

A I D EVALUATION SUMMARY PART I

PD-ABW-029
90849

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

IDENTIFICATION DATA

<p>A Reporting A I D Unit (Mission or AID/W Office) USAID/Mozambique</p> <p>ES# _____</p>	<p>B Was Evaluation Scheduled in Current FY Annual Evaluation Plan?</p> <p>Yes <input checked="" type="checkbox"/> Slipped <input type="checkbox"/> Ad Hoc <input type="checkbox"/></p> <p>Evaluation Plan Submission Date FY 95 Q</p>	<p>C Evaluation Timing</p> <p>Interim <input checked="" type="checkbox"/> Final <input type="checkbox"/></p> <p>Ex Post <input type="checkbox"/> Other <input type="checkbox"/></p>
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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 fo the evaluation report)

Project No	Project / Program	First PROAG or Equivalent (FY)	Most Recent PACD (Mo/Yr)	Planned LOP Cost (000)	Amount Obligated to Date (000)
656 0226	Primary Health Care Support Project	1991	08/97	\$29 5	\$29 5

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		
1 USAID/Moz should extend the institutional contract s PACD by two years to allow for achievement of expected results	Karen Nurick/ A Utshudi GD/HPN	Sept 1996
2 USAID/Moz should continue to provide technical assistance (TA) in logistics management information systems and rational drug use	Karen Nurick/ A Utshudi GD/HPN	On-going
3 UNICEF and the MOH should be urged to hire and place the remaining Regional EDP monitors/supervisors wwithout further delay	Gloria Kodzwa UNICEF A Utshudi GD/HPN	Completed 1/96
4 USAID/Moz should assist the MOH with the development of four policies and implementation of strategies for (a) Population & Family Planning (b) cost recovery (c) Information Education and Communication (IE&C) and (d) Training	M Abeyta Behnke URC Humberto Cossa MOH	On going
5 URC should assist the MOH with the development of Decentralization Guidelines and strategy for the national and provincial levels of the MOH	KNurick/AUtshudi GD/HPN M Abeyta Behnke URC	On going
6 TA to the provinces of Gaza Zambezia and Niassa should continue and a new Provincial Management Advisor (PMA) for Zambezia should be hired	M Abeyta Behnke URC Humberto Cossa MOH	PMA hired/placed 2/96 TA support on going
7 Training Advisor should assist the MOH with the development of a national training policy & strategy improve the effectiveness of MOH s training institutions in Zambezia and provide support to PMAs and their counterparts in Niassa and Gaza	M Abeyta Behnke URC Humberto Cossa MOH	On going
8 IE&C Advisor should train a cadre of national and provincial level personnel of the MOH IE&C should also be institutionalized and training should be practical & focused on producing materials for priority MCH & CS activities	Modupe Broderick PPD M Abeyta Behnke URC	December 1996

APPROVALS

F Date of Mission Or AID/W Office Review Of Evaluation (Month) (Day) (Year)
November 15 1995

G Approvals of Evaluation Summary And Action Decisions

	Project/Program Officer	Representative of Borrower/Grantee	Evaluation Officer	Mission of AID/W Office Director
Name (Typed)	Laura L Slobey GDO	Dr H Cossa Nat Dir of P	C Juliet Born PPD	James I Smith Jr D
Signature	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>	<i>[Signature]</i>
Date	6/5/96	07 06 96	6/4/96	6/14/96

ABSTRACT

H Evaluation Abstract (Do not exceed the space provided)

The project aims to enable the Government of the Republic of Mozambique (GRM) to more efficiently and productively utilize resources in the health sector especially for decentralized preventive Primary Health Care

This project's major components (Essential Drugs Program and the long term technical assistance component /institutional contract) are being implemented on behalf of the Government of the Republic of Mozambique (GRM) by UNICEF and the University Research Corporation (URC) Project objectives which are addressed by UNICEF and URC include (a) increase the availability and distribution of essential drugs and contraceptives for endemic diseases and illnesses and to meet the growing demand for family planning services and (b) provide technical planning and management training and research to strengthen capacity to improve health care management and planning in three provinces Gaza Zambezia and Niassa

The mid term evaluation (completed in September 1995) was conducted by Health Technical Services Project (TvT Associates) through a process which involved the review of project documentation interviews and visits to project sites Its purpose was to review progress made towards the attainment of the project objectives under three major components (Essential Drugs Program institutional strengthening Decentralization & Management/Planning support to provincial health directorates and Policy Studies for preventive Primary health Care) and to set future priorities

The evaluation findings indicate that the GRM is attempting to improve the health of Mozambican population by increasing the effectiveness of its primary health care services The evaluators concluded that the Primary Health Care Support Project (PHCSP) is making progress and is precisely what the GRM/MOH needs to accomplish a significant part of this goal improving the productivity of health services through better management However the project originally projected for three years would have had a very difficult time reaching EOPS by PACD of 08/31/97 With a two year extension it should be feasible to assist the MOH to achieve EOPS by the new PACD

COSTS

I Evaluation Costs

1 Evaluation Team		Contract Number OR TDY Person Days	Contract Cost OR TDY Cost (U S \$)	Source of Funds
Name	Affiliation			
Peter Boddy MD MPH	Consultant	HRN 5974 Q 00 3002 00 Delivery Order No 5	\$120 067 00	USAID/Mozambique PHCS Project (656 0226)
C Johnson MA MPH	Consultant			
D Whitson MD MPH	Consultant			

2 Mission/Office Professional Staff

Person Days (Estimate) _____ 5 Person Days _____

3 Borrower/Grantee Professional

Staff Person Days (Estimate) _____ 3 Person Days _____

A I D EVALUATION SUMMARY - PART II

SUMMARY

J Summary of Evaluation Findings Conclusions and Recommendations Address the following Items

- | | |
|--|--|
| <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/Mozambique
GD/HPN Office

Date This Summary Prepared
03/12/96

Title and Date Of Full Evaluation Report
Mid term review of the Mozambique
Primary Health Care Support Project (Dec 1996)

PURPOSE OF THE EVALUATION

The purpose of this mid term evaluation is to conduct a review of three components of the Primary Health Care Support Project (PHCSP) The three components are

- (a) Essential Drugs and Contraceptives
- (b) Institutional Strengthening Decentralization and Management/Planning Support to Provincial Health Directorates and
- (c) Policy Studies for Preventive Primary Health Care

EVALUATION METHODOLOGY

The evaluation was carried out by a three member team accompanied in the field by the Provincial Management Advisors the Chief of party and the MOH representatives at provincial and district levels The method used was the review of project documentation interviews of key personnel at UNICEF interviews of PVOs which are collaborating with the project in the provinces interviews of key health officials at national and provincial levels and interviews of key project personnel working in the three provinces Preliminary findings were discussed with USAID the MOH and the PVOs before the document was finalized

The evaluation team was also requested to address the following

- (1) Review the appropriateness and quality of project inputs assess the validity of design assumptions eligible activities and impact indicators and provide a descriptive analysis of project status relative to the inputs provided
- (2) Review project outputs and evaluate progress made towards achieving outputs provide a detailed explanation of those areas where project outputs have been exceeded or are not likely to be achieved over the life of the component
- (3) Review the project purpose and assess the extent to which project inputs and outputs are or are not leading to the achievement of the purpose by the Project Assistance Completion Date (PACD)
- (4) Make recommendations for the next phase of project implementation

PURPOSE OF ACTIVITIES EVALUATED

The purpose of this project is to enable the GRM to more efficiently and productively utilize resources in the health sector especially for decentralized preventive Primary Health Care The project objectives which were evaluated are

- (a) increase the availability and distribution of essential drugs and contraceptives for endemic diseases and illnesses and to meet the growing demand for family planning services
- (b) provide technical planning and management training and research to strengthen capacity to improve health care management and planning in three provinces Gaza Zambezia and Niassa and
- (c) conduct three policy studies expansion of health services outside of the public sector increase the proportion of the MOH budget resources allocated to preventive health services and private participation in the pharmaceutical sector which will recommend ways to more efficiently utilize resources in the health sector

CONCLUSIONS AND RECOMMENDATIONS

Conclusions and specific recommendations for project components are summarized as follows

A Essential Drugs and Contraceptives

Conclusions

- (a) A steady reliable and adequate supply of essential drugs is crucial if the health system is to provide services to patients similarly clients are more likely to utilize the health services if they know that drugs are available Conversely shortages and stockouts can easily damage or destroy public confidence in the health system

SUMMARY (Continued)

- (b) The MOH is unlikely to have an adequate budget for drug procurement for many years. Donors provide most of the funds for both the EDP and the *via classica*. Under UNICEF leadership, donors other than USAID (e.g., the Dutch Government and the European Community) have been identified and are committed to providing a portion of the funds for EDP kits during the next few years.
- (c) The EDP is in place and functioning nationally, with varying degrees of success in different provinces and districts.
- (d) Staff training in logistics management, including supervision, has begun but needs strengthening at all levels from central to health post.
- (e) The logistics management and logistics information systems are weak and need strengthening.
- (f) The kit distribution system is somewhat inflexible, and not responsive to health facilities that have fluctuations in patient load and varying needs. The procedures for getting additional kits to meet the growing demand or more appropriate supplies is not well known to staff at health centers and health posts.
- (g) There are still shortages and stockouts of EDP kits. The evaluation team found wide variation during brief visits to the three provinces.
- (h) In provinces with good leadership and management, there are fewer problems with EDP kit supplies and distribution.
- (i) There is demand for family planning, but the health system is ill-prepared to respond. Contraceptive prevalence is extremely low throughout Mozambique, with higher rates in urban areas and lower rates in the rural areas. Where health center and health post staff have received some family planning training, contraceptive prevalence is higher. Little IEC or staff training has been done to date.
- (j) The EDP supervisors need to be hired and put in place to reinforce the logistics management system of the kits.

Recommendations

- (a) USAID/M should be prepared to supplement funds from other donors to assure an adequate supply of EDP kits and/or vaccines.
- (b) USAID/M should continue to supply contraceptives, technical assistance and training in family planning.
- (c) USAID/M should continue to provide funds for more training and TA in logistics management and information systems, rational drug use, and assist in the development of suitable policies and strategies.
- (d) USAID/M should urge UNICEF/M to hire and put into place the remaining two EDP monitors/supervisors. At the time of the external evaluation, the two remaining EDP monitors had already been identified but contracting and placement of the monitors in the northern and central regions had not been completed.

B Policies supporting prevention and Primary Health Care

- (1) The two policy studies appear to have been of some value to the MOH in assisting with policy changes. If USAID/M decides to finance policy studies in the future, the contracts should include funds for Portuguese translations of the studies and seminars and/or workshops involving relevant MOH and other GRM officials to discuss the findings and provide a forum for developing an action plan to implement agreed-upon recommendations for policy changes. Since funds have now been allocated for both a RAPID assessment and presentation and a DHS, USAID/M should make sure that each of these

undertakings provide for Portuguese translations and sufficient seminars and workshops to assure that the results are widely publicized

- (2) The MOH has acceptable policies in many areas. The greatest need now is technical assistance to help implement these existing policies, especially in decentralization, training and management of PHC program. Three exceptions are the following:

The first is population and family planning policy for which the RAPID assessment and presentations are an appropriate initial USAID contribution to policy development.

The second policy topic in which the MOH has indicated interest is cost recovery. This is also an area of interest to USAID/M as it seeks to assist the GRM and the MOH to achieve a greater degree of financial sustainability. In future planning, USAID/M should consider support for such a policy study.

The third regards completion of an IE&C policy and development of a national strategy.

C Support for Decentralization

- 1 Now that URC has resolved the major logistical problems that were encountered at the start of the project, and the DA has established an ongoing relationship with the Director of Planning, work may proceed with the elaboration of decentralization guidelines. The guidelines are an important step in the decentralization process.

- 2 Increase the amount of short-term and/or long-term TA used for decentralization. Suggested areas to explore:

Assistance in developing national personnel policies, with an emphasis on developing the institutional capacity within the MOH to support the policies at the provincial level.

- 3 Remove or modify the indicator in the contract specifying "45 provincial staff trained to assume" to allow more flexibility.

D More productive health providers and more effective management support to those providers in Zambezia, Gaza, and Niassa provinces

- 1 In order to prepare the Provinces for the imminent deconcentration of personnel management, specific activities and inputs that relate to personnel management issues should be added to the activities under the contract. These include:

the undertaking of a personnel inventory
development of job descriptions, personnel policies and procedures
performance review, career ladder, and grievance and disciplinary procedures

Without these actions, supervision and monitoring of performance and productivity cannot be adequately carried out.

- 2 The Decentralization Advisor (DA) should work with the Human Resources Department to define in writing the role and function of "Colectivos and Conselhos," as well as to define and disseminate job descriptions and other personnel policies. This could be done with short-term technical assistance.

- 3 The Decentralization Advisor (DA) should work with the Department of Planning to accelerate approval of annual provincial plans or work with the MOH to change policies to allow them to be implemented.

SUMMARY (Continued)

without prior approval from Maputo

- 4 Funds earmarked for the rehabilitation of "25 health posts" should be made flexible in order to make them available for the myriad of small infrastructure projects that will assist in the successful completion of the project. One urgent need, for example, is for housing in Niassa to attract more qualified personnel for the Provincial Directorate's (DPS's) Human Resources Department and the Provincial Pharmacy
- 5 If the project is extended, consideration should be given to adding activities and indicators that relate to the reduction of maternal mortality and bring the project up-to-date with current thinking in this field. These may include such activities as improving referral systems between primary and secondary care levels, secondary care health worker training, assessment and improvement of referral facilities and transportation systems, IEC for maternal health, etc. This could be implemented by URC through the Provincial Advisors (PAs). Short-term technical assistance for a needs assessment would be appropriate, which is likely to require additional resources
- 6 Change the task in the contract from "introduce the HIS into Niassa" to "support ". The HIS was already functioning in Niassa at the initiation of the institutional contract
- 7 Together with the DPS, identify priority districts for concentrated activity at the district level. This will also aid in coordinating with existing district-level work being carried out by other PVOs and NGOs

E Training

1 The Training Advisor

Conclusion

The Training Advisor is an important element of the PHCSP, both in terms of providing TA to the MOH and assistance to the PHCSP provincial advisors. S/he is also a key element for sustainability preparing the MOH to continue project innovations and activities.

Some of the advisor's time could be dedicated to national needs, which has the potential of contributing to the improvement of human resource development nationally and of providing better support to improvements in the three project provinces. This would mean that the advisor would have three foci for her/his work: 1) improving the effectiveness of health educational institutions in Zambezia, 2) providing educational and training TA to the three provincial management advisors, and 3) providing TA to the National Directorate of Human Resources.

These are all important areas of work for a training advisor, and in aggregate have the potential of being more effective than originally anticipated, albeit it adds up to a tremendous workload. Consequently, more resources may be required to be able to implement the training component of the project more effectively. This might mean employing another person to assist with implementation of training activities, or subcontracting an organization to carry out activities, or employing more short-term TA.

Recommendations

(a) Replace the training advisor as soon as possible. The replacement should be a person who has suitable knowledge and skills in the areas of public health management, community-implemented primary health care, MCH/FP interventions, adult education, participatory and experiential learning techniques, educational needs assessment, educational planning, curriculum design, and educational evaluation.

(b) Specific training activities could be conducted by short-term TA. There should be at least five workshops in each province and this sequence should be repeated in selected health districts. The five workshops should include the following: leadership, collective decision making, introductory management, planning (strategic and operational planning), and supervision. Other workshop themes should be offered in accord with identified needs.

SUMMARY (Continued)

of DPSs, and might include personnel management and financial management, among others

(c) Define three foci for the training advisor (1) improving the effectiveness of health educational institutions in Zambezia, (2) providing educational and training TA to the three provincial management advisors, and (3) providing TA to the National Directorate of Human Resources

2 Public Health Management Course

Conclusion

MOH officials have indicated that they feel that the ten-month intensive Public Health Management course given at the CRDS is very good and responds to important needs of the health sector. They would like to see the course repeated in the provinces.

Recommendation

Adapt the management course to the provincial level, and give it in the three project provinces. Some health care workers from neighboring provinces could be invited to participate as well. Students could perform management practice in the DPS and DDS. This would help to establish a permanent management training capacity in the MOH human resource development system.

3 Institutionalized Management Training

Conclusion

Management training is a vital area for the MOH, especially considering the efforts being expended on decentralization. It is important that managers have access to continuing education in management, to be able to refine and reinforce their knowledge and skills, and to learn new procedures and techniques.

Recommendation

As mentioned previously, a permanent management training capacity should be developed in the MOH. This capacity should include the formation of a cadre of trainers and workshop facilitators, as well as the ability to design and develop appropriate seminars and workshops. Management training should also be taught in the training centers and health science institutes and the University. Permanent courses and curricula should be developed which respond to the management and administrative needs of the MOH, DPS and DDS.

4 Management is a Technical Area

Conclusion

Management is a technical area which requires specialized training and education, much the same as is required for health services delivery.

Recommendation

Specialized management and administrative training should be prerequisites for employment for those who want to work in health management and administrative positions. This may require more project resources.

F Information, Education, and Communication

The recommendations are summarized as follows:

(a) **Change counterpart** AMODEFA has shown that it does not yet have the capacity to be the primary IEC

SUMMARY (Continued)

counterpart When this became apparent the IEC Advisor began to work with the MOH, which in practice became the primary counterpart

N B Since this external evaluation was conducted before major changes had taken place at AMODEFA, the Mission is considering the issue of IEC counterpart in light of the project and contract amendments

(b) **National policy/strategy** The MOH would like to develop a coherent and productive national IEC policy Formulation of a national IEC policy was initiated last year, but was not finished The Advisor could help the MOH to formulate national and provincial policies and strategies, and develop a simple strategic plan

(c) The MOH should also be assisted to give better institutional recognition and importance to the RES, which should be a department and not just an office The RES should also receive more staff, and specific provincial counterparts should be identified

(d) **Develop MOH capabilities** In addition to recognizing that IEC is important and developing national and provincial policies and strategies, it is appropriate to develop and improve the IEC capabilities of the MOH at national and provincial levels More staff should be aware of a systematic process to design and develop effective IEC, including the steps to formulate a communication plan, and the design and development of effective messages and materials Other organizations, such as NGOs should be helped to develop the same capabilities so as to complement and supplement MOH resources and activities

The IEC Advisor is currently adapting an IEC training curriculum written by the Academy for Educational Development (AED) As stated above, both MOH and NGO staff could attend the course More resources may be required to implement this

(e) **Institutionalize training** The capacity to provide basic training and continuing education in IEC, should be made permanent in the training institutions of the MOH Training should be developed and offered for programmatic and technical aspects of IEC To accomplish this, the AED course could be established and taught at the MOH training institutes

(f) **Increase resources for IEC** The emphasis of the IEC advisor's activities should be on training and capacity building of MOH and NGO staff and personnel, which could be mechanisms for the production of specific IEC materials Messages and materials should be developed to exemplify the IEC process, and to give practical experience as well as to respond to immediate needs of the MOH More funds and IEC staff, either long- or short-term and local or expatriate, will be required to carry this out

(g) **Eliminate Cabo Delgado** Cabo Delgado is mentioned in the PP as a control, and as a recipient of IEC materials These references should be eliminated and changed In effect, Gaza has replaced Cabo Delgado

LESSONS LEARNED

The Primary Health Care Support Project is being implemented in Mozambique at a time when the whole country is rebuilding and reforming itself A focus on capacity building and training contributes to this spirit

- (1) Technical assistance and training are mutually reinforcing and synergistic, and produce better results when used together Also, training alone is generally not sufficient
- (2) Projects should have the flexibility to adapt to changing conditions, including the possibility to extend their time frame to compensate for unforeseen constraints, and/or to take advantage of unanticipated opportunities
- (3) The establishment of long-term technical advisors should be recognized as a relatively long process that requires adequate preparation as well as optimum communication clarification of expectations and responsibilities, and coordination among all parties involved It is particularly important to involve

SUMMARY (Continued)

provincial and/or district personnel in communication and coordinating activities if the advisors will be working beyond the national MOH level

- (4) Advisors and counterpart personnel should be adequately prepared to perform their responsibilities and work together. This requires clear definition of goals and objectives, inputs and outputs, and expectations and constraints by all, and for all, personnel involved. It also requires specific team building efforts which include advisors and counterparts.

The qualities and characteristics of advisors need to be carefully considered. They should not only possess requisite technical knowledge and skills, and have the appropriate educational background and practical experience, but should also have adequate interpersonal and communication skills, and be able to integrate a team. Language ability is an important part of communication, but, it is easier to teach advisors a language than to teach them the technical knowledge, skills, and experience that will constitute their technical assistance.

- (5) Provincial activities need adequate national support to be effective and vice versa. National policies and strategies should be adapted and replicated in provincial policies and activities.
- (6) Misuse of resources and corruption need to be dealt with directly and continuously. These issues have not been specific concerns of the PHCSP, nevertheless, they were mentioned by a number of persons, indicating that they are concerns of staff, donors, and the beneficiary population. They have a direct effect on leadership and credibility, morale and motivation, and efficient and effective management.

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)

(1) Recent midterm evaluation of the project (2) the Mozambique pharmaceutical sector assessment which includes the Essential Drugs Program (EDP) and (3) the report by a consultant (Ted Green) on the community based IE&C

COMMENTS

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

MISSION COMMENTS

USAID/Mozambique accepts most of the findings and recommendations of the evaluation but does not share the opinion expressed under the IE&C section of the report which states that we should abandon AMODEFA Major changes have taken place since the external evaluation and the Mission is reconsidering IE&C counterparts in light of the project and contract amendments

In addition we do not expect that USAID funding will be needed for procurement of essential drugs as these costs are being assumed by other donors Instead we expect to provide technical assistance (TA) and training to support the Essential Drugs Program (EDP) an area where USAID has a comparative advantage