AID 1020-25 (10-70)

NOTE: This report reflects project status at time of the precipitous fall of the GVN in April 1975

7300348 (5)

REPORT U-446

PD-AAF-587-F1

PROJECT APPRAISAL REPORT (PAR)

1. PROJECT NO.	2. PAR FOR PERIOD	3. COUNTRY	4. PAR SERIAL NO.
730-11-530-346	FY 67 TO FY 75	VIETNAM	730-75-TP-13

5. PROJECT TITLE

HEALTH ADVISORY SERVICES (formerly Public Health Services)

6. PROJECT DURATION: Began FY 67 Ends FY 75	7. DATE LATEST PROP	8. DATE LATEST PIP	9. DATE PRIOR PAR
	12/73	- 0 -	Not known

10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: $ 7,200,000	b. Current FY Estimated Budget: $ 492,000	c. Estimated Budget to completion After Current FY: $ none

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

a. NAME	b. CONTRACT, PASA, OR VOL. AG. NO.
American Hospital Association (from Project 375)	AID/CM-ta-BOA 73-46

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

A. ACTION (X) MISSION	A.I.D.W.	HOST	B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE

LESSONS LEARNED

1. Future projects of this nature should not include so many sub-projects. That is, "basket" projects should be avoided. Management of the project as an entity became very difficult since many diverse programs became a part of the overal project (e.g. Sanitation, Public Health, Nursing, Health Education, Preventive Medicine, Health Care Administration, Refugee Health, Nutrition).

2. More coordination between "Other Donors" and AID in this type of project is most important. World Health Organization had a very important input in their advisory assistance to the National Institute of Public Health. The graduates from this school had a direct influence on the success or failure of this project. AID personnel had initial input input into curricula development, etc., but were not "voting" members of the MOH NIPH Committee. The overall result was that the GVN officials were somewhat confused as to whome to turn for advice.

3. Crash and impact programs such as the sanitary hamlet and school health programs do not have long term value under the situation. The population were definitely interested in these projects and devoted a lot of time to their completion. However, due mainly to shortages of MOH personnel, the people soon reverted to their old habits. Had there been enough health education, sanitary agents, etc. to constantly talk to the people about the benefits of these programs, it is felt that lasting value would have resulted.

Clearance: [signature]
AS IA/DP: William Lefes

D. REPLANNING REQUIRED: REVISED OR NEW ☐ PROP ☐ PIP ☐ PROAG ☐ PIO/T ☐ PIO/C ☐ PIO/P

E. DATE OF MISSION REVIEW 9/9/75

PROJECT MANAGER TYPED NAME SIGNED INITIALS, AND DATE	MISSION DIRECTOR TYPED NAME SIGNED INITIALS, AND DATE
ASIA/TD/HD: Isaiah A. Jackson, Jr., M.D.	ADD/EA/VN: Anthony H. Wirtz AW 10/31/75

Lessons Learned - continued

4. The low salary scales of MOH civil servants had a direct influence on this project. Because the employees could not live on their salaries, they had to seek outside jobs to make up the difference. Low efficiency resulted.

5. The Ministry of Health did not have adequate funding for the many subprojects associated with this project. The GVN depended upon outside assistance for the purchase of insecticides, health education material, sanitation supplies and spare parts for garage trucks, etc. AID had cut their funds for commodities and the MOH had not made up the difference.

6. Considering the diversified nature of this project, "Counterparts" in the host government were difficult to establish.

AID 1020-25(10-70) PAGE 2 PAR	PROJECT NO 730-11-530-348	PAR FOR PERIOD: TO FY67 to FY75	COUNTRY VIETNAM	PAR SERIAL NO. 730-75-TP-13

II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT — CONTRACTOR, PARTICIPATING AGENCY, OR VOLUNTARY AGENCY	B. PERFORMANCE AGAINST PLAN — UNSATISFACTORY 1	2	SATISFACTORY 3	4	5	OUTSTANDING 6	7	C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X) — LOW 1	MEDIUM 2	3	4	HIGH 5
1. American Hospital Association						X					X	
2. (contract to expire May, 1975)												
3.												

Comment on key factors determining rating.

1. Established two year graduate program in health care administration designed to train a minimum of 35 students per year, at least 20 of whom will be MOH personnel.
2. Conducted a series (up to 20/yr) of management seminar s for all levels of health managers and supervisors.
3. Conducted management research and developed a pilot management unit in the Ministry of Health.

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

Comment on key factors determining rating.

Training and the performance on the job of returned participants is satisfactory. English language proficiency continues to be a key factor which adversely effects participant selection.

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

Comment on key factors determing rating.

The supply of commodities for health facilities and sanitary hamlets is satisfactory. The effective use of vehicles, insecticides, training films and materials, water supply commodities is well documented. Adequate maintenance of vehicles and some spare parts provided problems.

		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.

The establishment of a corps of public health technicians and assistants to the hamlet level is proceding slowly. In-country training facilities are now beginning to turn out large numbers of the required staff. The adequately trained staff will upgrade the accuracy and reliability of statistics used for surveillance and control of disease. Skills in planning & implementing effective control programs ~~xxxx~~ (sanitation, health, MCH and Quarantine services) will be enhanced by the additional personnel.

The inadequacy of pay and allowances is detrimental to maintaining enough trained staff.

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

(See next page for comments on Other Donors.)

AID 1020-25(10-70) PAGE 3 PAR	PROJECT NO. 730-11-530-348	PAR FOR PERIOD FY67 to FY75	COUNTRY VIETNAM	PAR SERIAL NO. 730-75-TP-13

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

1. Improved MOH related activities (WHO)(UNICEF).
2, Strengthening control program through provision of vaccines (Canada)(England)
3. Establishment of competent quarantine service (WHO)
4. Training of personnel for PHT and PHAT corps (WHO)
5. Improvement of TB and VA programs (WHO)

(Re: Key Outputs: all statistics are estimates, since all official records remain in VN)

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 76	FY 77	END OF PROJECT
1. Integrate PH Techs(PHT) ✓ into MOH system to provide services at district and province level.(3 yr.course) (50 graduates pa)(minimum requirement 1,000)	PLANNED	100		50	-	-	150
	ACTUAL PERFORMANCE	73	40				
	REPLANNED			40	-	-	153
2. Integrate PH Asst.Techs (PHAT) into MOH system to provide services as above. (1 yr course). Annual output	PLANNED	175	50	100	-	-	275
	ACTUAL PERFORMANCE	163	40				
	REPLANNED			- -	-	-	203
3. Assign trained chiefs of services and Director PH Directorate (trained at MPH level in US)(annual outputs)	PLANNED	22	-	1			23
	ACTUAL PERFORMANCE	12	1				
	REPLANNED			1	-	-	13
4. Produce and distribute health education posters on various public health program (annual output -thousands) ✓	PLANNED	995			Current plans unknown		
	ACTUAL PERFORMANCE	1,085	-				
	REPLANNED			-	-	-	-

B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:
1. Accurate/reliable statistics generated and used for control programs & planning purposes	1. WHO advisors working with counterparts to implement existing reporting system on timely basis. Statistics not reliable at this time. Little progress since last PAR.
2. Establish long-term health plans for each province.	COMMENT: 2. Forty-three provinces submitted health plans, however, many were direct copies of the MOH plan. Others were too vauge to determine goals. Little progress since last PAR.
3. Establish competent quarantine services at all ports of entry in S. Vietnam (total of six)	COMMENT: 3. Saigon & Vung Tau have reliable services. WHO checks on violations of international regulations and provides advisory services for establishment of port procedures.

(continued next page)

AID 1020-25(10-70) PAGE 3 PAR	PROJECT NO. 730-11-530-348	PAR FOR PERIOD FY67 to FY75	COUNTRY VIETNAM	PAR SERIAL NO. 730-75-TP-13

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

CONTINUED

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 76	FY 77	END OF PROJECT
5. Produce and distribute the pamphlets on various programs (thousands)	PLANNED	1,500			current plans		unknown
	ACTUAL PERFORMANCE	3,068	-				
	REPLANNED			-	-	-	-
6. Radio and TV shorts are prepared and aired at least once a week. (per year)	PLANNED	Performance not known.					
	ACTUAL PERFORMANCE						
	REPLANNED						
7. Established sanitary hamlets (per year).	PLANNED	225	-	50	-	-	275
	ACTUAL PERFORMANCE	208	50				
	REPLANNED			-	-	-	258
8. Trained water supply personnel assigned to hamlets (3rd country trng). These were rural health personnel who were given in-service training	PLANNED	39	-	-	-	-	39
	ACTUAL PERFORMANCE	39	-				
	REPLANNED			-	-	-	39

B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:
1. #4. Water pumps & piping provided by MOH to establish community water supply system	4.0: 200 hand pumps provided to MOH. All now have been installed. 4.1: 33,000 meters of pipe, 68 electric pumps & 23 chlorinators installed in 1972. 4.2: Trained manpower - See #8 & 9, Outputs.
2. #5. Established sanitary hamlets thoughout Vietnam.	COMMENT: 5.: Fifty established, providing privy for houses, safe water, garbage disposal, residents tested & treated for parasites, drainage systems and children vaccinated. (see item #7 above.)
3. #6. Established regular scheduled immunizations for schools orphanages & high incidence areas.	COMMENT: Smallpox vaccination is pre-school requirement. BCG testing & vaccination provided to newborns. Mobile health teams visit hamlets & provide immunizations as required.

AID 1020-25(10-70) PAGE 3 PAR	PROJECT NO. 730-11-530-348	PAR FOR PERIOD FY67 to FY75	COUNTRY VIETNAM	PAR SERIAL NO. 730-75-TP-13

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

CONTINUED

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 76	FY 77	END OF PROJECT
9. Trained water plant operators assigned to provinces (course given by Water Directorate in coop with MOH)	PLANNED	125	-	40	-	-	165
	ACTUAL PERFORMANCE	120	-				
	REPLANNED			-	-	-	120
10. Established sanitation services or bureaus in all provinces & 10 major cities by 1975 (personnel trained and assigned)	PLANNED	54	-	-	-	-	54
	ACTUAL PERFORMANCE	54	-				
	REPLANNED			-	-	-	54
11. Graduate school in Health Care Administration established for MOH employees (# students)	PLANNED	20	0	29	-	-	49
	ACTUAL PERFORMANCE	20	-				
	REPLANNED			15	14	-	49
12. Conduct managment seminars.	PLANNED	-	-	20	-	-	20
	ACTUAL PERFORMANCE	-	-				
	REPLANNED			1	-	-	1

B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:
1. #7. Established programs for school health education and health services.	#6. Specific plan now requires vaccinations for children of certain age groups & sanitation for public institutions. Tech. services & commodities were supplied to 200 schools in 1975 for sanitary facilities.
2. #8. Established child health and Nutrition program.	COMMENT: 8.0: Intensified child health services at District level. 8.1: Incorporated nutrition element to MCH program. 8.2: Begin construction of child health trng. center for 50 stu 8.3: Plan to develop 5 model District health training areas in or adjacent to Saigon.
3.	COMMENT:

AID 1020-25 (10-70) PAGE 4 PAR	PROJECT NO. 730-11-530-348	PAR FOR PERIOD FY 67 to FY 75	COUNTRY VIETNAM	PAR SERIAL NO. 730-75-TP-13

IV. PROJECT PURPOSE

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

Develop a GVN capability to better respond to the health needs of displaced persons, children and the disadvantaged.

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
1. The GVN is capable of planning, organizing and implementing nat'l prevention, control programs for selected diseases. 1.1 The MOH's health plans are relevant to the existing conditions	1.1: A four year MOH health plan has been prepared. Its priorities should be revised as needed to keep abreast with the political situation, refugees, and status of population shifting programs of the GVN. The MOH has planning interest but the staff is not yet adequately trained.
2. Basic health care services available to refugee camp populations, including medical care & nutrition. 2.1: Established refugee coordination center within the MOH. 2.2: Sufficient supplies & equip. available to meet the demand.	2.1: An office & personnel were identified to respond to the needs of the populace in camp. Expertise was available directly or on-call in logistics, medical care & preventive medicine. The MOH responded very well during the final offensive when large numbers of persons were displaced. Basic services were provided. Priority attention was given. 2.2: Th ough assistance was given by outside donors. the GVN was able to provide initial commodities for use in new camps on a timely basis.
3. Improved child care/nutrition program (w/MCH) available in each District	3. Records maintained at District facilities with with these services prior to the fall of GVN indicate increase in number of 1st. & repeat visits for services. (continued)

V. PROGRAMMING GOAL

A. Statement of Programming Goal

To improve the quality of life and well-being of the populace and help increase productivity.

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.

Yes. A viable public health institutional structure, accessible to most of the population, can check the spread of disease and prevent infection from pathogenic organisms. Child care clinics providing routine medical services can prevent the debilitating effect of many childhood disorders. The benefits of a sound public health program are fully realized only in the long run however. While considered an essential step towards this goal, the project is expected to have only modest impact at the time of its termination. The giant step then had to be a planned approach to training of required personnel in sufficient numbers and technical specialties to meet demand. In addition a general reorganization of the MOH, Public Health Directorate to allow assignment of trained personnel to the maximum extent possible in order to provide services for the entire population of Vietnam.

AID 1020-25 (10-70) PAGE 4 PAR	PROJECT NO. 730-11-530-348	PAR FOR PERIOD FY 67 to FY 75	COUNTRY VIETNAM	PAR SERIAL NO. 730-75-TP-13

IV. PROJECT PURPOSE

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

CONTINUED

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
3.2: Increased numbers of staff with proper training assigned to District medical facilities.	3.2: A new training center was under construction at the time the project terminaton. This facility would have graduated at least 100 specialists in child care/nutrition per year for the Districts.
4.: Village and school health programs continuing without external assistance. 4.1: Local organizations supporting these programs using funds from the government and private sector.	4.1: Province community organizations coordinated with government officials in raising private funds for these projects. Actual construction was done by families in many cases as a self-help project.

V. PROGRAMMING GOAL

A. Statement of Programming Goal

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.