Project Assistance Completion Report –PACR-

Better Health for Rural Women and Children
Cooperative Agreement **No. 520-A-00-97-00060-00**

I. PROJECT SUMMARY

Date of Authorization:	September 5, 1997
Project Assistance Completion Date:	November 4, 2001
Implementing Agency:	Project Concern International –PCI-
Total Amount Authorized:	US$ 4,829, 855
Total Amount Obligated & Expended:	US$ 4,829,362
Counterpart Contribution:	US$ 2,842,450

II. PROJECT DESCRIPTION

In September 1997, USAID/G-CAP signed a Cooperative Agreement with Project Concern International –PCI- to develop the "Better Health for Rural Women and Children" project. The purpose of the agreement was to provide assistance to PCI to join USAID's other partners in achieving the SO, "Better Health for Women and Children".

The PCI Agreement was amended on various occasions, five of these (No. 1, 2, 4, 9 and 10) to provide incremental funding. Amendment No.5 changed the requirements for financial reports and corrected the base for cost sharing percentage. Amendment No.6 followed the Mid-term Evaluation and included a) a decrease to the total estimated cost by $1,511,023; b) budget modification; c) amendment for the Key Personnel Section; d) amendment to the Indirect Cost Section; e) amendment to the Program Description; f) updated the Standard Provisions, and g) incorporated Annex A, entitled "Program Approach and Proposed Activities", Annex B, entitled "Management Plan", Annex C entitled "USAID/Guatemala-CAP Strategic Objective "Better Health for Rural Women and Children", and Annex D, entitled "Performance Monitoring Plan" into the agreement. Amendments 7, 8 and 11 changed the period for submission of SF-272 financial reports, deleted a key position (Regional

Operation Manager solicited by PCI) and replaced the Required as Applicable Standard Provision No.6 entitled "Voluntary Population Planning" with CIB-01-08. The last amendment extended the completion date of the Agreement to November 4, 2001 without increasing the TEC.

III. DESCRIPTION OF PCI COOPERATIVE AGREEMENT

The purpose of this agreement was to support the Mission's Strategic Objective (SO) in health, "Better Health for Women and Children." The specific objectives of this agreement were:

1. To develop and promote integrated approaches to improving women and children's health, especially in the departments of San Marcos, Quetzaltenango, Totonicapán, Sololá, Chimaltenango and the municipalities of Ixcán, Quiché, Barillas and Huehuetenango.

2. To enhance the empowerment of women and communities and to more fully engage them in health-related decision-making.

3. To create/sustain partnerships among public and private sector entities with the aim of increasing the coverage and quality of health services in underserved areas.

4. To increase the programmatic, financial and social sustainability of local health programs.

As a key partner in activities to support the SO, PCI agreed to extend services in maternal health, child survival, reproductive health and family planning, as well as community and household prevention activities in the geographic areas noted above. The main implementation vehicle for this work was the recruitment and assistance to non-governmental organizations (NGOs) that would, in turn, provide these basic health services at the community level. This strategy was similar to that adopted by Guatemala's Ministery of Health for their rural outreach program, the Integrated System for Health Care (Sistema Integral de Atención en Salud –SIAS-) and was designed to complement this work. A client/Mayan focus, gender perspective and community problem solving approaches were specified as central to achieving the results desired under the SO.

PCI success in carrying out this program was to be measured by progress on results, benchmarks and indicators spelled out in the SO Results Framework. The Intermediate and Lower Level Results specified in the Agreement were:

Intermediate Result 1 (IR1):More Rural Families Use Quality Maternal and Child Health Services.

LLR1.1. More Households in priority areas adopt better health care practices.
LLR1.2. More community agents provide quality care.
LLR1.3. More health facilities provide quality services.

Intermediate Result 2 (IR2): Maternal Child Health Programs are Better Managed

LLR2.1. Supplies and equipment are continuously available.
LLR2.2. Improved financial and administrative systems to support decision-making.
LLR3.3. Communities actively participate in decision-making.
LLR2.4. Program planning, monitoring and evaluation are based on quality data.

Intermediate Result 3 (IR3): Greater Local Advocacy for Improved Access to Health Care, Especially for Women

LLR3.1. Local level entities facilitate advocacy activities.
LLR3.2. Documentation and dissemination of lessons learned at the local level.
LLR3.3. Linkages/partnerships formed with national level advocacy activities.

The initiation of PCI project activities in Guatemala began in late September 1997, but PCI was unable to provide the originally proposed Project Director. This was followed by a long delay in identification of another acceptable candidate, who finally took up the position in early 1998, after Spanish instruction. The difficult project start-up, the difficulty in developing reasonable workplans for the first two years, the lack of overall progress toward accomplishments within the Mission's Results Framework and serious issues with PCI management of the in-country program and its coordination with other key partners particularly SIAS, were the reasons USAID/G-CAP decided to document PCI's performance through an mid-term external evaluation.

In July of 1999, however, PCI/San Diego changed leadership. After an exchange of decidedly frank letters with USAID/G-CAP about the project's deficiencies, members of the organization's senior management traveled to Guatemala for discussions about these problems. During this visit, the PCI/G Country Director resigned. Dr. Roberto Aldana, a Guatemalan physician who had recently joined the project to direct its clinical activities, was appointed as Interim Director. At the same time, a series of positive meetings were held with PCI/San Diego and PCI/G staff, the Mission and the Coordinator of the MSPAS's SIAS Program. Finally, in August 1999, PCI/San Diego confirmed Dr. Aldana, who had prior experience as Director of a USAID/Washington project in Guatemala, and strong support in the Mission, as the new PCI/G Project Director.

The results of the midterm evaluation of Project Concern International confirmed the poor performance that the Technical Office of USAID had observed. The principal findings were the following:

- The project has not achieved significant progress towards any of the Intermediate Results (IRs) and the Lower Level Results (LLRs) specified in the agreement.

- The project has made minor efforts to increase access to clinical services, but without major impact. Furthermore there is no indication to suggest that the quality of services has improved.

- The reasons for the lack of progress towards results were complex. PCI had several operational and management problems during their first two years, which had a strong, negative impact on their ability to obtain results. Other factors that contributed were: a) PCI assumed that the successful, long-term relationship which it had with Rxiin T'namet, -its Mayan NGO partner- constituted a model which was replicable with other Mayan organizations; b) the restricted profile that PCI defined in the selection of NGO's resulted in the signing of agreements with organizations with little capacity to execute a project of service expansion.

The evaluation's recommendations included several options or combination of options that PCI could use to establish priorities and to restructure the project, with the objective of achieving results inside the time frame and budget remaining.

PCI presented to USAID its restructured plan of the project, which included a different profile for the selection of NGO's partners, assumed direct responsibility for training and technical assistance to the NGO's, incorporated partners that had a relationship with SIAS, included a new monitoring and evaluation plan and reduced the population coverage goal to 250,000.

After the analysis of the results of the evaluation and the time and budget remaining, the Health SO Team took the following steps:

1. As the new proposal contained more realistic and appropriate activities, the SO requested of the RCO that the agreement be amended by mutual consent to reflect the modifications to the Agreement's Program Description proposed by PCI and concurred by the SO Team (Amendment No. 6).
2. Did not request obligation of additional funds to the agreement but preserved the original cost sharing percentage of total program costs, thus reducing the USAID total contribution to $4,829,362 and the estimated PCI contribution to $2,901,624.
3. Did not request an extension for this activity beyond its termination date of September 4, 2001. (The Cooperative Agreement was later extended to November 4, 2001, to allow time for completion of final reports.)

4. PCI proposed, and SO concurred, to concentrate the actions of the project on Intermediate Results 1 and 2, while transforming IR3 from local level advocacy to local community participation in support of IR1 and IR2.
5. Approved the Monitoring and Evaluation Plan with revised indicators and targets and carefully monitored their achievement.

IV. CA's RESULTS

The strategy designed for the last two years of the project consisted of several key actions. Inside PCI there was restructuring of key personnel and regional personnel, development of an effective information system, an improved Monitoring and Evaluation Plan, and better assistance from PCI headquarters. In addition, PCI strengthened of the promotion and delivery of services from its NGO partners, modified the selection criteria for working with new NGO's, provided intense training and technical assistance on continuous improvement of quality services, established the "botiquineros" network, increased services diversification (included a Maternal Care House in Huehuetenango), and sought a better coordination between PCI and USAID-G/CAP Health partners.

The population coverage met 89% of the goal; PCI provided coverage to 222,872 inhabitants through 10 NGO's in 379 communities in six departments. Most of the NGO's achieved an acceptable level of development and institutional strength, and at least a minimum of financial sustainability. Also, 16 clinical centers, and 109 community centers were established in remote areas, with 1,165 medical and voluntary personnel, including 739 trained midwifes.

The level of development that the personnel of PCI's NGO partners achieved in technical areas is important. They received training and upgrading of human resources (competency-based), materials and equipment, and were under a supervision process that focused on training and education.

Additionally, they implemented an innovative strategy that permitted an increase in service coverage for the basic care package. Included in this strategy was the systematic supply and availability of modern family planning methods in rural community medicine chests (Botiquines), community centers and health clinics; health fairs that promoted and offered integrated health care services for women and children; "health sweeps" that intensified family home visits using a guide for systematic supply, and health campaigns focusing on Pap-smears and family planning.

Finally, the achievement of the M&E Plan indicators is as follows: 56% of the indicators were met or surpassed and 44% were not met.

V. Financial Report and Audits

Financial monitoring of the Cooperative Agreement consisted of a review of the quarterly Financial Status Reports (Form 269) submitted by PCI, as well as projected accrued expenditures, to assure that obligated funds did not exceed forward funding guidance. Under the Cooperative Agreement, PCI was subject to the audit requirements found in OMB Circular A-133.

Peer the final financial status report submitted by PCI, the amount of matching funds contributed was 37.05% of the total program amount versus a requirement of 37.53%.

VI. End Use Checks

The Project Officer in charge periodically performed end use checks.