reduction in the population growth rate from 3.40 percent to 3.33 percent by 1970.

As yet, no demonstrable progress has been made toward achieving the project goal. The present population growth rate of 3.4 percent, based on more authoritative data, is the same as the assumed rate when the loan was signed. On the other hand, many of the loan-financed facilities are just beginning to offer MIC/FP services and achievement of the new goal may ultimately be reached as a result of the contribution made by the loan. Recently, the GODR has modified its target goal to more realistic dimensions in terms of fertility, intending to reduce it from 48 per thousand to 40 per thousand by 1977. 1/

### Purpose

The purpose of the project as set forth in the Loan Agreement -- assist in the creation of the infrastructure necessary to establish a maternal/infant care service (including family planning assistance) in those areas of the country where such a service is most critically needed 2/ -- will have been substantially achieved upon completion of the project, although much later than originally planned. Furthermore, the evaluation has revealed a number of additional benefits emanating from the project that collectively will make a direct, major contribution to the program goal. The significant, additional benefits/<sup>partially</sup>resulting from the project are the following. 1) The mobilization of an organized, multilateral effort involving the U.N. Fund for Population Activities, the Population Council of N.Y. and the Dominican National Population Council, directed squarely at reducing population growth that will provide greater resources and a more balanced approach ; 2) A greater

1/ The new target goal projects a reduction in the population growth rate from 3.4 percent to 3.0 percent by 1977.

2/ Given the time (1967-68) and conditions (opposition of the Roman Catholic Church) then existing, a strong argument can be made that a more direct, forceful strategy aimed at the population problem could not then have been undertaken.

awareness and desire for FP services among the populace ... admittedly unmet as yet; 3) A stronger commitment and increased realization of the magnitude of the problem among the government officials directly or indirectly responsible for public health services. Therefore, we conclude that the public health physical delivery system, to which AID has made a major contribution, will be adequate by December, 1975, to meet the government's new, more realistic population goal given reasonably efficient use and administration.

In assessing progress against original project benchmarks, it becomes apparent that the project was one of providing primarily, physical facilities in terms of brick, mortar, and equipment (76.7 percent of the loan amount was programmed for construction and procurement) as a first step toward the establishment of a comprehensive MIC/FP program to reduce population growth. No intermediate targets or benchmarks are set forth to measure the efficacy and the efficiency of project MIC/FP facilities. This lack of utilization or efficiency considerations are, in part, indicative of the design of the project, that is, a first generation, project loan focused on hardware with few sectoral consideration, and of the conditions then existing, including a near void in public health statistical data. At this juncture, with only 29 of 49 facilities completed, and the majority of the 29 having been operational for less than two months, evaluation of quality, cost, efficiency, and effectiveness of project MIC/FP services cannot realistically be attempted on either an objective or subjective basis.

On AID initiative, the current health sector assessment will focus sharply on the gap in performance measurement. Furthermore, other donor assistance, such as the UNEPA program, contain sizeable evaluation TA elements that will assist the USAID in measuring and evaluating program cost per patient, effectiveness of preventive versus curative services, hospital versus outpatient care, the efficiency of the MIC approach, and other program indicators. Nevertheless, relative to the facilities utilization factor, available evidence indicates that the regional dispersion function of the loan is being achieved. That is, the accessibility to increased MIC/FP services to the country's more densely populated areas is being provided for. Therefore, the prospect of a broader, public health delivery system than cost efficiency factors would substantiate, may be justified on the basis of more equitable accessibility by the underprivileged to public MIC/FP services.

The project purpose was based on several assumptions which were again examined during this evaluation: a) the MIC approach was essential to and could help reduce population growth rates; b) the GODR was committed to a population control program, but only as part of a comprehensive health program focussing on the individual. Both assumptions are, as far as we can determine, still valid although there are recent indications that greater and more direct family planning activities should, and probably will, be undertaken. The current USAID/GODR Health Sector Assessment will examine this possibility.

Project Outputs

The loan agreement was for \$7.1 million and first called for 72 facilities throughout the country. The number of facilities was subsequently reduced to 49 because the original 1968 cost estimates for facilities were substantially below actual costs when construction bids were awarded a number of years later. Nevertheless, the important regional dispersion element of the project was maintained. (See Annex I.) However, even the reduced construction was not completed in accordance with the original schedules. This was the result of an array of operational problems involving factors such as the Secretariat of Health's unfamiliarity with AID construction and procurement procedures, poor construction contractor performance, subsequent material shortages, institutional administrative weakness, etc. At one point, the USAID held in abeyance the programming of uncommitted (Phase II) loan funds until a joint corrective plan of action was agreed to and was carried out.

One of the reasons for the many initial implementation problems was the assumption of sufficient management capability in the Secretariat of Health, particularly when supplemented with loan-funded, direct hire and other donor technical assistance. With the advantage of hindsight, the USAID now knows that greater attention, and therefore, greater resource allocation, should have been given to the management and administrative capability of the Secretariat. This would have insured more timely and efficient project implementation and it also would have assured the more effective administration and use of MIC/FP facilities, old and new. Nevertheless, the loan helped bring about recognition of the problem which is now being examined as part of the USAID/GODR Health Sector Assessment.

Despite the many implementation problems, progress over the last 12 months has been substantial. As of February 1, 1974, 28 of the planned facilities are completed and fully operational. All remaining Phase I project facilities (17) will be completed not later than December 1974 and all Phase II facilities (4) will be completed by December 1975. Receipt of equipment for Phase I facilities is virtually complete and the procurement documentation covering Phase II equipment is being prepared and will be finalized by April 1974.

While not vividly apparent from the matrix, the evaluation has revealed an evolution in the program as a result of project experience and the practicalities of implementation. There has been a reorientation to expand on those projects elements that are more productive toward accomplishment of the family planning goal without having to make any fundamental change in the structure or magnitude of the output sought. For example, there was a major shift in the type of training which was skewed away from high level, academic training abroad for doctors and dentists to non-academic training of middle level personnel, such as nurses and paramedics, to operate the regional, less-sophisticated MIC/FP facilities. As a result, some 3,917 participants have been trained to date, exceeding the original project target.

## CONCLUSION

Given the advanced degree of project commitments, i.e., the planning, budgeting, pre-implementation of all remaining project activities; the disbursement picture with more than 61 percent disbursements as of 2/28/74; the relevance of remaining project activities to project purpose and goal and the practicalities of adopting alternative activities at this juncture, it is the USAID's decision that no fundamental change should now be made in project execution. While self-evident from an overview of project status, the remaining project period will be increasingly centered on the use of loan financed facilities as they are brought into operation. This period will be the most revealing and significant in terms of the delivery and efficiency of MLC/FP services to the populace.

## ACTION PROPOSALS

1. USAID and GODR should establish benchmarks or measures of performance which will provide quantitative or qualitative targets against which to assess utilization and efficiency (Due Date 9/30/74).

Prepared & Drafted: SDP: AValdez/CRDO: JSuma:iha  
February 28, 1974

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