

UNCLASSIFIED
CLASSIFICATION

PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U-447

1. PROJECT TITLE HEALTH EDUCATION II (OPG No. 4/78)	2. PROJECT NUMBER 526-0306	3. MISSION/AID/W OFFICE PARAGUAY
	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>80-1</u>	
<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION		

5. KEY PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING	7. PERIOD COVERED BY EVALUATION	
A. First PRO-AG or Equivalent FY <u>78</u>	B. Final Obligation Expected FY <u>80</u>	C. Final Input Delivery FY <u>81</u>		A. Total \$ <u>206,770</u>	From (month/yr.) <u>April 1979</u>
			B. U.S. \$ <u>91,000</u>	Date of Evaluation Review <u>February 13, 1980</u>	

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., airmgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Prepare a project implementation plan for the remaining life of the project showing a concentration of activities in those areas where benefits can be maximized and where there is more likelihood to ensure a consolidation.	Misión de Amistad (Dra. Terol)	April 30, 1980
2. Collect whatever data is available on progress toward measures of goal achievement.	id.	Continuing

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 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	
<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	
	Signature <u>Paul A. Montavon</u>	
	Typed Name Paul A. Montavon	
		Date March 19, 1980

WCO
G. William Oglesby, Program Officer, USAID/P

13. SUMMARY

This three year project is being carried out through OPG agreements signed with the United Christian Missionary Society on behalf of its subsidiary project office the Misión de Amistad (Misión). The evaluation showed that there were no problems with the delivery of project inputs and that the Misión has performed well in absorbing into their rolls some A.I.D. funded personnel costs. Project outputs, however, were not achieved in the magnitude planned and full achievement of project purpose appears doubtful. The prime reasons for the shortfalls were identified as the overly optimistic planning and the overestimation of the self help capacity of the rural communities. However, since the project is aimed at the most needy groups and because there has been reasonable progress, it is still of interest to USAID/P to continue working with these communities but concentrating efforts in those areas more likely to succeed.

14. EVALUATION METHODOLOGY

This review is the second annual regular evaluation of the project carried out as called for in the Mission's Annual Evaluation Schedule. The evaluation work was carried out jointly between USAID/P and the Misión and concentrated mainly in verifying progress towards planned targets at the output and purpose levels. As part of the process, field visits were made to four of the eight sites where the project is carrying out its programs to physically observe the progress achieved and discuss project activities with the community leaders. Key individuals participating in the review were the Coordinator of the Health Sector and two social workers from the Misión, and the Program Officer, Evaluation Specialist and Project Assistant from USAID/P.

15. EXTERNAL FACTORS

There were no changes in project setting which have had an impact on the project and most of the assumptions included in the project design continue to be realistic and are proving to be true. There is, however, an important assumption substantially affecting the achievement of project targets that was not adequately formulated in the project plans and that relates to the capacity of the communities and local institutions to adequately support the planned activities. This evaluation has shown that the shortfalls in the implementation are mostly attributable to a lack of local resources by the target population and a complete abandonment of these communities by the local government or other institutions, which constitute conditions that had not been properly assessed at the planning stage.

16. INPUTS

Main A.I.D. inputs include personnel costs and to a lesser extent some materials and supplies and local travel costs. The Misión is committed to provide part of the existing infrastructure to finance general local expenses and to gradually absorb some salary costs in the second and third year. The planned Other Donor contribution has included a vehicle, medicines and personnel costs. Because of problems with the Misión in completing the first annual evaluation of the project, funds for the second year were not released until July 1979, i.e. with a delay of approximately three months. This however, has not hampered project operations significantly because enough prior year funds were still available during that period. In spite of the delay the evaluation has not disclosed any shortfall in the delivery of planned inputs and it should be noted that the Misión has already absorbed into their rolls the salaries of a social worker and an administrative assistant previously financed by A.I.D.

17. OUTPUTS

Actual progress against planned quantitative output targets was found as follows:

	<u>FIRST YEAR</u>		<u>SECOND YEAR</u>		<u>TOTAL</u>	
	<u>Planned</u>	<u>Accom- plished</u>	<u>Planned</u>	<u>Accom- plished</u>	<u>Planned</u>	<u>Accom- plished</u>
1. Community committees	5	5	5	2	10	7 <u>1/</u>
2. Vaccinations	2,000	693	500	1,098	2,500	1,791
3. Sanitary latrines	50	80	25	0	75	80
4. Potable water	0	0	2	2	2	2
5. Med. consultations	3,000	4,598	1,000	1,515	4,000	6,113
6. Vegetable gardens	10	0	0	10	10	10
7. Community centers	2	1	3	2	5	3
8. Volunteers	50	12	0	0	50	12 <u>2/</u>
9. Health auxiliaries	2	1	3	0	5	1
10. Health education courses	5	0	5	1	10	1
11. Leaflets	2,000	2,505	3,000	1,059	5,000	3,564
12. Charts	500	0	1,000	0	1,500	0
13. Translation of films	1	1	1	2	2	3

1/ From this total, only three are fully operational. i.e. with a formally appointed board, registered with the local authorities and meeting regularly to develop or implement programs. The other four are either inactive or newly formed committees that have not started a program yet.

2/ Includes only those volunteers that are engaged in some type of community work. The total number trained amounts to 56.

As can be seen, the project has performed well in achieving the planned number of outputs related to the medical aspect (vaccinations and medical consultations). It has not, however, attained those planned outputs related to the organization of the communities and the delivery of health education services per se. The shortfall appears to be partly due to an overly optimistic planning and a lack of self help efforts on the part of the communities due to the extreme poverty in the areas selected by the project and the absence of other services with which the project could have coordinated a combined action.

18. PURPOSE

The purpose of the project is to establish a permanent capacity to provide health services and education in specified low income rural and urban sectors of Paraguay, utilizing resources available at the local community level. This evaluation showed that progress towards achievement of the purpose is slower than anticipated and that it is very unlikely that the Misión will be able to regain the lost ground and achieve the project purpose in the time period planned. Progress towards each End of Project Status (EOPS) condition was found to be as follows:

EOPS No. 1 - "Five self-financed community centers providing assistance to 1,000 people annually."

Project plans provide that by the end of the second year, the project should have consolidated a total of five community committees and organized five additional ones. Two community centers are scheduled to be completed and in operation and the construction of three additional centers is scheduled to begin.

The evaluation has shown that the project is far behind in achieving the above targets. So far, the Misión has been able to organize a total of seven community committees but only three of these committees were found to be operational and engaged in the construction of community centers. The other four are not likely to achieve any meaningful program during the remaining life of the project. Three community centers were found to be in various stages of completion. One center was half finished and in spite of the lack of floors and doors it is already being use for occasional activities like medical consultations and vaccinations.

The construction of another building has reached the roof level and the committee is presently engaged in collecting materials to complete the roofing. Construction of the third center has not started yet but the community committee is very active in fund raising activities and collection of building materials.

It should be pointed out that these centers are being built in relatively isolated areas where there are no medical services available at all and the communities view these centers as a way of fulfilling their basic needs for medical attention. Therefore, it is easy to anticipate that once they become operational, their function will concentrate on out-patient medical assistance and not offer health education services as foreseen in the project planning documents.

EOPS No. 2 - "A technical capability developed within the Misión de Amistad to continue operating the program. A total of 50 volunteers trained and providing services to the target group."

The Misión has a cadre of 12 technicians composed of one medical doctor, four social workers, two nurses and supporting personnel. The size and capability of the team appears to be commensurate to the program. The only concern seems to be the future financing of personnel costs presently funded by A.I.D. Although the Misión has complied in absorbing the salaries committed in the project documents there are other salary costs that A.I.D. is committed to finance through the end of the project without any proviso for a progressive absorption by the Misión.

The Misión has been able to train a total of 56 volunteers. Out of this total there are twelve that are sporadically performing some type of community work through one of the community centers. The rest of the volunteers were trained in areas where the community centers are not functioning yet, do not have the resources to perform and are rather inactive.

EOPS No. 3 - "Capacity within the Misión to train paramedical personnel."

The whole staff of the Health Sector of the Misión has been exposed to adequate training in medicine, health and sanitation. These workers, together with the MD in charge have proved their capability to in turn provide adequate training to paramedical personnel in rural areas, and carry out other type of educational activities. The only area of concern, as pointed out under EOPS No. 2, is the retention of most personnel after the A.I.D. funding is terminated.

EOPS No. 4 - "Capacity of the Misión to produce its own AV materials."

The Misión owns an AV workshop fully equipped to adequately serve the whole present needs of the institution. The less than planned production of materials during this year has been solely due to the short-falls in the implementation of educational activities.

19. GOAL

The goal of the project is to improve the quality of life in poor communities of Paraguay. No data are available yet concerning any changes in the standards of living of the rural communities where the project is being implemented. Considering that the project is falling short in achieving its purpose it is very unlikely that a contribution to any statistically measurable aspect of the goal will be made at the end of the project. Nevertheless it is believed that the Misión should initiate collecting data on a systematic basis on the progress made towards the various measures of goal achievement in order to permit a more meaningful assessment of the impact of the project.

20. BENEFICIARIES

Direct beneficiaries of this project are approximately 30,000 rural and urban low income people living in the areas of influence of the project. Most of the beneficiaries live in the minifundia areas around the capital city where due to inadequate size of land or depleted soil farm income is either extremely low or non existent. The only medical services available are those provided by untrained or incompetent practitioners.

21. UNPLANNED EFFECTS

USAID/P is unaware of any significant unplanned effects.

22. LESSONS LEARNED

This evaluation has identified several "lessons learned." These deal mostly with the allocation of A.I.D. inputs and an overly optimistic assessment of the self help element. Several conclusions can be drawn from these circumstances but we believe that comments should be deferred to the final evaluation of the project that will take place in April 1981.

23. SPECIAL COMMENTS

None.