

Paraguay: Development of Basic Health Care

Ex-post evaluation

OECD sector	12230 - Infrastructure in the field of basic health care	
BMZ project number	1981 65 987	
Project-executing agency	Ministerio de Salud Público y Bienestar Social	
Consultant	IDC Heidelberg – CAC Asunción – GTZ	
Year of evaluation	2002	
	Project appraisal (targeted)	Ex-post evaluation (actual)
Start of implementation	1984	1985
Period of implementation	4 years	9 years
Investment costs	EUR 8.6 million	EUR 5.11 million
Counterpart contribution	EUR 3.49 million	Not applicable
Financing, of which FC funds	EUR 5.11 million	EUR 5.11 million
Other institutions/donors involved	None	None
Performance rating	4	
• Significance / relevance	4	
• Effectiveness	4	
• Efficiency	4	

Brief Description, Overall Objective and Project Purposes with Indicators

The goal of the project was to improve basic health care, especially for the poorer population the rural areas in eastern Paraguay (Neembucu, Misiones, Itapúa). No further differentiation was made between the project purpose and the overall objective, and no target indicators were defined. The loan was used to rehabilitate, expand or construct a total of 38 health care facilities on various levels of the public health care system. The measures were to establish a functioning, four-level reference system comprising health care posts, centers, regional hospitals and specialized hospitals. Depending on the complexity of the measures required, patients are to be referred to the next higher reference level. In this way the health care, above all for the rural population, is to be improved. Prior to the construction measures and in continuation of a GTZ project, via training and advanced training a total of 408 people were prepared for their subsequent work at these health care facilities.

Major Deviations from the original Project Planning and their main Causes

The total time required to implement the project measures was 9 instead of 4 years as planned. The main reasons for the delay were the political events in the mid-1980s, administrative

problems of the project-executing agency and weak technical capacities on the part of the construction firms working in the health sector.

Key Results of the Impact Analysis and Performance Rating

Despite the data situation, in part contradictory, it can be presumed that the health situation of the population has improved slightly since the project was implemented. Progress was made, mainly in the reduction of illnesses that can be prevented through vaccination. The vaccination campaigns in the project area were as successful as those on the national level. The degree of immunization for the standard vaccinations (mumps, measles, German measles, diphtheria, polio and tuberculosis) in the project area exceeds 80%. Success was also achieved in the field of family planning. Approximately 40% of the women old enough to give birth in the project area are using a contraceptive method, as a result of which the number of children born per family has dropped from 4.5 to 3.5 in the last decade. It should be noted that especially these preventive measures are relatively easy to organize on a central level. The good equipment financed through the project on the local level in the form of stationary facilities and medical equipment is hardly used for this purpose. In contrast, there was only a minimal number of modest improvements in the curative area and for prenatal care. Overall only one-third of pregnant women in the project area are participating, according to official information. This is one of the reasons why risky pregnancies are not diagnosed on time and complications arise during birth. The child mortality rate in the project region matches the national average. Frequent causes of death are complications during birth, pneumonia, infections and purulent inflammations that could be considerably reduced with timely, proper treatment.

In general the degree of use of the health care facilities is low. Each month, an average of 100 patients are treated at a health post and around 250 are treated at a health care center. Some health posts are visited by fewer than 3 patients each day on average. The beds at the health care posts and centers are hardly used. The bed occupancy rate at the health care centers averages 23% and, at the health care posts, it is far below 5%.

Only some 30% of the women in the project area have their babies at a health center or post. This share has risen only slightly since the project appraisal because the facilities are frequently ill-equipped for births and the personnel often refuses to assist due to the relatively low pay involved. The 50 births per year/health posts and 100 births per year/health centers assumed in the original planning for the facilities are only achieved to some 30%.

The proportion of the population seeking medical treatment in case of illness is declining and is currently 49% (at the time of the project appraisal it was still 58.7%). In the case of the poor population this figure even drops down to 32%.

In summary it can be said that the health care provided in the project area has improved. However, the use of the services and facilities of the regional hospitals, health care centers and posts that received funding remains far below the original expectations during the project planning and below the installed capacity. The low rates of use are primarily the result of the poor quality of the services offered. Surveys conducted locally – in total 34% of the facilities were visited – generated the following results:

- Most health care facilities do not have expendables such as alcohol or bandages and consequently are seldom able to treat even slight wounds.
- In two of the three project regions the health facilities do not have any medication.

- The opening hours are extremely limited. Only very few facilities offer health care services around the clock.
- The smaller towns do not have enough qualified doctors. Therefore, many of the operating rooms, for example, that are installed at the health care centers remain unused owing to a lack of surgeons and anesthesiologists.
- The transport and communication opportunities are insufficient. In most cases the facilities cannot be reached by telephone. There are not enough ambulances. The ambulances that are available are seldom maintained or there are no funds for fuel.
- The low salaries which were not increased in the past years as well as the minimal opportunities for job improvement and the frequent political influence on staffing decisions have a negative effect on the staff's motivation. For example, the low number of births at the facilities (on average only around 5 per year) are another result of the fact that the local nurses, who earn a low salary, are reluctant to take on the responsibility of assisting with a birth, or they are not available outside of the opening hours.

The project rehabilitated and expanded the medical infrastructure in three health regions. In this way these regions theoretically have a sensible reference system. However, the expected project effects did not occur. Although the general health situation of the population in the project area improved slightly, it still remains on a very low level. Owing to the poor ability of the facilities to solve problems, nearly half of the population goes directly to pharmacies, prefers to practice "self diagnosis" or goes directly to the regional hospitals even for slight injuries, which means long journeys and, accordingly, high costs. Overall the risk described in the project appraisal that the Ministry of Health is not putting aside the funds required for proper and efficient operation has occurred.

Since the capacities of the Ministry of Health were already critical during the project appraisal, the inclusion of the affected population in the planning, foundation and operation of the facilities was considered a vital precondition for the project's success. The communication between the ministry and the population was to be reinforced and their willingness to participate financially and to help with the maintenance was to be encouraged. Unfortunately, this was achieved in only very few cases.

In a summarized assessment of all project impacts and risks that have been described we arrived at the following rating of the project's developmental effectiveness:

- The construction and development of the health care facilities were carried out satisfactorily. Due to the low level of use of the existing facilities, the insufficient finances and material equipment as well as the high sustainability risk, however, we classify the project as having an **inadequate degree of developmental effectiveness** (partial evaluation **rating 4**).
- The establishment of the physical infrastructure was an important step towards better health care. As a result of the structural problems within the sector, the weaknesses of the project-executing agency and the lack of participation by the target group the overall developmental objective was hardly achieved, however. Consequently we classify the project overall as having **inadequate developmental relevance/significance** (partial evaluation **rating 4**).
- In view of the minimal contributions by the patients, the poor quality of the services offered, the high administrative costs of the ministry, the costly parallel structure in the health care system and the coordination difficulties between the ministry and the decentralized

structures, we evaluate the project's **efficiency altogether as inadequate** (partial evaluation **rating 4**).

After weighing its effectiveness, efficiency and significance/relevance we assess the project overall as having inadequate developmental effectiveness (rating 4).

General Conclusions applicable to all Projects

When a project approach is determined, if possible all key system elements should be subjected to sufficient analysis and evaluated.

Placing the focus of the project monitoring on purely technical aspects should be avoided. As was the case with this project that has already undergone an ex-post evaluation, problems can arise on other levels during the course of the project that may put the achievement of the goals in doubt.

For basic health care projects an attempt should be made to reach a compromise between offer-oriented facilities – which are usually standardized and thus in terms of their construction less costly – and demand-oriented facilities. A purely offer-oriented focus is dangerous in that the target groups and their needs may not be taken into sufficient account.

Legend

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

Criteria for the Evaluation of Project Success

The evaluation of a project's "developmental effectiveness" and its assignment during the final evaluation to one of the various success levels described below in more detail focus on the following fundamental questions:

- Are the project objectives reached to a sufficient degree (aspect of project effectiveness)?
- Does the project generate sufficient significant developmental effects (project 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? How can the project's microeconomic and macroeconomic impact be measured (aspect of efficiency of the project concept)?
- To the extent that undesired (side) effects occur, are these tolerable?

We do not treat sustainability, a key aspect to consider for project evaluation, as a separate category of evaluation but instead as a cross-cutting element of all four fundamental questions on project success. A project is sustainable if the project-executing agency and/or the target group is able to continue to use the project facilities that have been built for a period of time that is, overall, adequate in economic terms or to carry on with the project activities on its own and generate positive results after the financial, organizational and/or technical support has come to an end.