

A.I.D. EVALUATION SUMMARY PART I

(BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS)

IDENTIFICATION DATA

A. REPORTING A.I.D. UNIT: <u>LAC/ DR/HN</u> (Mission or AID/W Office) (ES# _____)	B. WAS EVALUATION SCHEDULED IN CURRENT FY ANNUAL EVALUATION PLAN? yes <input type="checkbox"/> slipped <input type="checkbox"/> ad hoc <input type="checkbox"/> Eval. Plan Submission Date: FY ___ 0 ___	C. EVALUATION TIMING Interim <input checked="" type="checkbox"/> final <input type="checkbox"/> ex post <input type="checkbox"/> other <input type="checkbox"/>								
D. ACTIVITY OR ACTIVITIES EVALUATED (List the following information for project(s) or program(s) evaluated; If not applicable, list title and date of the evaluation report)										
Project # 598-0632 597-0006	Project/Program Title (or title & date of evaluation report) Technology Development and Transfer in Health. (Evaluation limited to three component: Health financing Management training Physician training)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">First PROAG or equivalent (FY)</th> <th style="text-align: center;">Most recent PACD (mo/yr)</th> <th style="text-align: center;">Planned LOP Cost ('000)</th> <th style="text-align: center;">Amount Obligated to Date ('000)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	First PROAG or equivalent (FY)	Most recent PACD (mo/yr)	Planned LOP Cost ('000)	Amount Obligated to Date ('000)				
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ACTIONS

E. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR	Name of officer responsible for Action	Date Action to be Completed
Action(s) Required		
(Attach extra sheet if necessary)		

APPROVALS

F. DATE OF MISSION OR AID/W OFFICE REVIEW OF EVALUATION: mo ___ day ___ yr ___

G. APPROVALS OF EVALUATION SUMMARY AND ACTION DECISIONS:

	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
Signature Typed Name				
	Date: _____	Date: _____	Date: _____	Date: _____

H. EVALUATION ABSTRACT (do not exceed the space provided)

Project Purpose is to adapt and extend existing technologies and strategies in primary health care to help solve organizational and financial problems in the delivery of health services. To meet the varying needs of LAC Missions, LAC/DR/HN formulated a Regional Project with three components: a contract with the State University of New York (SUNY) for financial analysis in health care financing, and two Cooperative Agreements, one for improving knowledge on health management training (Association of University Programs in Health Administration, AUPHA) and one for improving physician training in primary health care (Interamerican College of Physicians and Surgeons, ICPS).

This is a mid-project evaluation (1985-1989) to review design and attainment of objectives, and to make recommendations on performance and future direction. A four-person team reviewed records and cables, interviewed 26 field personnel, 15 AID/LAC current and former staff, all contract parties, and 5 related institutions.

Management training objectives have been met at mid-term. Clinical training has met its training goals but requires acceleration of technical assistance to LAC Missions and redesign of selection criteria. The Health Care Financing component has provided 8 out of 9 contracted studies plus a State-of-the-Art Paper. Greater emphasis is required on provision of technical assistance to LAC Missions on the application of the studies. Project design has been satisfactory, except for clinical training which requires changes in criteria and strategy for training. Cooperative Projects have worked satisfactorily for management training but not for clinical training where more specificity may have been useful to a contractor new to AID. Contract interpretation issues impaired monitoring of the health care financing component. Recommendations: 1) The Management Training component should provide greater emphasis to the Caribbean countries, and strengthen its ongoing technical assistance activities. 2) The Clinical Training component should provide greater Technical Assistance to LAC Missions, emphasize continuing education activities at the country level, and select trainees with greater educational or training responsibilities. 3) The Health Care Financing activities should complete existing studies, revise the State-of-the-Art Paper, communicate applications to the LAC Missions, and, as a third priority, complete a ninth study. There is significant need for the continuation of a LAC Regional Project after 1989 to address the basic continuing issues of health care financing, health management, and physician training in primary health care technology.

The principal lesson learned is that a Regional Project is dependent for its effectiveness on continuing good communication of opportunities and rationale with LAC Mission personnel. The responsibility falls primarily on the contractor.

ABSTRACT

L. EVALUATION COSTS

1. Evaluation Team	Contract Number <u>QB</u>	Contract Cost <u>QB</u>	Source of Funds
Name Affiliation	TDY Person Days	TDY Cost (US\$)	

2. Mission/Office Professional Staff Person-Days (estimate) _____

3. Borrower/Grantee Professional Staff Person-Days (estimate) _____

COSTS

A.I.D. EVALUATION SUMMARY PART II

J. SUMMARY OF EVALUATION FINDINGS, CONCLUSIONS AND RECOMMENDATIONS (Try not to exceed the 3 pages provided)

Address the following items:

- Purpose of activity(ies) evaluated
- Purpose of evaluation and Methodology used
- Findings and conclusions (relate to questions)
- Principal recommendations
- Lessons learned

Mission or Office: LAC/DR/HN

Date this summary prepared: 2 March 1988

Title and Date of Full Evaluation Report: Technology Development and Transfer in Health
(Project Nos. 598-632 and 597-0006) 15 March 1988 (Final Report)

This project mid-term evaluation addresses three of four contracted components: Health Financing (State University of New York, SUNY), Management Training (Association of University Programs in Health Administration, AUPHA), and Clinical Training for Physicians (Interamerican College of Physicians and Surgeons, ICPS).

PURPOSE OF ACTIVITIES: In 1985, the Bureau was faced with the challenge of great extension of public health services at a time of severe economic crises in LAC countries, and new program emphasis on Central America and Advanced Developing Country Programs. Through a LAC Regional project, the Bureau sought to respond to widely varying Mission requirements to "adapt and extend existing technologies and strategies (to help solve) organizational and financial problems in the delivery of health services". At the request of LAC Missions, regional technical assistance mechanisms were established to assist in the design and implementation of financing studies, particularly in relation to alternative financing methods; to provide technical assistance in improving country-level managerial capacity through improved knowledge of training sources, national and international; and to accelerate the transfer of modern low-cost technologies in primary health care to the physician community which retains the implementing responsibility for primary health care programs.

PURPOSE OF EVALUATION: To carry out a mid-term evaluation of this four year project (1985-1989) to review project design, determine attainment of objectives, and provide recommendations on project performance and direction.

METHODOLOGY: The four-person evaluation team reviewed project documentation and cable traffic, interviewed by phone 26 project staff in 14 Missions, interviewed or phoned 15 Washington LAC Bureau personnel or others formerly associated with the project, and directly interviewed all three contractors and five institutions with major activities related to the LAC project. An evaluation cable was sent to all Missions, and the responses compared with both 1985 Mission cable responses concerning project planning, and 1988 Mission comments on the anticipated need for a follow-on project after 1989. Four AID personnel currently or formerly associated with programs in El Salvador, Honduras, and Jamaica were interviewed in Washington.

FINDINGS AND CONCLUSIONS: 1) Management Training (AUPHA): The project is having a positive impact on strengthening the training network for providing managerial training. Twelve country analytical reports identifying needs have been completed. Eighty-eight health management training programs have been identified and four workshops, involving 114 participants, conducted. Identified Regional problems include a clear lack of career paths for managers and little data on the career experience of graduates from training institutes. Technical assistance has been helpful to Missions and is in greater demand than AUPHA can supply under the current contract.

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2) Clinical Training (ICPS): Contract trainee objectives have been met through 22 physician trainees in the first two years. Of 9 Missions sponsoring participants, 6 report favorably on the ICPS service. The other 3 offer no comments. In four countries sponsoring 14 of the 22 participants (Costa Rica, Guatemala, El Salvador, Mexico), continuation is urged. Both technical assistance at Mission level and selection procedures need to be greatly improved.

3) Health Financing (SUNY): Eight studies have been well prepared and have utilized effectively local, private and governmental researchers/experts. Four studies (Bolivia, St. Lucia, Guatemala, and Belize) give promise for achieving meaningful changes in health care financing. The Peru study, while positive, has not yet had the hoped-for impact on national health care policy. One study (Ecuador) has not yet had measurable impact due to incomplete review by the government. Two studies in the Dominican Republic are not yet published but positive effects are anticipated. A State-of-the-Art Paper (to be revised) and workshop conferences to date have been helpful. Short term technical assistance, other than contracted studies and conferences, has been limited. Project design and contract procedures inadequately specified the requirement for short term technical assistance which would have been useful to Missions. In addition, there is a shortfall in carrying out one study, the ninth.

Other Findings

Appropriateness of Design: The SUNY contract design met a major Mission need for analysis of health financing alternatives and special studies. Original project negotiation and bidding failed to clarify the need for ad hoc technical assistance which would have greatly strengthened the activity. However, basic professional expertise provided by SUNY was appropriate to relatively uncharted ground in 1985. As a Cooperative Agreement, the AUPHA design was well-formulated and is perceived by Missions to be useful. The ICPS Cooperative Agreement provided a solution (10 trainees per year) which does not effectively meet the underlying project rationale. The original design may still be modified to specify criteria for training of key national medical educators and those physicians with management roles in primary health care, thereby permitting substantial replication in-country of primary health care technology in the U.S.

Attainment of Contract Purpose: By mid-term, specified contract tasks were essentially achieved for all components, except for shortfalls in short term technical advisory services by SUNY and ICPS, and a projected shortfall of one SUNY study. In relation to the approved contract budget, AUPHA and SUNY have managed well with few exceptions. ICPS represents the "newcomer" to AID procedures and has taken a greater length of time to become familiar with the importance of good communication and adherence to internal AID procedures.

Financial and Budgetary Status: AUPHA expenditure rates are within limits at mid-term. ICPS has accelerated expenditures at

a level of total budget rather than project budget. As a result major downward modification will be needed in training costs for balance of project. SUNY expenditures have been accelerated in order to complete all but one study by the end of the third year. The revised contract budget will not permit funding of the 9th study without contingency financing. ICPS trainee costs have averaged \$10,000 per trainee month, a level roughly equivalent to PAHO's if overhead is taken into account. Contracting Arrangements for the AUPHA and ICPS Cooperative Agreements were satisfactory. There was one issue of scope-of-work specificity which was inadequately defined in the SUNY contract.

PRINCIPAL RECOMMENDATIONS: A. Management Training (AUPHA): Operational recommendations include increased attention to the Eastern Caribbean, evaluation of training effectiveness, publishing workshop findings, evaluation of readership of existing AUPHA publications, and providing increased publicity and availability of training publications. Management recommendations include retention of input indicators of project activity rather than impact indicators at this stage of development. On scope and funding, middle management should receive greater emphasis, guidelines on educational strategies for health administration should be published and circulated, and add-on projects should be permitted only if additional core staff is approved. The most important budget requirements are core staff (\$200,000) and provision of strategy guidelines (\$40,000).

B. Clinical Training (ICPS): Priorities should be re-aligned to emphasize 1) technical assistance to Mission, 2) continuing medical education at the LAC Mission level, and 3) US training for limited numbers of LAC educators or trainers. \$50,000 should be earmarked for TA to LAC Missions.

C. Health Care Financing (SUNY): 1) Revise the final State-of-the-Art Paper. 2) Increase technical assistance to LAC Mission to discuss applications of project studies. 3) Prepare a 9th study only if contingency funding is available and a significant study opportunity is identified by LAC Missions.

D. General Recommendations: Given the basic issues addressed in this LAC Regional Project, and the continued importance of management, training, and financing to the effectiveness of the health sector, a continuing regional activity after 1989 is recommended. Under the overall project, the components should be separately contracted as at present. Provisions for "buy-ins" should be encouraged, providing that the "buy-in" includes supplementation of overhead staff costs.

LESSONS LEARNED: Given the large number of projects now managed in the LAC Bureau health sector and the frequent turnover of Mission personnel, Regional projects require substantial emphasis on communication of project rationale and opportunities to LAC Missions and host countries. Under the terms of a Cooperative Agreement, the contractor should take major responsibility for such communication.

K. ATTACHMENTS (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier)

ATTACHMENTS

There are three attachments to the AID Evaluation Summary. These represent the detailed evaluation reports on the three components. Each report begins with an Executive Summary.

- 1) Management Training Component, prepared by Robert Emrey.
- 2) Mid-Project Evaluation of the Interamerican College of Physicians and Surgeons Project (clinical training component), prepared by Thomas D. Dublin, M.D., Dr.P.H.
- 3) Health Care Financing Component, prepared by John T. Craig.

Each report lists its own attachments.

L. COMMENTS BY MISSION, AID/W OFFICE AND BORROWER/GRANTEE

MISSION COMMENTS ON FULL REPORT