AID 1020-25 (10-70)

RS/PS REPORT U-448

4/10/72

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PROJECT APPRAISAL REPORT (PAR)

1. PROJECT NO.	2. PAR FOR PERIOD:	3. COUNTRY	4. PAR SERIAL NO.
493-11-540-179	4/71 TO 3/72	Thailand	72- 11

5. PROJECT TITLE

Rural Health

A.I.D. Reference Center Room 1056 NS

4930179 (10) PD-AAD-621-F1

6. PROJECT DURATION: Began FY 66 Ends FY 74	7. DATE LATEST PROP 5/14/69	8. DATE LATEST PAR 9/9/69	9. DATE PRIOR PAR 4/27/71

10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: $4,673,000	b. Current FY Estimated Budget: $ 428,000	c. Estimated Budget to completion After Current FY: $ 700,000

11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.

I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X) USAID	AID/W	HOST	B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
X			In keeping with USG and RTG plans to narrow scope of this project and in future concentrate primarily on (1) health education and information and (2) promotion of integration of curative and preventive health services, RTG has submitted plan for development of a localized pilot demonstration of integrated health services. New PROP in preparation.	April 30, 1972

D. REPLANNING REQUIRES REVISED OR NEW: [X] PROP [X] PIP [ ] PRO AG [ ] PIO/T [ ] PIO/C [ ] PIO/P

E. DATE OF MISSION REVIEW 3/27/72

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE
Francis J. Murphy

MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE
Rey M. Hill

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II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT	B. PERFORMANCE AGAINST PLAN							C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X)				
CONTRACTOR, PARTICIPATING AGENCY OR VOLUNTARY AGENCY	UNSATIS-FACTORY		SATISFACTORY			OUT-STANDING		LOW	MEDIUM			HIGH
	1	2	3	4	5	6	7	1	2	3	4	5
1.												
2.												
3.												

Comment on key factors determining rating

	1	2	3	4	5	6	7	1	2	3	4	5
4. PARTICIPANT TRAINING					X							X

Comment on key factors determining rating

Predeparture performance essentially as planned, but post-training utilization and impact continues to exceed expectations.

	1	2	3	4	5	6	7	1	2	3	4	5
5. COMMODITIES					X							X

Comment on key factors determing rating

Vehicle procurement through GSA is improving. Major local shortcoming involving commodity records, accounting and controls have been overcome with technical advisory services provided by U.S. project technician.

		1	2	3	4	5	6	7	1	2	3	4	5
6. COOPERATING COUNTRY	a. PERSONNEL				X							X	
	b. OTHER				X								X

Comment on key factors determining rating

Improvements have been noted in the recent past in the willingness of personnel to work in rural areas and in the general area of commodity management. On the other hand, the recently organized National Health Planning Group is not functioning as well as hoped due to the lack of a single leader and a shortage of office space. It required one year of effort to produce a new integrated health service plan (which forms the backbone of the PROP revision currently in preparation). There is, however, reason to believe that both the leadership and office space problems will be resolved in the near future.

	1	2	3	4	5	6	7	1	2	3	4	5
7. OTHER DONORS												

(See Next Page for Comments on Other Donors)

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II. 7. Continued: Comment on key factors determining rating of Other Donors

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMULATIVE PRIOR FY	CURRENT FY TO DATE	CURRENT FY TO END	FY 73	FY 74	END OF PROJECT
U.S. trained staff for Faculty of Public Health and MOPH key positions.	PLANNED	109		8	8	8	133
	ACTUAL PERFORMANCE	109					
	REPLANNED			9	8	8	134
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						

B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:
1.	
2.	COMMENT:
3.	COMMENT:

H. 7. Continued: Comment on key factors determining rating of Other Donors

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMULATIVE PRIOR FY	CURRENT FY TO DATE	CURRENT FY TO END	FY 73	FY 74	END OF PROJECT
Establish and/or strengthen regional health schools to train 800 auxiliary health personnel per annum.	PLANNED	8	-	-	-	-	8
	ACTUAL PERFORMANCE	8	-				
	REPLANNED						
Establish and/or strengthen Regional Health Development Headquarters to supervise local health activities.	PLANNED	9	-	-	-	-	9
	ACTUAL PERFORMANCE	9	-				
	REPLANNED						
Establish and/or strengthen mobile health education teams	PLANNED	25	-	5	5	5	40
	ACTUAL PERFORMANCE	15	-				
	REPLANNED			15	5	5	40
Provide minimum mobility for amphoe level health centers and provincial headquarters in 43 sensitive provinces (4x4 vehicles).	PLANNED	215		25	20	20	280
	ACTUAL PERFORMANCE	215					
	REPLANNED			5	5	5	230

B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS

1. Initiate rural environmental health activities.

COMMENT: To date, activities have been undertaken in 20,699 villages. Project work includes construction of 1,135,211 waterseal latrines, 6,806 small water supplies, and 13,500 shallow wells as well as other village sanitation projects. This activity is now viable and no longer requires USOM commodity inputs.

2. Establish capability for rural health research and miscellaneous communicable disease control activities.

COMMENT: A rural health research project, encompassing an entire District of 50,000 population at Chiang Mai, Amphoe Saraphi, was established in 1968. It is innovative and is producing new techniques for the delivery of health services. Active rabies, T.B., liver fluke and intestinal parasites control activities have been established.

COMMENT:

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IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged. 2. Same as in PROP? ☒ YES ☐ NO

Develop and strengthen rural health services, particularly in areas of insurgent activities.

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
An integrated rural health service in 43 sensitive provinces containing:	
1. A structured network of health centers capable of providing minimum health services and medical care, MCH, family planning, health education, sanitation, communicable disease control, nutrition education, school health.	1.a) 2,775 health centers established in 43 provinces, representing an increase of 106 during first 6 months period of the fiscal year. b) 3 TB control centers established. c) 25 Mobile Health Education Teams operating. d) 9 regional centers established.
2. A cadre of trained professional and auxiliary public health and medical personnel.	2. New health centers adequately staffed. Professional and supervisory staff available and trained. More than 50% of graduates of School of Public Health and Regional Training Schools assigned in sensitive provinces.
3. Capability to provide in-country training for professional and auxiliary personnel for expanding health services.	3.a) School of Public Health has 30 faculty members trained in U.S. Total staff increased from 58 to 120 and enrollment from 186 to 519 since 1966. Field training established. b) Regional MOPH Training Schools graduating 600 graduates in FY 1971, 800 graduates in FY 1972. c) 350 health workers being retrained per annum through in-service training courses.

V. PROGRAMMING GOAL

A. Statement of Programming Goal

Reduce the vulnerability of villagers to the blandishments of the insurgents by establishing a meaningful government presence in sensitive areas through the development of rural health services responsive to the needs of the villagers.

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.

The alleviation of human suffering and the provision of health services to rural peoples has long been considered by program planners as an important tool in long range counterinsurgency developmental efforts. The expressed felt needs of Thai villagers in sensitive areas, as substantiated by USOM research studies and surveys, include as a high priority medical care and public health programs. USOM believes that full achievement of the project purpose will contribute significantly to the programming goal as stated in A. above.