

PROJECT APPRAISAL REPORT (PAR)

Reference Center
Room 1656 NS

RS/PS

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1. PROJECT NO. 663-51-511-006	2. PAR FOR PERIOD: 6/30/69 TO 12/6/71	3. COUNTRY ETHIOPIA	4. PAR SERIAL NO. 72-4
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6630006 (8)
PD-AAF-120-F1

MALARIA CONTROL

6. PROJECT DURATION: Began FY 58 Ends FY 72	7. DATE LATEST PROP 8/28/67 ✓	8. DATE LATEST PIP 1971 *	9. DATE PRIOR PAR 6/30/69 ✓
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ 4,716,000	b. Current FY Estimated Budget: \$ 48,000	c. Estimated Budget to completion After Current FY: \$ 4,764,000 6p.
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11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
MALARIA Program, Center for Disease Control	PASA
U. S. Public Health Service	

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

A. ACTION (X)			B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
USAID	AID/W	HOST		
		x	1. Conduct effectiveness analysis of operations in Area A to determine the extent to which spraying and other operations can be reduced in Area A and expanded to other areas without losing the gains previously achieved.	January 1973
x		x	2. Consummate agreement among WHO, MES and USAID and initiate action plans for the integration of the Malaria Program into the basic health services of the Ministry of Public Health.	January 1973
		x	3. Initiate economic baseline studies to assist in assessing the effectiveness and future direction for the MES Program.	June 1972
x		x	4. Proceed with joint (MES, WHO, USAID) evaluation of the MES Program.	March 1972
			* PIP (1968) which has been updated by the MES Plan of Operations.	

D. REPLACING REQUIRES				E. DATE OF MISSION REVIEW			
<input checked="" type="checkbox"/> PROP	<input type="checkbox"/> PIP	<input type="checkbox"/> PIO/A	<input type="checkbox"/> PIO/T	<input type="checkbox"/> PIO/C	<input type="checkbox"/> PIO/P	12/10/71	
PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE Alan L. Steffen, Malaria Project Manager				MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE Roger Ernst, Director			

II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT CONTRACTOR, PARTICIPATING AGENCY OR VOLUNTARY AGENCY	B. PERFORMANCE AGAINST PLAN							C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X)					
	UNSATISFACTORY		SATISFACTORY			OUTSTANDING		LOW		MEDIUM		HIGH	
	1	2	3	4	5	6	7	1	2	3	4	5	
1. Advisory Services *							X						X
2. Technical Backstopping					X						X		
3.													

Comment on key factors determining rating

Relations between contract advisors and MES staff have been good at all levels. It has been possible to be quite frank in discussions of future plans and program problems. A similar close relationship exists between participating agency and USAID/E staff. Project purpose is understood by all of the concerned parties. Technical backstopping from parent agency and regional malaria office has been very satisfactory.

* With the exception of the Malaria Control Project Manager, advisory services are loan funded.

4. PARTICIPANT TRAINING	1	2	3	4	5	6	7	1	2	3	4	5
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Comment on key factors determining rating

Since FY 1970, there have been no new participant training programs. The returned participants, however, have remained with MES and continue to make valuable contributions to MES operations.

5. COMMODITIES (Loan Funded)	1	2	3	4	5	6	7	1	2	3	4	5
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Comment on key factors determining rating

Minor problems have been experienced, however, they have had no deleterious effects on project implementation.

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

Comment on key factors determining rating

1. Project leadership is above average in competence.
2. Planning and implementation of program is quite satisfactory now.
3. MES management of commodities is adequate.
4. Cooperation with the Ministry of Public Health and other IEG agencies is excellent.
5. IEG budgetary support for the program is adequate,
6. As opposed to the resistance by the general public in prior years, public support and acceptance of MES operations has been good.

7. OTHER DONORS	1	2	3	4	5	6	7	1	2	3	4	5
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(See Next Page for Comments on Other Donors)

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

WHO provides advisory assistance (two at the Malaria Eradication Training Center in Nazareth and three who are assigned to MES headquarters in Addis) limited commodities and observational training. WHO performance has been very good.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMU- LATIVE PRIOR FY	CURRENT FY		FY ____	FY ____	END OF PROJECT
			TO DATE	TO END			
Geographical Reconnaissance (per cent of houses mapped in operational areas)	PLANNED	70	90	100	---	---	100
	ACTUAL PERFORM- ANCE	30	75				
	REPLANNED			100	---	---	100
Entomology Surveys (number of team days per year)	PLANNED	2268	2268	2268	---	---	2268
	ACTUAL PERFORM- ANCE	1996	2042				
	REPLANNED			2268	---	---	2268
Cyclical Spraying (percentage of houses sprayed in operational areas)	PLANNED	100	100	100	---	---	100
	ACTUAL PERFORM- ANCE	92	96				
	REPLANNED			100	---	---	100
Surveillance (localities covered in operational areas)	PLANNED	1211	1229	1229	---	---	1229
	ACTUAL PERFORM- ANCE	1190	1219				
	REPLANNED			1229	---	---	1229
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1.		It is planned to reduce the level of operations in Area A, and to increase activity in those sectors which have a reasonably high potential for agricultural and commercial development.					
2.		COMMENT: Such areas would include Gemu Goffa, Jimma, Gambella and Kebre Mengist.					
3.		COMMENT:					

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IV. PROJECT PURPOSE

- A. 1. Statement of purpose as currently envisaged.
2. Same as in PROP? YES NO
1. To create an effective malaria eradication service.
 2. To reduce the number of malaria cases within Ethiopia through spraying of residual insecticide and treatment with anti-malarial drugs.
 3. To work toward the eventual integration of MES into the rural health services of the IEG.

<p>B. 1. Conditions which will exist when above purpose is achieved.</p> <ol style="list-style-type: none"> 1. Reduction of the incidence of malaria through spraying of residual insecticide. 2. Improved MES operations. 3. Reduction of the incidence of malaria in areas under surveillance activities. 4. Positive steps taken to integrate MES operations with the basic health services of the Ministry of Public Health. 	<p>2. Evidence to date of progress toward these conditions.</p> <ol style="list-style-type: none"> 1. Full scale surveillance activities have been conducted in Area A for the past two years. Surveillance records have indicated that (in five zones) the number of positive malaria cases was reduced by 12 57% from 1970-1971. 2. Malariometric surveys and fever infant parasite surveys, while not entirely accurate, provide valuable information on the trends and geographical location of malaria transmission. 3. Loan audit 3-663-71-67 indicated supply management system was adequate and that the MES management was aware of organizational problems and were taking steps to establish sound operational policies and procedures. 4. Action has been initiated by USAID and IEG officials regarding the possibilities of, and strategies for the integration of services.
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V. PROGRAMMING GOAL

- A. Statement of Programming Goal
1. To increase number of areas available for development through suppression of malaria.
 2. To increase productivity of workers by contributing to improvement of health standards.
 3. To improve health conditions of people of Ethiopia.
- B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the notional problem? Cite evidence.
- Aside from the obvious health benefits which have accrued to the people of Ethiopia, as a result of the reduction of malaria, areas of previously high malarious activity have been "opened" or expanded which has led to an increase in agricultural, commercial and tourist activities. The opening and/or expansion of such areas has served to add economic as well as health benefits to Ethiopia.

PROJECT LOGICAL FRAMEWORK

Project Title: Malaria Control

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS		
<p>Program or Sector Goal:</p> <ol style="list-style-type: none"> 1. To increase the number of areas available for agricultural and general development through the suppression of malaria. 2. To increase the productivity of workers by contributing to the improvement of health standards. 3. To improve the health conditions of the people of Ethiopia. 	<p>Measures of Goal Achievement:</p> <ol style="list-style-type: none"> 1. Expansion of land area available for agricultural and general development. 2. Reduction of morbidity rate due to malaria. 		
<p>Project Purpose:</p> <ol style="list-style-type: none"> 1. To create an effective malaria eradication service. 2. To reduce the number of malaria cases within Ethiopia through spraying of residual insecticide and treatment with anti-malarial drugs. 3. To work toward the eventual integration of MES with the rural health services of the IEG. 	<p>Conditions Expected at End of Project:</p> <ol style="list-style-type: none"> 1. Improved MES operational activities effectively to cover all malarious areas within which MES is operating. 2. Reduction in the incidence of malaria through spraying of residual insecticide. 3. Reduction in the incidence of malaria in areas under surveillance. 4. Integration of MES with the rural health services of the IEG. 		
<p>Outputs:</p> <ol style="list-style-type: none"> 1. Geographical reconnaissance 2. Entomology surveys 3. Cyclical spraying 4. Surveillance (active and passive case detection - fever, infant parasite survey) 	<p>Magnitude of Outputs:</p> <p>To be determined by incidence of malaria within specific areas and the available resources of the MES.</p>		
<p>Inputs:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><u>USAID</u> Grant and Loan Assistance Personnel Training Laboratory & Spraying Equipment Drugs FIPS Insecticide Vehicles Advisory Services</p> </td> <td style="width: 50%; vertical-align: top;"> <p><u>WHC</u> Advisory Assistance Limited Commodities Training</p> </td> </tr> </table>	<p><u>USAID</u> Grant and Loan Assistance Personnel Training Laboratory & Spraying Equipment Drugs FIPS Insecticide Vehicles Advisory Services</p>	<p><u>WHC</u> Advisory Assistance Limited Commodities Training</p>	<p>Implementation Schedule (Target Dates):</p> <p><u>USAID</u> Grant Assistance FY 58- FY 71, \$4, 716, 000; FY 72 - (planned) \$48, 000 Loans to date \$13. 7 million Malaria Control Project Manager (Grant financed) FY 70-71 - four development loan funded Malaria Advisors; FY 72 - two DL funded Malaria Advisors (supplies, transport) *</p> <p>*Not including one DL funded Malaria Advisor for the first quarter of FY 72.</p>
<p><u>USAID</u> Grant and Loan Assistance Personnel Training Laboratory & Spraying Equipment Drugs FIPS Insecticide Vehicles Advisory Services</p>	<p><u>WHC</u> Advisory Assistance Limited Commodities Training</p>		

PROJECT LOGICAL FRAMEWORK

Evaluation
for Period: 6/30/69 to 12/6/71

Date Prepared: December 6, 1971

IMPORTANT ASSUMPTIONS	MEANS OF VERIFICATION
<p>1. Malaria denies use of land area.</p> <p>2. Health can be improved through malaria control programs.</p>	<p>1. Review of IEG records. (PCC & MOA)</p> <p>2. Review of Ministry of Public Health records</p>
<p>1. IEG will have the budgetary and man-power resources to continue malaria control activities at current and increasing levels.</p> <p>2. MES will be responsive to internal and external efforts toward improvement</p> <p>3. Malaria can be reduced through methods used by the Malaria Eradication Service in Ethiopia; the population will give their full cooperation to MES (GR, spraying, FIPS).</p>	<p>1. Review IEG records.</p> <p>2. Reports of Chief Malaria Advisor and internal and external audit reports.</p> <p>3. Semi-annual evaluations as required by the loan agreement.</p>
<p>4. Necessary steps will be taken by the IEG to effect the integration of MES-MPH operations.</p> <p>1. MES will be able to withdraw or reduce operations in areas where malaria has become absent or reduced to a low level and initiate operations in other malarious areas.</p> <p>2. WHO will continue to provide assistance to the MES.</p>	<p>Various MES reports: FIPS; Entomology Epidemiology; Zone and Section.</p>
<p>DDT will continue to be available from the U.S. and other eligible sources.</p>	<p><u>USAID</u></p> <p>1. Loan Agreements</p> <p>2. TC/DG project documents</p> <p>3. Annual MES plan of action</p> <p><u>WHO</u></p> <p>Review of UN budget.</p>