PD-AAZ-427
61733

CLASSIFICATION

PROJECT EVALUATION SUMMARY (PES) — PART I

Report Symbol U-447

1. PROJECT TITLE	2. PROJECT NUMBER	3. MISSION/AID/W OFFICE
Rural Water Borne Disease Control Project (645-0087)	645-0087	USAID/Swaziland

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) 86

☒ REGULAR EVALUATION ☐ SPECIAL EVALUATION

5. KEY PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING	7. PERIOD COVERED BY EVALUATION
A. First PRO-AG or Equivalent FY 79	B. Final Obligation Expected FY 88	C. Final Input Delivery FY 89	A. Total $ 4,626,000 B. U.S. $ 3,296,800	From (month/yr.) July 83 To (month/yr.) July 86 Date of Evaluation Review Aug/Sep 1986

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
The evaluation was conducted in August-September 1986 as a final project evaluation. The evaluation produced sixty recommendations (see attached list of recommendations). Of these sixty, twenty-nine were rejected or considered not applicable by the Government of Swaziland (GOS) and USAID. The evaluations findings and recommendations resulted in an extension of the PACD for a further three years from 30 September 1986 to 30 September 1989, an increase in the life of project funds of $2 million, and a major focus on the construction of water systems and community involvement in health education. APPROVED RECOMMENDATIONS Health Education Unit - Rural Water Supply Board (RWSB) Community Development Officers should be supported in their efforts to work with other GOS community development workers. - The Unit should be fully staffed especially at the regional level so that it can have impact in regional coordination meetings	USAID and Government of Swaziland Health Education Unit (HEU) Health Inspectorate (HI) Bilharzia Control Unit (BCU) Public Health Engineering Unit (PHEU) Health Planning and Statistics Unit Rural Water Supply Board (RWSB)	

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

- [X] Project Paper
- [ ] Financial Plan
- [X] Logical Framework
- [X] Project Agreement
- [X] Implementation Plan e.g., CPI Network
- [X] PIO/T
- [ ] PIO/C
- [ ] PIO/P
- [ ] Other (Specify)
- [ ] Other (Specify)

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

- A. [ ] Continue Project Without Change
- B. [ ] Change Project Design and/or [ ] Change Implementation Plan
- C. [ ] Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)

Mary Pat Selvaggio, Project Officer M.P. Selvaggio
Joan C. Johnson, Mission Evaluation Officer
Mahdoda Dlamini, Public Health Engineer, RWSB
Napoleon Ntezinde, Senior Engineer, RWSB N. M. Ntez.

12. Mission/AID/W Office Director Approval

Signature
Typed Name Roger D. Carlson, Director
Date

AID 1330-15 (3-78)

Health Inspectorate (HI)

- The HI Task Force should be re-activated
- The HI should work with Department of Labour to approve the redefined posts within the HI
- Establish and fill the post of Chief Health Inspector
- Provide training for deputy chief health inspector and regional health inspectors.
- Enhance training in medical statistics and program evaluation in curriculum for health inspectors

Bilharzia Control Unit (BCU)

- Repair bilharzia computer program and provide training to the head of BCU.
- Clarify and institutionalize supervision of BCU by MOH.
- Arrange refresher course for BCU staff.
- Send current head of BCU for a University degree.

Public Health Engineering Unit (PHEU)

- Set up a task force to define manpower needs and training in the field of public health engineering.
- Develop the present draft of the spring protection manual.
- Design practical workshops in small spring engineering technology.
- Provide on-the-job training for two health assistants per region in spring protection.
- Execute a demonstration of a spring protection project for all health assistants
- Activate a spring protection work group

Health Planning and Statistics Unit

- Assure the appointment of a 3-year epidemiologist advisor.
- Establish and fill GOS post of Epidemiologist.
- Fill post of Deputy Director of Medical Service.
- Provide in-service training to MOH Planning and Statistics Unit.
- Clarify and institutionalize supervision of BCU by Ministry of Health (MOH)
- Arrange refresher course for BCU staff.
- Send head of BCU for a University degree

Rural Water Supply Board

- Arrange training for health assistants, community development officers, clerks of works and inspectors at the regional level
- Design practical workshops in small spring engineering technology for two health assistants per region
- Provide on-the-job training for these two health assistants per region
- Execute a demonstration spring protection project for all health assistants requiring training.

ABSTRACT

The Project was authorized in August 1979 with an estimated completion date of September 30, 1985. The PACD was then extended to 30 September 1986. The 1986 evaluation of Rural Water Borne Disease Control Project was scheduled as a final evaluation. However the major findings and recommendations led to a decision in late FY 86 to extend the PACD, restructure the project through a Project Paper Amendment, and provide additional funds in the amount of 2 million dollars.

The RWBDC Project extension re-focused resources to strengthen health education, inter-ministerial and community coordination and to allow for the construction of water systems and latrines.

The 1986 evaluation report on the RWBDC Project is very extensive and totals over 200 pages including annexes with over sixty recommendations.

1. Background

The RWBDC Project was authorized in FY 1979 with an LOP funding of $5,297,000. The Project involved two major Government of Swaziland Ministries: Ministry of Health (MOH) and Ministry of Natural Resources, Land Utilization and Energy (MNRLUE). Within these two Ministries project implementation involved six different implementing units. The project's primary goal was bilharzia control efforts. The Project was designed to address the problem water related diseases by supporting GOS national programs to influence health practices at the community level. The Rural Water Supply Board (RWSB) of the MNRLUE and the Public Health Engineering Unit worked together in providing new water systems and improving existing water systems in the rural areas. Within the MOH, the Health Education Unit (HEU), Health Inspectorate (HI) and Bilharzia Control Unit (BCU) coordinated the health aspects of water borne diseases. With technical assistance these units provided training information and stimulated communication to control bilharzia. The Project also aimed to strengthen the institutional capability of these units. Several participants were sent away for long term training and have already returned.

The evaluation noted the success of a pilot effort during the last six months of FY 86, implemented by RWSB to construct new water systems, improve existing water systems and construct latrines - thus bringing potable water to thousands of rural beneficiaries. The success of this pilot activity led to a decision to extend the PACD and provide additional funds for water supply and latrine construction, and follow-on support to health education, sectoral planning and public health engineering.

2. Timing

The 1986 evaluation of Rural Water Borne Disease Control Project was scheduled as a final evaluation. Responding to a request by the Mission, the evaluation team examined four questions related to future funding of rural water supply systems, new construction and rehabilitation of existing systems. This led to a decision to extend the Project for a three year period.

Because of the broad scope of the evaluation and the number of Government agencies involved (five) in the implementation of the Project, it took considerable time to review and reach a consensus on all of the recommendations. The evaluation produced sixty (60) recommendations and of these 29 were rejected on various grounds (see attached list of recommendations).

3. Evaluation Methodology

A team of three specialists collected and analysed data to determi how the project contributed to strengthening the institutional capabilities and interagency cooperation of the GOS in the areas o public health engineering, health education, community participation, environmental sanitation and epidemiology. The tea reviewed relevant Project documents and materials; interviewed GOS officials, the Project chief-of-party and other agency officials; and made site visits.

4. Beneficiaries

The project evaluation found that over 40,000 beneficiaries had improved information on water-borne related diseases and improved health practices. A pilot activity had proved successful in delivering clean, potable water to a large number of rural communities in Swaziland.

5. Lessons learned

The evaluation report cites three lessons learned: (i) the importance of coordination at the community level to overcome water-borne diseases; (ii) the importance of working with all the implementing units at the national level; (iii) the importance of supporting pilot activities.

6. Finding & Achievements

The RWRDC evaluation found that additional time was needed by the GOS to solidify the institutional development gains realized durin the life of the Project. The evaluation emphasized the need for further strengthening of the key units involved in the Project.

The evaluation identified areas within both the MOH and MNRLUE in need of strengthening. It recommended continuing the pilot construction activities and strengthening RWSB for this venture. The evaluation stressed the importance of expanding the pilot activity to construct new and improved rural water systems and facilities.

7. Principal Recommendations

a) That the Health Education Center continue to be strengthened in fo areas:
- Evaluative capacity
- Staffing
- Coordination of its activities with other GOS units and Non-government organications involved in health education, and
- Materials budget support.

b) That the management of the Health Inspectorate be strengthened through a series of personnel actions: recruitment and training

c) That the Health Inspectorate Task Force should be activated as recommended in the WASH Report (no. 108, April 1984), "Strengthenin the Management of the Public Health Inspectorate of Swaziland", to review that report and implement recommendations approved by the M

d) That the Public Health Engineering office set up a task force to define the scope of public health engineering in the Swazi context including environmental control and the relationships among variou GOS agencies concerned.

e) That the Regional Senior Health Assistant of the HI and the Community development Officer or Clerk of Works of the RWSB make monthly site visits together to communities with water and sanitation projects.

f) That the Technical Sub Group meet regularly on a bi-monthly basis and circulate minutes of these meetings to regional clerks of work and health inspectors, as well as senior health assistants

g) That RWSB call sectoral meetings every six months to review plans, activities, problems and coordination and linkages.

h) That technical assistance be provided to design, pretest, administ and evaluate a second KAP study with the HEC.

i) That the supervision of the BCU by the MoH be clarified and institutionalized.

j) That the current head of the BCU be sent for a university degree (B.Sc) in parasitology and environmental health, to include practical management, computer and evaluation skills.