

EI Salvador: Basic Health Programme in the Region 'Zona Oriente'

Ex post evaluation

OECD sector	1220 / Basic health infrastructure	
BMZ programme ID	1995 67 025	
Programme-executing agency	Ministry of Health (MSPAS), EI Salvador	
Consultant	SANIPLAN, Frankfurt/Main, Germany	
Year of ex post evaluation	2006	
	Programme appraisal (planned)	Ex post evaluation (actual)
Start of implementation	Q4 1996	Q4 1996
Period of implementation	41 months	60 months
Investment costs	EUR 9.7 million	EUR 8.35 million
Counterpart contribution	EUR 2.0 million	EUR 2.3 million
Financing, of which Financial Cooperation (FC) funds	EUR 7.7 million	EUR 6.05 million
Other institutions/donors involved	GTZ	GTZ
Performance rating	2	
• Significance / relevance	2	
• Effectiveness	1	
• Efficiency	3	

Brief Description, Overall Objective and Programme Objectives with Indicators

The programme aims at improving the health care for the population in the East of EI Salvador, which was particularly affected by the civil war. This will contribute to improving the health situation (in terms of lower mortality and morbidity rates) in the Zona Oriente (overall objective). To this end, it was planned to construct and equip up to 80 health posts at the primary level and to build and/or rehabilitate and equip 7 small hospitals at the secondary level. In addition, the construction and equipment of 4 health care administration buildings was to be financed. During the implementation, the scope of the programme was modified and reduced to the construction of 40 bigger health posts (Casas de Salud), the construction and the equipment of two health care administration buildings and the rehabilitation and equipment of one hospital (Santiago de María). The programme-executing agency was the Ministry of Health (MSPAS). The FC programme was implemented in cooperation with German Technical Cooperation (TC), which focussed on the qualification of the medical staff in the region and on the strengthening of the maintenance and quality management systems.

The following indicators were defined to measure achievement of the programme objectives: Three years after the end of the programme

1. the vaccination rate in the catchment area of the health posts amounts to at least 95%;
2. consultation hours are being offered at the health posts by medical doctors or hospital nursing staff at least once a month; the bed occupancy rate in the health centres amounts to at least 70% (at the time of the programme appraisal, it was approx. 50%);
3. the percentage of prenatal care has increased by 10 percentage points (at programme appraisal: approximately 65%);
4. the percentage of preventive infant care has increased by 10 percentage points (at programme appraisal: approx. 80%).

No indicators were defined for measuring the achievement of the overall programme objective because insufficient source data and complex interactions of causes and effects make an evaluation of their contribution to the programme impact practically impossible.

Programme design / major deviations from the original programme planning and their main causes

During the programme appraisal, the main health care problems consisted of the lack of access to basic health care services, particularly of the population living in rural and post-conflict areas, the poor condition of the existing basic health infrastructure and the inadequate equipment of the health centres with medical and non-medical devices.

The following measures were financed under the FC programme:

Component	Programme appraisal (planned)	Ex-post evaluation (actual)	Reasons for deviations
Construction and equipment of health posts	80	40	According to the changed requirements set forth by MSPAS, the health posts were expanded in comparison to the posts planned during the programme appraisal
Construction and equipment of administrative buildings	4	2	<ul style="list-style-type: none"> - On demand of MSPAS, the construction of the national planning office in San Salvador was withdrawn from the programme. - Some buildings of the administrative office in La Unión were remodelled.
Construction and/or rehabilitation of small hospitals (hospital La Unión and/or hospital Santiago de María)	2	1	<ul style="list-style-type: none"> - The hospital Santiago de María is a former health centre (centro de salud) which was upgraded to a secondary level hospital only after the programme appraisal, with major implications for the design and the costs of the rehabilitation measures. - Once the planning documents and the first cost estimates were available, the construction of the hospital La Unión was postponed for cost reasons.
Equipment of other small hospitals and/or health centres	5	-	- These components were postponed for cost reasons; the ambulances for all the hospitals were bought from MSPAS funds.

Due to the construction and equipment of 40 health posts at adequate sites, the supply network at the primary level was improved considerably for the previously undersupplied

and/or unattended areas and for the areas affected by the civil war. Five years after the start of operation of the facilities, the medical devices and equipment are being used properly.

Also the decision in favour of the construction of the health administration building in Usulután and San Francisco Gotera seems to have been a right decision. The construction design of the buildings is adequate, and due to the quality of the construction measures and to regular maintenance, the buildings are in good condition. They are still being used by the respective basic health administration and have thus contributed adequately to the implementation of the decentralisation policy in the health sector.

Compared to the programme appraisal, major changes occurred with regard to the rehabilitation of the hospital Santiago de María because far greater parts of the building had to be constructed than originally planned and because the original health centre Santiago de María was upgraded to a hospital with 60 beds in the course of the implementation of the programme. At the time of the ex post evaluation, the hospital possessed completely equipped, and functioning facilities for inpatient and outpatient treatment, designed for clinical diagnostics in the following fields: general-medicine, surgery, obstetrics, gynaecology, paediatrics, therapy and physical rehabilitation. Thus, the equipment seems to be adequate. Once the maintenance contracts financed with FC funds have ended, maintenance measures will have to be financed from the hospital's budget, which is, however, far too low. Due to the still new building infrastructure and equipment and the low substitution needs, and due to the excellent training of the maintenance team provided by German Technical Cooperation and the major commitment of the involved staff, maintenance have up to now been conducted in a satisfactory manner.

As a result of the programme measures, the population of the Zona Oriente now has access to a fully operational regional hospital with 60 beds, 40 health facilities and 2 health administration centres. This has contributed to a substantial improvement of the regional health care infrastructure and to a nearby and qualitatively adequate health care. In particular, the access to and use of health services for the mostly poor rural population in the catchment area of the health care facilities could be improved considerably.

The programme was carried out as a FC/TC cooperative programme. The TC programme "Development of the Health Sector in the 'Zona Oriente'" supported the decentralisation of the health care sector of El Salvador, aimed at the training of the executive staff and at improving the quality of selected health care facilities. TC ensured the qualification of the health care staff in the region and contributed to the strengthening of the maintenance and quality management systems. The measures of the cooperative programme were appropriate and complemented each other.

Key results of the impact analysis and performance rating

The programme objectives were achieved as described in the following:

Three years after the end of the programme...	TARGET (programme appraisal)	ACTUAL (Ex post evaluation)	Evaluation/comments
(1) the vaccination rate in the catchment area of the health facilities amounts to at least 95%.	95%	90-100%	✓ Exact data is not available. According to surveys conducted during the ex post evaluation, this objective is assumed to have been achieved.
(2) in the health care posts, surgery hours are to be offered by medical doctors or nursery staff at least once a month.	1 surgery hour per month	in general, much more often	✓ objective was exceeded
(3) the bed occupancy rate in the health centres (today, hospital Santiago de María) amounts to at least 70%.*	at least 70%	84%	✓ objective was exceeded
(4) the percentage of prenatal care has increased by 10 percentage points (during programme appraisal: approx. 65%).	83.8%	95%	✓
(5) the percentage of preventive infant care has increased by 10 percentage points (during programme appraisal: approx. 80%).	92.5	98%	✓

The indicator "bed occupancy rate", chosen for the hospital, is not completely suitable to measure the programme's level of success. The efficient use of the capacity of beds can be better measured in terms of stationary patients than in terms of bed occupancy rates.

The chosen indicators demonstrate that considerable improvements in the overall health situation have been achieved and, thus, it can be assumed that the programme objective was achieved.

No indicators were defined for measuring the achievement of the overall programme objective because insufficient source data and complex interactions of causes and effects make an evaluation of their contribution to the programme impact practically impossible. We assume that the health situation and life expectancy of the mostly rural, poor population has improved with regard to the most important illnesses diagnosed and treated by the health centres (diarrhoea and respiratory diseases). In addition, the strong focus of preventive health care on prenatal and infant care will contribute to a long-term reduction of the mortality rates in the region. The provision of preventive health care services to beforehand unattended, poor parts of the population has a positive impact on the health situation of the target group because risk pregnancies and (easily treatable) infectious diseases of infants can be diagnosed in time and their admission to the next higher reference level or adequate medical treatment can be induced. For this reason, it seems reasonable to assume that the project has contributed substantially to the achievement of the overall programme objective.

At the time of the programme appraisal, the population of the Zona Oriente, which at that time consisted of 1.2 million inhabitants (today, 1.35 million), was defined as the programme's target group. In this context, it has justly been claimed that this region suffered strongly from the impact of civil war, that it has been undersupplied for many years and that the number of poor people, who make particularly intense use of the health facilities, is very

high (two-thirds of the population). The poverty relevance of the programme can be proven by the fact that according to a recent survey, 37 of 100 of the most poor communities benefiting from the programme are located in the Zona Oriente, and that the great majority of the FC funded infrastructure facilities (hospital and health posts Santiago de María) which provide medical services benefits the poor and extremely poor population.

Whilst the more affluent parts of the population can make use of private health services offered in the urban centres of the region, the poorer parts of the population do not have any alternatives to the public health services. Through the programme measures, many of them were given access to affordable health care services. The fact that the medical services are provided free of charge and/or that poor people can apply for an exemption of the fees (hospitals), gives the mostly poor or even extremely poor population access to high-quality medical services. Hence, the programme has direct poverty relevance.

Due to the clear focus on preventive health care services offered in the field of prenatal and infant care and the improvement of the family planning services and supply of contraceptives in the rural areas, the programme's potential to strengthen the role of women and/or gender equality is high. The corresponding impact is already discernible.

The programme does not focus on participatory development or good governance. The protection of the environment and the natural resources were not part of the system of objectives. Harmful environmental effects caused by the programme result mainly from sewage and the treatment of medical waste. The sewage of the hospital Santiago de María is discharged into the public sewerage network. Medical waste is collected separately at all programme locations and is either burned in appropriate cesspits and/or collected in containers, to ensure proper waste management at the level of the hospitals and/or health care centres. Radiation from x-rays has been minimised through appropriate protection measures.

In the following, we assess the developmental impact of the programme on the basis of the criteria of efficiency, effectiveness and relevance/significance as follows:

- We evaluate the overall effectiveness of the programme as very positive. The simple, preventive and curative services offered by well-trained staff (auxiliary nurses and, to a lesser extent also medical doctors) are adapted to the conditions and possibilities in the rural, poor environment. Particularly valuable was the cooperative programme's approach to foster the decentralisation process not only through FC measures, but also through TC measures and to increase the qualification of the management and the staff. The programme has considerably improved the access of the rural poor to basic health care facilities and thus created the conditions for qualitatively appropriate ambulant, curative and preventive health care services. Thus, the programme objectives have been achieved. We assign the programme a very high effectiveness (rating 1).
- Efficiency: Approximately 100,000 doctor/patient contact per year were achieved at the health centres with a very limited investment budget that amounted to EUR 1.2 million and with relatively low expenses for wages and salaries and working capital. The fundamental decision to employ (auxiliary) nurses in the health facilities, whose activities are supervised/complemented once a week by medical doctors, was certainly an important one. The fact that important rehabilitation and/or replacement measures are implemented under counterpart contributions by the local population, which are organised by the existing health committees, helped to reduce costs for the programme-executing agency. However, an analysis of the production efficiency of the overall programme has shown that the number facilities for basic medical care (where marginal utility is highest) financed from FC funds was considerably lower than originally planned. This is due at least partially to overly optimistic planning requirements, time delays and sub-optimal procurement policies, which led to a

redistribution of the funds between the primary and secondary reference levels. Although coverage of the operating costs of the hospital is guaranteed (refunding by the central government and, to a lesser extent, by the beneficiary contributions), no provisions have been made for the replacement of medical and other equipment. We classify the programme's efficiency as overall sufficient (rating 3).

- Significance / relevance: Through the creation of basic infrastructure facilities in remote parts of the country, the FC programme give broad parts of the population access to preventive and curative medical services. It is to be assumed that the broad-scale effect achieved by the programme through the construction of the health centres has contributed substantially to the sustainable improvement of the health situation of the population living in the Zona Oriente, in particular of weaker groups such as infants and pregnant women. Secondary investments by other donors, who invested in similar types of programmes, have strengthened this impact even further. Unfortunately, it is not possible to make a breakdown of morbidity and mortality rates for the different regions. In the rural areas, contraceptive prevalence could be increased (from 51.2 to 60.1%) which has a positive impact on maternal health due to the possibility of birth control. For this reason, we assume that the programme has contributed substantially to the recent decrease in the infant mortality rate (Millennium Development Goal No. 4), to maternal health (Millennium Development Goal No. 5) and thus, to an improvement of the health situation of the population living in the Zona Oriente (overall objective). An important aspect is that the region was heavily affected by civil war and that the cooperative project served as an important first component of basic health care for many segments of the population in the target region. In contrast, the project's significance in the curative area would have been higher if the use of the FC funds had been more efficient. Thus, as regards the criterion of relevance / significance we rate the project as satisfactory (sub-rating 2).

In the overall evaluation of the programme it has to be viewed critically that the programme-executing agency did not fulfill its financial obligations to ensure proper maintenance and rehabilitation. In addition, it has to be noted critically that the decentralisation process of El Salvador's health sector, directly promoted by the present and indirectly promoted by the TC programme, has still not been concluded. On the other hand, in our opinion, the favourable evaluations of the above-mentioned sub-criteria have to be given more weight and are very positive, in particular, with respect to the replication of the approach by other donors and its high acceptance among the target group. We judge the developmental effectiveness of the "Basic Health Programme in the 'Zona Oriente'" to be sufficient (rating 2).

General conclusions and recommendations

1. Due to the construction of the FC-financed basic health facilities and the development of a preventive health care programme, which is relatively easy to convey, the health situation of formerly under-supplied regions could be improved considerably. The participation of the population in the selection of the programme locations was, without any doubt, decisive for the success of the present programme, and has led to an impressive support for the health facilities among the programme's target group. This support ensures a sustainable maintenance of the health centres and, in comparison with the situation at programme planning, some of them could even be improved. The close involvement of the target group in the planning process and the operation of the health facilities is to be ensured more strongly also in other projects. Moreover, this kind of projects in the area of basic health infrastructure is to be based upon a clear-cut national health strategy, with a broad-scale effect (i.e. targeted directly at the patient/s in the rural areas). Such a strategy has to be clearly defined due to its high follow-up costs. Each health centre built and financed today in the rural areas will produce follow-up costs in the future (in form of staff costs, cost of drugs, other consumables and capital goods), which are a multiple of the original, externally-financed investment.

2. Ensuring that the expenses for the operation, and particularly, for the maintenance of the financed health facilities are covered is of great importance. The definition of covenants as a sanctioning mechanism will have little effect because their fulfilment can only be reviewed once the programme has been completely implemented and financed. However, in such cases, one possibility would be to oblige the counterpart to deposit such funds into an external fund, outside the national budget, from which such measures can be financed in the long term.
3. In case a project is to be carried out as a cooperative project, the complementary and mutually reinforcing components are to be planned in such a way that the necessary funds are available and that the services can be provided when needed (according to the time schedule). To increase the effectiveness of cooperative projects, TC and FC activities and their implementation periods are to be more closely coordinated in the future.

List of abbreviations

FC	Financial Cooperation
CP	FC-TC cooperative programme
PA	Programme appraisal
TC	Technical Cooperation

Legend

Developmentally successful: Ratings 1 to 3	
Rating 1	Very high or high degree of developmental effectiveness
Rating 2	Satisfactory developmental effectiveness
Rating 3	Overall sufficient degree of developmental effectiveness
Developmental failures: Ratings 4 to 6	
Rating 4	Overall slightly insufficient degree of developmental effectiveness
Rating 5	Clearly insufficient degree of developmental effectiveness
Rating 6	The programme is a total failure

Criteria for the Evaluation of Programme Success

The evaluation of the "developmental effectiveness" of a programme and its classification during the ex-post evaluation into one of the various levels of success described in more detail below concentrate on the following fundamental questions:

- Are the **programme objectives** reached to a sufficient degree (aspect of programme **effectiveness**)?
- Does the programme generate sufficient **significant developmental effects** (programme **relevance** and **significance** measured by the achievement of the overall development-policy objective defined beforehand and its effects in political, institutional, socio-economic and socio-cultural as well as ecological terms)?
- Are the **funds/expenses** that were and are being employed/incurred to reach the objectives **appropriate** and how can the programme's microeconomic and macroeconomic impact be measured (aspect of **efficiency** of the programme conception)?
- To the extent that undesired (**side effects**) occur, are these tolerable?

We do not treat **sustainability**, a key aspect to consider for programme evaluation, as a separate category of evaluation but instead as a cross-cutting element of all four fundamental questions on programme success. A programme is sustainable if the programme-executing agency and/or the target group are able to continue to use the programme facilities that have been built for a period of time that is, overall, adequate

in economic terms, or to carry on with the programme activities on their own and generate positive results after the financial, organisational and/or technical support has come to an end.