

PD-AB1-199

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A.I.D. EVALUATION SUMMARY - PART I

1. BEFORE FILLING OUT THIS FORM, READ THE ATTACHED INSTRUCTIONS.
2. USE LETTER QUALITY TYPE, NOT "DOT MATRIX" TYPE

IDENTIFICATION DATA

A. Reporting A.I.D. Unit: Mission or AID/W Office <u>USAID/Senegal</u> (ES# _____)		B. Was Evaluation Scheduled in Current FY Annual Evaluation Plan? Yes <input checked="" type="checkbox"/> Slipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/> Evaluation Plan Submission Date: FY <u>91</u> Q <u>4</u>	C. Evaluation Timing Interim <input type="checkbox"/> Final <input checked="" type="checkbox"/> Ex Post <input type="checkbox"/> Other <input type="checkbox"/>
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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 No.	Project /Program Title	First PROAG or Equivalent (FY)	Most Recent PACD (Mo/Yr)	Planned LOP Cost (000)	Amount Obligated to Date (000)
685-6242	Rural Health/Child Survival	1/84	3/93	10,725	10,725

ACTIONS

E. Action Decisions Approved By Mission or AID/W Office Director	Name of Officer Responsible for Action	Date Action to be Completed
1. Prepare PACD Extension	F. Hane	Completed 8/91
2. Set up Program for provision of training in resources mgmt, budgeting, disbursement of user-fee revenues	GOS/Regions	Completed (PRDS)9/91
3. Hire health planner for project	USAID/F. Hane	Completed 8/91
4. Carry out HIS workshops and establish sentinel site to monitor health indicators	GOS	3/93
5. Develop new strategy for Operation Research	USAID/GOS	1/93
6. Re-establish supervised depot system	GOS	1/93
7. Establish legal status for Kaolack training center KIC	GOS	3/93

(Attach extra sheets if necessary)

APPROVALS

F. Date Of Mission Or AID/W Office Review Of Evaluation: _____ (Month) _____ (Day) _____ (Year)

G. Approvals of Evaluation Summary And Action Decisions:

	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission or AID/W Office Director
Name (Typed)	F. Hane	Dr. Issakha Diallo	S. Cissé	JBColes
Signature				
Date	12/15/92	12/22/1992	12/16/92	12/23/92

ABSTRACT

H. Evaluation Abstract (Do not exceed the space provided)

ABSTRACT

The project aims to provide access to Rural Health Care for more than 50 percent of the population in the Regions of Fatick and Kaolack, some 700,000 people living in six departments. The project was implemented by HIID and the GOS's Ministry of Health until 1989 and by the Ministry of Health alone from that time to present. This final evaluation was conducted by an IQC (Devres), GOS and USAID/Senegal team on the basis of an extensive review and synthesis of the numerous documents written about the project and field interviews at all levels of the health system. The purpose was to conduct a process assessment of perceived project effects in the target regions, i.e., assess the extent to which the 1986 mid-term evaluation recommendations were carried out and the progress made in meeting objectives outlined in the project extension (1989 to present). A central focus was to determine perceptions of gains and futures of the Project on the part of those who implemented it as well as those who benefited from it. The major findings and conclusions are:

1. The overall purpose of the project—to reduce days lost to illness and obtain higher agriculture production—proved difficult to measure. However, it was the perception of all, actors and beneficiaries, that the purpose had been attained due to decreased family illness, reduced travel time and cost, and availability of lower-cost drug supply at the village level.
2. More health huts were functioning than was thought by health officials, and in the economic and social context of Senegal, the health hut-system is an appropriate strategy for providing basic preventive and curative health care and should be supported and expanded.
3. Combining several interventions at the health post and hut levels has proved to be an effective way to deliver services to rural populations and as a promising means toward financial sustainability.
4. Despite the still inadequate numbers of trained public health cadres and difficulties in getting regional and district health plans written, the decentralization process has moved forward and planning capability has increased.
5. Phase II, Project implementation after 1989 was seriously delayed due to a covenant requiring that the regions prepare health planning and development documents before health activities could begin.

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COSTS

I. Evaluation Costs					
Evaluation Team		Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U.S. \$)	Source of Funds	
Name	Affiliation				
T. Vian	DEVRES	37			
J. King	DEVRES	46			
F. Hank	DEVRES	37	\$103,155	Rural Health I Child Survival 685-0242 Project	
Dr. Issakha Dialo	MSPAS	30	in-kind by GOS		
El Hadj Malick Diamé	MSPAS	30			
2. Mission/Office Professional Staff Person-Days (Estimate) <u>20</u>		3. Borrower/Grantee Professional Staff Person-Days (Estimate) <u>70</u> (included 60 above)			

2

(ABSTRACT CONTINUATION)

6. The project's sustainability assumptions were flawed with respect to the time and economic setting needed for achieving sustainability and transferring responsibility from the project to the host country.
7. Much more work is required before the Health Information System (HIS) provides manageable, relevant and accurate data, standardized reports and analyses of epidemiological and management information.
8. The Operations Research (OR) component, intended to improve program delivery, never became fully operational and responsive to project needs.
9. The pharmaceutical supply system is hampered by non-existent supervision and a lack of resources to support transportation costs.
10. Training of health staff was initially successful but slowed early in the Project due to the departure of key trained personnel, budgetary constraints and a void in regional leadership. Few short and long-term trainees have returned to work in the project area for significant time periods, though many have been assigned to headquarters or other areas with higher levels of responsibility. A national health manpower training plan is still incomplete.
11. There have been serious problems in providing effective TA, due to reticence on the part of the GOS to take on TA and lack of appreciation for the potential value of this resource.
12. There has not been effective planning and use of GOS counterpart funds.

A.I.D. EVALUATION SUMMARY - PART II

SUMMARY

J. Summary of Evaluation Findings, Conclusions and Recommendations (Try not to exceed the three (3) pages provided)

Address the following items:

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| <ul style="list-style-type: none"> • Purpose of evaluation and methodology used • Purpose of activity(ies) evaluated • Findings and conclusions (relate to questions) | <ul style="list-style-type: none"> • Principal recommendations • Lessons learned |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

Mission or Office: USAID/Senegal	Date This Summary Prepared: November 1992	Title And Date Of Full Evaluation Report: Evaluation of Rural Health Delivery Project II/Child Survival, September 1991
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I. Constraints and Project Setting

A. Health Problems and Priorities in Senegal

In 1989, the top 10 communicable diseases reported by the Division of Statistics based on data collected through the public health information system were: malaria, upper respiratory infections, influenza, gonorrhoea, chicken pox, dysentery, syphilis, measles, neonatal ophthalmologic infections, and bilharzia. The 10 leading causes of death due to communicable diseases were malaria (45 percent), tetanus (18 percent), respiratory tuberculosis (10 percent), purulent meningitis (10 percent), jaundice (7 percent), meningococcal meningitis (6 percent), bacillary dysentery (3 percent), amoebiasis (1 percent), typhoid fever (1 percent) and pertussis (1 percent). It must be noted that the number of deaths reported through the health information system represents only an estimated 0.3 percent of the total deaths in Senegal (Sector Analysis 1991).

Infant mortality was estimated at 86/1,000 in 1988 compared to 112/1,000 live births a decade earlier. Other health statistics have improved as well. Reported cases of measles and tetanus have decreased between 1971 and 1988, particularly after 1986 for measles and after 1984 for tetanus, although they began to decline in 1978 (see Annex 3-8). Reported cases of malaria and meningitis have also declined from 1971-1988. Malnutrition among young children and pregnant and lactating women continues to be a serious problem in Senegal. Rates of malnutrition among children monitored through the PPNS/Catholic Relief Services growth monitoring project were 28 percent in 1988. Anemia is common among pregnant women (30-50 percent) and vitamin A deficiency was found among 40 percent of children surveyed in Fatick, Kaolack, and Diourbel.

In its Declaration of the National Health Policy-1989, the Ministry of Public Health and Social Action (now the MPHSA) set forth six general health objectives: (1) to improve health coverage, particularly in rural areas; (2) to improve the health of mothers and children; (3) to develop preventive and educational activities; (4) to develop a balance between curative and preventive activities; (5) to develop a balance between human, material, and financial resources; and (6) to master the demographic indicators.

The policy proposes a number of strategic objectives and specific strategies to accomplish each objective. Prominent among these are: to improve the health information system at all levels, to integrate programs that focus on mothers and children, and to develop operational research.

B. Project Background

The Rural Health Delivery Services II/Child Survival (RHDS II/CS) Project

was signed in April 1984 for a five-year period and for the amount of \$8.0 million. Subsequent amendments and extension brought the total budget to \$12.1 million and the project completion date to September 30, 1991. Subsequent to the evaluation, the project was extended to September 1992, and then to March 1993 with a decrease in LOP funding to \$10.7 million.

This report constitutes the final evaluation of RHDS II/CS. from April 1984 to the present. It gives special emphasis to the period following the mid-term evaluation in 1986.

The Project being evaluated, RHDS II/CS, is a follow-on or second phase of an earlier rural health project (the first phase, or RHDS I) funded by USAID/Senegal. The first RHDS Project was a \$3.3 million grant which was initially proposed for five years beginning in August 1977 but was then extended to 31 December 1983. The intent of RHDS I was to improve the health of rural Senegalese and to establish a prototype health care delivery system appropriate to the social and economic environment. By 1982, it was recognized that five years was an insufficient period of time in which to demonstrate a self-sustaining, self-financing village-level primary health care (PHC) system, thus a second phase was proposed and agreed upon.

RHDS II was to provide access to rural health care for more than 50 percent of the population in the ex-Region of Sine Saloum (now the Regions of Fatick and Kaolack), or 700,000 people living in six departments. The PHC system was to build on the basic rural health care structure provided in RHDS I, and was to have as one of its primary objectives the introduction of preventive health measures including immunizations, malaria and tuberculosis control, oral rehydration therapy (ORT) and growth monitoring (GM). The second objective was to integrate the interventions and assure their affordability in the context of Senegal's resources. The Project's purpose continued to be that of increasing agricultural productivity by reducing days lost due to illness. In August 1989, RHDS II was extended for an additional two years (to 30 September 1991). This extension gave primary emphasis to continued integration of the Project within the national public health care network, to promoting systemic management improvements, decentralization and implementation of technical components in four selected regions.

During the first two years of RHDS/CS, from 1984 to 1986, technical interventions were to be introduced into 16 health posts and 32 village health huts. By mid-term evaluation in 1986, the interventions were found to have been sufficiently tested for earliest extension to all of the departments in the two Regions. Further, the 1986 evaluation urged more rapid integration of the Project into the health system, especially the parallel Project systems of supervision, information and pharmaceutical supply. The 1986 evaluators recognized that sustainability was a problem noting that recurrent project cost up to that time were too high to be assumed by the host country.

II. Purpose of Evaluation and Methodology

The purpose of the final evaluation was to assess project impact and to review the progress made towards achieving the outputs and the objectives of the project after five years and five months of implementation.

The methodology agreed upon for carrying out the evaluation included: an extensive review and synthesis of the numerous documents written about the project, field interviews at all levels of the health system but with special focus on the peripheral health post and village hut staff and the village beneficiaries, committee members, tribal chiefs, religious leaders (marabouts), health and women's committees.

The Scope of Work (SOW) and USAID evaluation objectives did not prescribe a random sampling of health huts, but rather an informal survey to learn what had worked and not worked under the Project, and the extent of beneficiary interest in the Primary Health Care (PHC). Nevertheless, the evaluation team during 11 field days visited eight of the nine departments in the two Project Regions. They visited 12 health posts and two huts under each health post's jurisdiction, relying on the health post nurses to select for team visiting, according to their own criteria, "a good hut and a bad one". Another means of gathering data was through observation based on checklists noting the condition of health structures, available equipment, use of the information system, and effect of training on job performance, etc.

In Dakar, the team interviewed relevant international health community officials. Insights were also gained from the participation of Health Ministry and related services staff in the debriefing sessions. American and Senegalese team members worked closely throughout the field work and final work sessions in which findings and recommendations were written.

The 1991 final evaluation team was comprised of two key Health Ministry officials: The Director of PHC, Associate at the School of Public Health at Dakar University, and ex-Medecin-Chef of Fatick Region; and the Head of the Statistics Service and a prime designer of the Health Information System (HIS). Three American consultants included a team leader with extensive maternal child health (MCH) design and evaluation experience in Africa, a medical epidemiologist with knowledge of Senegalese and other Third World health problems and management information systems, and a health economist with a strong background in health financing systems in Africa.

III. Findings and Conclusions

(See Abstract section of PES)

IV. Principal Recommendations

1. Project Design: - Achievement of Purpose: The primary purpose of the Project, to reduce days lost to illness, particularly malaria, among the work force, and to obtain higher agricultural productivity - proved impossible to measure accurately. Thus, the evaluation recommended that in future design efforts the objectives should be realistic and measurable. Moreover, difficult to measure objectives should be identified from the outset of program design, so that appropriate data collection and assessment methods can be developed early.
2. PACD Extension: Since many Project achievements were delayed due to lack of completed health planning and development documents in the regions, it was recommend that the project be extended to permit completion of the documents as well as other health system improvements envisaged by the project.

3. Project Sustainability: Since institutionalization of a sustainable supervision system down to the village level has not been achieved to date under the Project, it was recommended that necessary training in resource management be carried out and be made a priority in the remaining Project time. Also, additional training should be provided to nurses and health committees regarding budgetary and disbursement of user-fee revenues.
4. Health hut functioning: The evaluation concluded that the health hut system as implemented in Kaolack and Fatick regions is an appropriate strategy for providing health care and should be supported and expanded nationwide. Moreover, it was recommended that a combining of several health interventions or an integrated approach should be continued as it has proven highly effective and mutually reinforcing.
5. Decentralization: It was recommended that the GOS, USAID and other donors continue to support decentralized planning and extend the project model into all regions of the country to accelerate achievement of the social objective of "health for all". USAID should provide all the necessary support to further the educational process in health planning and should also hire a health planner as soon as possible.
6. Health Information System (HIS): It was recommended that the development workshops planned to reach consensus on national HIS design should be conducted without further delay and should address recommendations for computerizing the system. Development of a sentinel site to follow health indicators in a selected number of zones to evaluate the impact of prevention and child survival activities was also recommended.
7. Operations Research (OR): Noting the multitude of problem-solving opportunities for OR, the evaluation recommended that USAID and the GOS decide on a strategy for the remaining project life, using T.A., to advance the use of this resource.
8. Pharmaceutical Supply System: It was recommended that the Ministry of Health re-establish the supervised depot system that was in place at the project's beginning and that the stock management system with stockcards and accounting registers be reinstated.
9. Training: The evaluation reiterated the 1986 evaluation recommendation that a legal statute for the Kaolack Training Center be established and its services made available to other agencies and administrations at a charge that would help finance operations. It was also recommended that USAID reopen discussions on the national training plan, proposing TA for helping to elaborate global health manpower objectives, rationale and priorities within time frames.
10. Project Management: It was recommended that an organizational management assessment be considered to determine the future role of TA in health projects. Counterpart funds use should also be planned in conjunction with project funds for better complementarity.

V. Lessons Learned

Although the evaluation team was able to complete its work in an effective manner, carrying out the numerous requirements set forth in the evaluation scope-of-work proved immensely difficult and burdensome. Thus, efforts must be

made in the future by the Mission to be realistic in its objectives and expectations about what evaluation teams can accomplish. Moreover, efforts must be made to provide advance documents to team members to free up their often limited time in-country for field work.

Regarding project design, objectives of projects must be realistic and measurable. If a survey is done to determine baseline levels of relevant indicators, then a follow-up survey employing similar methodology should be conducted to determine the change.

It is useful and more valid to have joint host country and USAID/contractor teams. Funding for translation needs to be added to accommodate dual teams.

ATTACHMENTS

K. Attachments (List attachments submitted with this Evaluation Summary; always attach copy of full evaluation report, even if one was submitted earlier; attach studies, surveys, etc., from "on-going" evaluation, if relevant to the evaluation report.)

Evaluation Report.

COMMENTS

L. Comments By Mission, AID/W Office and Borrower/Grantee On Full Report

Overall the Mission finds these recommendations to be sound, well formulated and extremely helpful in assessing Project impact and progress in achieving objectives. The Mission has carefully reviewed the final report and recommendations and will take the steps necessary to carry out priority activities in the remaining time of the project and in the most effective manner possible. Specifically, the Mission will extend the PACD of the project, will encourage expansion of health hut operations, will support decentralization efforts, will focus on upgrading sustainability, health information systems and operations research activities and will encourage re-establishment of the supervision depot drug supply system as well as a legal statute for the Kaolack Training Center operation.