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already abstracted

April 28, 1980

ACTION MEMORANDUM FOR THE DIRECTOR, USAID/Sudan

FROM: GDO, E. Thomas Chapman

Problem: To approve action decisions relating to the evaluation of the Southern Sudan Primary Health Care Project, 650-0019.

Discussion: The evaluation of this project took place in Juba from February 28 through March 7 and included several short field trips. Both the technical review and executive review were held in Juba before the evaluation team departed. No major issues were left unresolved.

Dr. Christopher Wood of the African Medical Research Foundation (AMREF) office in Nairobi and Dr. Michael Gerber of the parent AMREF office in New York have reviewed a draft of the evaluation and consider it to be objective and accurate.

Recommendation: That you sign the PES as presently drafted or with specific changes as indicated.

Approved: *C/S/A*

Disapproved: _____

Date: 5/4/80

Attachments:

1. Logical Framework Matrix
2. Progress to Date (Outputs and EOPS)
3. Draft PES
4. Issues Paper
5. Minutes of the Technical Review
6. Minutes of the Executive Review

GDO:ETChapman:jb

Clearances:
 MO:MIreland _____
 CONT:KFrith _____
 PRM:RFriedline _____
 A/DIR:JSHoltaway _____

Progress Review Worksheet
PROJECT OUTPUTS- PROGRESS TO DATE

Evaluation
for Period 10/1/78 to 2/29/80

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMU- LATIVE PRIOR FY	CURRENT FY 80		FY 81	FY 82	END OF PROJECT
			TO DATE	TO END			
1. Construction of community health worker training schools with affiliated training dis- pensaries *	PLANNED	0	2	0	-	-	2
	ACTUAL PER- FORM- ANCE	0	375				
	REPLANNED			625	1	-	2
2. Primary health care units constructed through self-help	PLANNED	0	10	0	-	-	10
	ACTUAL PER- FORM- ANCE	0	0				
	REPLANNED			0	10	-	10
3. Retrained primary health care (PHCP) personnel	PLANNED	0	80	144	266	266	1,331
	ACTUAL PER- FORM- ANCE	0	122				
	REPLANNED			-	-	-	-
4. In-service training for PHCP data collection personnel	PLANNED	0	0	0	20	-	20
	ACTUAL PER- FORM- ANCE	0	0				
	REPLANNED			-	-	-	-
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	Comment:						
1. Upgraded reporting and accountability system for drugs	Since the AMREF logistic/supply position was not filled during the first year, project activities in this area were delayed. However, four months of short-term technical assistance was provided to assist the RMOH in organizing better the PHCP and in revising the PHCP drug list.						
2. Upgraded drug and supply distribution system	Comment: Progress as noted above						
3.	Comment:						

* Two community health worker training complexes are to be built consisting of training facilities for twenty students including a training dispensary with staff houses.

Progress Review Worksheet
PROJECT OUTPUTS-PROGRESS TO DATE

Evaluation
for Period 10/1/78 to 2/29/80

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMU- LATIVE PRIOR FY	CURRENT FY 80		FY <u>81</u>	FY <u>82</u>	END OF PROJECT
			TO DATE	TO END			
1. Baseline and follow-up surveys completed for each province *	PLANNED	0	4	1	3	4	12
	ACTUAL PERFORMANCE	0	75				
	REPLANNED			25	3	4	12
2. In-service training of medical supply/logistics personnel	PLANNED	0	0	0	14	14	28
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	-	-	-
3. Participant training-long-term U.S. (two M.A. degrees)	PLANNED	0	0	0	-	2	2
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			-	-	-	-
4. Participant training-short-term third country (five participants)	PLANNED	0	0	0	5	-	5
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			-	-	-	-
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	Comment:						
1. CHW manual revised	The grantee has produced two revisions of the manual with final approval and adoption by the Regional Ministry of Health (RMOH) expected by the end of the year.						
2. Training program developed for sanitary overseers	Comment: The grantee public health officer has been hired only recently and has not as yet begun to assist in this activity.						
3. Improved data collection and reporting system for the Primary Health Care Program (PHCP)	Comment: Assistance has been given in the revision of the CHW reporting forms and in the preparation of instructions for their use. In addition, forms for the evaluation of CHWs have been developed and are being pretested.						

* One baseline and follow-up survey is to be completed for each province for a total of twelve studies.

Progress Review Worksheet

Evaluation

for Period: 10/1/78 to 2/29/80

PROGRESS TOWARD CONDITIONS EXPECTED AT END OF PROJECT

A. CONDITIONS EXPECTED TO EXIST AT THE END OF THE PROJECT	B. METHOD(OR MEASUREMENT)OF VERIFYING CONDITIONS AT END OF THE PROJECT	C. PROGRESS AS SHOWN BY MEASUREMENT VERIFICATION
		The End of Project Status (EOPS) indicators were not assessed due to the lack of time the evaluation team had to arrange and conduct sample village surveys.

PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U-447

1. PROJECT TITLE Southern Sudan Primary Health Care Project			2. PROJECT NUMBER 650-0019	3. MISSION/AID/W OFFICE USAID/Sudan
			4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code Fiscal Year, Serial No. beginning with No. 1 each FY) <u>650-80-05</u>	
			<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION	
5. KEY PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING	7. PERIOD COVERED BY EVALUATION
A. First PRO-AG or Equivalent FY <u>77</u>	B. Final Obligation Expected FY <u>81</u>	C. Final Input Delivery FY <u>83</u>	A. Total <u>\$5,424,245</u> B. U.S. <u>\$3,658,315</u>	From (month/yr.) <u>October 1978</u> To (month/yr.) <u>February 1980</u> Date of Evaluation Review <u>March 7, 1980</u>

B. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Request new funding approval to provide for a ten percent project contingency fund; 42 person months of additional technical assistance; end of project evaluation and increased costs for participant training and one staff house.	USAID	5/15/80
2. Review possible additional construction costs when presented by building contractor.	AMREF, USAID	Indefinite future
3. Resolve issue concerning funding for construction of an additional staff house.	AMREF, USAID	4/30/80
4. Revise the design for the construction of two training dispensaries to make them more simple and appropriate.	AMREF, RMOH REDSO/EA	6/30/80
5. Resolve issue concerning which one of two project positions AID will be requested to fund due to the withdrawal of funding support from the Canadian University Service Organization (CUSO).	AMREF, CUSO USAID	4/30/80
6. Employ short-term consultant to review methodology for baseline studies.	AMREF	6/30/80
7. Begin preparation for a mid-term EOPS evaluation	AMREF, USAID	1/1/81
8. Revise job descriptions and prepare work plans for all project personnel.	AMREF	4/30/80
9. Revise implementation plan and output target dates.	AMREF	5/30/80
10. Amend OPG to change the AID technical office and grantee reports from AFR/DR/EAP to USAID/Sudan	USAID	5/30/80
11. Prepare for next evaluation, particularly EOPS assessment.	AMREF, RMOH	1/1/81

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS			10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT	
<input type="checkbox"/> Project Paper	<input checked="" type="checkbox"/> Implementation Plan e.g., CPI Network	<input checked="" type="checkbox"/> Other (Specify) <u>OPG</u>	A. <input type="checkbox"/> Continue Project Without Change	
<input checked="" type="checkbox"/> Financial Plan	<input checked="" type="checkbox"/> PIO/T	<input type="checkbox"/> Other (Specify) _____	B. <input type="checkbox"/> Change Project Design and/or	
<input type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C		<input checked="" type="checkbox"/> Change Implementation Plan	
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P		C. <input type="checkbox"/> Discontinue Project	

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)		12. Mission/AID/W Office Director Approval	
E. Thomas Chapman, General Development Officer, USAID/Sudan Robert McCandliss, USAID Area Coordinator, Juba Dr. Noel Warille, Director, Regional Ministry of Health (RMOH) Dr. Oliver Duku, Deputy Director, RMOH Dr. S. Singh, WHO Representative to RMOH		Signature <i>Gordon K. Pierson</i>	
		Typed Name Gordon K. Pierson	
		Date May 24, 1980	

13. SUMMARY

1. Achievements

In spite of a number of problems the project has moved forward during its first year of operation in most of the four major areas: training, self-help building, information/evaluation systems and medical logistics/supply. The End of Project Status (EOPS) indicators were not assessed due to the lack of time the evaluation team had to arrange and conduct sample village surveys. For this reason, the team could not determine objectively the prospects of achieving the purpose and goal of the project.

a. Training

- First year output targets for the training component, which is the most important activity and requires the most technical assistance inputs, have been met satisfactorily. One week refresher training courses were completed for 40 community health workers (CHWs), 30 medical assistants (MAs), 25 nurses and 27 sanitary overseers (SOs).
- One community health worker training school and affiliated training dispensary is almost completed and the foundation has been laid for the second school. According to the project implementation plan this construction should have been completed by the end of the first year.
- A CHW training manual has been revised and is in the process of being tested.

b. Self-help Building

- Nothing of significance was accomplished in this area. Because the performance of the Canadian University Service Organization (CUSO)-funded volunteer proved to be less than effective, he was removed from the project and a replacement is being recruited. The self-help construction of ten primary health care units (PHCUs) affiliated with two CHW training schools and two training dispensaries would have been postponed anyway because of the delay in the construction of the training schools and dispensaries.

c. Information/Evaluation Systems

- The CHW monthly reporting form was revised and instructions prepared for its use.
- Forms for the evaluation of CHWs have been developed and are being pretested.
- One baseline study was completed and the data from another is being analyzed. According to the project implementation plan four studies should have been completed by the end of the first year.

d. Logistics/Supply System

- Since the long-term position of logistics/supply advisor was unfilled during the period of the evaluation, the following limited achievements occurred through the efforts of short-term assistance:
- The regional Primary Health Care Program (PHCP) medical store in Juba was reorganized and better procedures instituted.
- The PHCP drug list was revised.

2. Problems:

a. A given problem is having to implement a project in the remote and isolated area of Southern Sudan which occupies a territory larger than Kenya and is very often cut off from the North and the rest of the world in terms of transportation, communication and supplies.

b. The closing of the Uganda border for approximately six months caused a delay in the implementation of activities, particularly construction, due to an acute shortage of project commodities (i.e., fuel and construction materials) which are transported from Kenya to Southern Sudan through Uganda.

c. The grantee has had difficulty during the first year of project operations in staffing fully the project with long-term personnel which has meant that first year output targets with the exception of training have not been met fully. Had it not been for the technical support from the grantee's major office in Nairobi, the implementation of the project would not have progressed as much as it has.

d. The key technician in the project, the medical training officer, was responsible for supervising the work of other staff members in addition to managing all the logistical and support aspects of the project. These responsibilities proved to be too much for any one person and the position of project manager had to be added in January 1980.

14. EVALUATION METHODOLOGY

The reason for the evaluation was to measure project progress after the first year of operation. Since there was no project logical framework matrix upon which to base the evaluation design, the evaluation team had to prepare one in conjunction with the grantee, the African Medical Research Foundation (AMREF) and the Regional Ministry of Health (RMOH). In developing the logframe it was recognized that the verification of most of the EOPS indicators would require extensive field trips to sample villages. Because of the lack of time to conduct such a sample, the evaluation team decided to postpone measuring the EOPS until the next evaluation.

The USAID evaluation team spent seven days in the Southern Region conducting the evaluation with short field trips to Lakes, Bahr El Gazal and Eastern Equatoria provinces to discuss the project with provincial and village health personnel. Agencies involved in the evaluation were the RMOH, Southern Regional Ministry of Finance and Economic Planning, AMREF, CUSO, International Voluntary Service (IVS), Maryknoll Fathers and USAID.

Data sources for the evaluation included grantee, RMOH and other donor reports and financial statements as well as discussions with relevant grantee, RMOH and other donor personnel.

15. EXTERNAL FACTORS

Some project activities were curtailed for approximately six months due to a shortage of commodities such as petrol and construction materials. This was caused by the closing of the Uganda border which stopped the normal route from Kenya through Uganda of donor commodities into the Southern Region.

Another critical external factor is the crisis situation with respect to the GOS balance of payments. Debt service obligations have climbed dramatically since the inception of the project with external payments arrears accumulating at the present time to \$1,200 million. This has meant a severe reduction in foreign exchange available for the

purchase of primary health care drugs and for the necessary fuel to transport these commodities to primary health care units in the rural areas. With the resulting shortage of drugs, the question is raised as to whether CHWs can be effective in implementing the preventative and promotive aspects of the PHCP when they are not able to provide adequate curative care which, according to the villagers, is the most important part of the PHCP. This question will be assessed during the next evaluation.

16. INPUTS

1. AMREF Staffing

The grantee has had difficulty during the first year of project operations in staffing fully the project with long-term personnel. Of the four original AID-funded positions (the fifth position of project manager was added in January 1980), two were not filled during the first year of project operations. This problem has caused a delay in the implementation of some activities. Had it not been for the technical support from the grantee's major office in Nairobi, the implementation of the project would not have progressed as much as it has.

Part of the problem resulted from the delay in the construction of three staff houses due to a shortage of materials caused by the closing of the Uganda border. AMREF could not fill positions if there was not adequate housing. At the time the evaluation team departed Juba, word was received that a replacement for the medical training officer, who left the project in September 1979 for advanced study leave, had been hired. This leaves only a replacement to be recruited for the CUSO self-help building supervisor who recently was removed from the project.

2. Project Management

The OPG tasks the project medical training officer with project management responsibilities. These duties involve supervising the work of other staff members in addition to managing all the logistical and support aspects of the project.

Due to the extreme difficulty in implementing development projects in the Southern Region because of support problems, the medical training officer had to spend an inordinate amount of his time dealing with these problems. Since training is the most important component of the project, the position of project manager

was added in January 1980 to the OPG so that the medical training officer could devote his full time to training.

Before the arrival in February 1980 of the project manager, these duties were being carried out by the information systems/evaluation advisor because of the departure in September 1979 of the medical training officer. The acute shortage of project staff during this interim period slowed considerably project implementation. Had it not been for the technical support of the AMREF Nairobi office, particularly in the area of training, progress would have been severely limited.

3. CUSO Staffing

CUSO supports three project staff members - the information systems/evaluation officer, self-help building supervisor and a medical secretary. Because of CUSO funding difficulties this past year the project has had to contribute \$13,500 for their support. The continuation of these difficulties has resulted in CUSO having to withdraw complete support from two of its three volunteers as of March 30, 1980. AMREF states that it is likely that it can obtain funding for one of these positions from another donor. The USAID evaluation team recommends that USAID request new funding for the remaining position.

Because the CUSO Director was out of country during the evaluation, discussions could not be held concerning which donor will fund what position and the corresponding level of funding. However, this matter will be addressed when he returns in April.

4. Staff Housing

The position of project manager was added to the OPG in January 1980. However, there are no funds in the project to provide housing for this position. It is hoped that sufficient savings will result from modifying the design of two training dispensaries to build a house for the project manager. This determination will be made by the construction subcontractor by the end of April. If there are not sufficient funds for this purpose, the USAID evaluation team recommends that USAID request new funds for this purpose.

5. Contingency Funds

No contingency funds were included in the OPG. Because of the many uncertainties of implementing development projects in the Southern Region, funds for unforeseen expenditures are essential. For this reason, the USAID evaluation team recommends that USAID request new funds be added to the project to provide for a ten percent contingency fund.

6. Possible Increased Construction Costs

Because of the closure of the Uganda border for approximately six months, arrival of essential materials was delayed in Juba, thereby delaying the construction component of the project (three staff houses, two CHW training schools and two affiliated training dispensaries). For this reason contractor insurance coverage has had to be extended thereby increasing total insurance costs.

The continued unstable political situation in Uganda has caused shippers to place a 20 percent surcharge on commodities going to Juba through Uganda. These increased costs naturally have affected the costs of contractor construction commodities.

This issue will not be addressed by AMREF until the construction subcontractor formally presents a request for additional funds.

17. OUTPUTS

The outputs will be discussed by major project components as follows:

1. PHCP Training (T.A. inputs by AMREF - medical training officer, public health nurse, public health officer and CUSO self-help building supervisor)

a. Construction of two community health worker training schools and two affiliated training dispensaries

Construction is behind schedule due to the past closing of the Sudan/Uganda border which prevented essential materials from reaching Juba. The school at Liria is approximately six months behind schedule and will be completed in June 1980 in time for a beginning class of CHWs. The foundations for the school buildings at Akat are in the process of being laid. Completion of construction should have occurred by the end of the first year. The design for two training dispensaries affiliated with the two CHW schools is being modified and made more simple. (See Attachment 6, Executive Review, page 2.)

b. Self-help construction of ten PHCUs affiliated with two training dispensaries and two CHW training schools

Since the two training schools and two dispensaries have not been completed, this activity has not begun. An inventory of the

physical condition of PHCP facilities was started by the CUSO-funded self-help building supervisor but has not been completed. Because his overall performance proved to be less than satisfactory, according to AMREF, he was removed from the project and a replacement is being recruited.

c. CHW manual revised

The grantee has produced two draft revisions. The final version is expected to be approved and adopted for use this year.

d. Training program developed for sanitary overseers

The AMREF public health officer has been hired only recently and has not as yet begun to assist in this activity.

e. Retrained PHCP health personnel

First year training targets have been met with the assistance of AMREF's Nairobi technical staff. Four one-week reorientation courses have been held for a total of 30 medical assistants, 25 dispensary nurses and 27 sanitary overseers. Four one-week refresher courses have been held for a total of 40 CHWs.

f. Participant training

This activity is targeted for the second project year.

2. Information/Evaluation System (T.A. inputs by CUSO information systems/evaluation advisor. Progress has been made in this area despite the fact that this advisor had to assume the additional responsibility of serving as interim project manager for the past six months.)

a. Improved data collection and reporting system for PHCP

Assistance has been given in the revision of the CHW monthly reporting forms and in the preparation of instructions for their use. In addition, forms for the evaluation of CHWs have been developed and are being pretested. Now that the baseline studies are under way, AMREF is expected to render greater assistance during the second year of the project in this most important area.

b. In-service training for PHCP data collection personnel

This output was added by the evaluation team and with the concurrence of AMREF and the RMOH during the preparation of the logframe and will be addressed during the second year of the project.

c. Six baseline and follow-up surveys

Four studies should have been completed during the first year; however, only one has been completed and the data from a second study is being analyzed currently. The delay in achieving the first-year target can be attributed in part to an outbreak of Green Monkey disease in one study area and to a lack of petrol due to the closing of the Sudan/Uganda border.

3. Logistic/Supply System (T.A. inputs by AMREF logistic/supply advisor)

a. Upgraded reporting and accountability system for drugs

Since the AMREF logistic/supply position was not filled during the first year, project activities in this area were delayed. AMREF, however, provided four months of short-term technical assistance which was used primarily to assist the RMOH in organizing better the PHCP warehouse in Juba and in revising the PHCP drug list. TDY assistance also was used to set up a stores system for AMREF supplies in Juba.

b. Upgraded drug and supply distribution system

Progress as noted above in 3.a.

c. In-service training of medical supply/logistics personnel

The training of regional office personnel in Juba has not been accomplished due to the lack of a long-term advisor. The evaluation team, with the concurrence of AMREF and the RMOH, added the output of in-service training of provincial medical supply/logistics personnel during the preparation of the logframe.

18. PURPOSE

"To strengthen the delivery of Primary Health Care Services to the rural population of Southern Sudan with special emphasis on community participation."

The evaluation team did not assess progress toward achieving each EOPS indicator. There was no logical framework matrix with EOPS in the OPG. Once these were developed by the USAID evaluation team in conjunction with the grantee and government, it was determined that for assessment purposes on-site sample surveys of villages would be required. Unfortunately, there was not sufficient time at this point to conduct a sample survey of villages. Such surveys will be accomplished during the next evaluation.

19. GOAL

"To improve significantly the health status of rural poor"

Since the EOPS were not evaluated, the evaluation team could not assess fully the progress toward goal achievement. In addition, the means of verification (baseline studies) are not yet in place. It can be stated, however, that other donor support of the PHCP is increasing which should contribute to the achievement of the goal

20. BENEFICIARIES

Adequate health care is a basic human need. This project is designed to improve the health conditions of the vast majority of rural Sudanese in the Southern Region.

Experience of developing countries has shown the relationship between economic development and increased health care is highly variable. Some countries have improved their health status despite limited economic development. Others have shown only limited improvements in health status despite rapid overall economic growth. A substantial body of evidence has been compiled which indicates that specific measures to improve health care for the vast majority of a population can have a major developmental impact. However, the lack of good baseline data on morbidity, mortality and productivity in rural Sudan precludes at this time detailed calculations of the benefits from improved health that can be expected from this project.

It is therefore difficult to predict in advance the amount of suffering that will be avoided from improved health status or the increased person years of work that will become available as a result of this project. Even if this could be done, conceptual difficulties in putting a dollar value on suffering preclude calculation of benefits that could be compared with costs. In turn, the economic benefits from an increased supply of healthy labor will depend on the macro-economic development of Sudan and of the world economy.

In spite of the difficulties in estimating the benefits to accrue from this project, the nature of benefits expected are well defined: among other things,

- decreased morbidity and mortality for infants, mothers and the rural population as a whole;
- better nutrition habits;
- prevention and control of communicable diseases;
- decrease in the level of various water and sanitation associated diseases.

Although the benefits cannot at this time be quantified in full, by comparison with the experience in other countries with similar programs for preventive health care in rural areas, we believe they are more than sufficient to justify AID's continued support of this project.

21. UNPLANNED EFFECTS

Not pertinent at this time.

22. LESSONS LEARNED

The implementation of development projects in remote areas with special logistical and support requirements necessitates a full-time project manager. These responsibilities should not be added to the duties of one of the technical members of the project team.

23. SPECIAL COMMENTS OR REMARKS

Attachment 4: Issues

Attachment 6: Minutes of the Executive Review

PROJECT DESIGN SUMMARY

Life of Project:
From FY 78 to FY 83
Total U.S. Funding \$3,200,000
Date Prepared: March 25, 1980

Project Title & Number: SOUTHERN PRIMARY HEALTH CARE (OPG) 650-0019 LOGICAL FRAMEWORK

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS																				
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>Improve significantly the health status of the rural poor.</p>	<p>Measures of Goal Achievement:</p> <ol style="list-style-type: none"> 1. Decreased morbidity 2. Decreased mortality 	<p>Percentage reduction projects will be made after baseline studies are completed and information system is established.</p>	<p>Assumptions for achieving goal targets:</p> <ol style="list-style-type: none"> 1. Donors maintain present levels of commitment to Primary Health Care Program. 2. Government continues its commitments to the National Health Plan. 																				
<p>Project Purpose:</p> <p>Strengthen the delivery of Primary Health Care Services to the rural population of Southern Sudan with special emphasis on community participation.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <ol style="list-style-type: none"> 1. Virtually all PHC workers selected by village elders. 2. High percentage of PHC units constructed through self-help. 3. Village health committees established, meeting regularly and supporting PHCW activities. 4. One month supply of drugs on hand in all PHCUs. 5. Increased patient load at PHCU. 6. Preventive/promotive health measures being practiced by villagers such as using safe water, proper food storage, better methods of vector control, better nutritional habits and better system of refuse and excreta disposal. 7. Continual flow of routinely gathered information concerning performance of the PHCP in each serviced village. 	<ol style="list-style-type: none"> 1. Provincial records; sampling on-site evaluations. 2. Provincial records; sampling on-site evaluations. 3. Monthly CHW reports; sampling on-site evaluations. 4. Monthly CHW reports; sampling on-site evaluations. 5. Monthly CHW reports. 6. Monthly CHW reports; sampling on-site evaluations. 	<p>Assumptions for achieving purpose:</p> <ol style="list-style-type: none"> 1. That villagers support community based PHC concept and participate in program. 2. That adequate administration/support is provided at Provincial level. 3. All weather roads to provincial capitals are completed as scheduled. 4. Educational system will provide adequate qualified candidates for training as CHWs. 5. That PHC workers will have basic wherewithal to provide PHC services. 6. That the GOS will provide the necessary funding and transportation to assure an adequate drug supply. 																				
<p>Outputs:</p> <p>Instruction of community health worker training schools and affiliated training dispensaries. 10 units constructed through self-help.</p> <p>CHW Manual revised.</p> <p>Training program developed for voluntary Overseers.</p> <p>Trained PHCP health personnel.</p> <p>Improved data collection and reporting system for PHCP.</p> <p>In-service training for PHCP data collection personnel.</p> <p>Baseline and follow-up surveys completed for each province.</p> <p>Improved reporting and accountability system for drugs.</p> <p>Improved drug and supply distribution system.</p> <p>In-service training of medical supply/logistics personnel.</p> <p>Participant training (U.S.)</p> <p>Participant training (short term third country)</p>	<p>Magnitude of Outputs:</p> <ol style="list-style-type: none"> 1. Two schools and two dispensaries. 2. Ten PHCUs affiliated with two training dispensaries and two CHW training schools built. 3. Manual approved and adopted for the use by the RMOH. 4. Curriculum tested and revised. 5. 650 MA's; 550 CHWs; 141 SOs; 70 nurses. 6. All PHCUs and their supervising dispensaries reporting monthly to RMOH. 7. Twenty PHCP data collection personnel trained or retrained. 8. Six submitted to, and accepted by, RMOH. 9. Monthly reports submitted by PHCUs to RMOH through Provincial Headquarters. 10. Available supplies delivered to all PHCUs on regular basis. 11. Seven storekeepers and seven assistant Storekeepers trained and retrained 12. Two M.A. degrees 13. 5 participants 	<ol style="list-style-type: none"> 1. AMREF records. 2. AMREF and RMOH records. 3. AMREF, RMOH and provincial records. 4. AMREF and RMOH records. 5. RMOH and Provincial records. 6. RMOH and Provincial records. 7. RMOH and Provincial records. 8. RMOH and Provincial records. 9. RMOH and Provincial records. 10. RMOH, Provincial and PHCUs records. 11. RMOH and Provincial records. 	<p>Assumptions for achieving outputs:</p> <ol style="list-style-type: none"> 1. Commitments to provide PHC services to rural population remains a high priority of RMOH. 2. That PHC Department in RMOH is fully staffed. 3. That cooperation continues between PHCUs and RMOH on PHCP activities. 4. That cooperation between MOH and RMOH continues in areas of data collection, information sharing and logistics. 5. That RMOH maintains and operates commodities for purposes intended by the project. 6. That villages respond to self-help construction incentives in ten communities. 7. That returned participants will be utilized in PHCP. 																				
<p>Inputs:</p> <p>Technical Assistance (35 person months)</p> <p>Training</p> <p>Commodities</p> <p>Construction</p> <p>Other Direct/Indirect Costs</p> <p>Donors:</p> <p>Project Total</p>	<p>Implementation Target (Type and Quantity)</p> <table border="1"> <tr> <td></td> <td>(5000)</td> </tr> <tr> <td>Technical Assistance (35 person months)</td> <td>5 651</td> </tr> <tr> <td>Training</td> <td>264</td> </tr> <tr> <td>Commodities</td> <td>557</td> </tr> <tr> <td>Construction</td> <td>1,031</td> </tr> <tr> <td>Other Direct/Indirect Costs</td> <td>501</td> </tr> <tr> <td></td> <td><u>2,184</u></td> </tr> <tr> <td>Donors:</td> <td>422</td> </tr> <tr> <td></td> <td><u>1,762</u></td> </tr> <tr> <td>Project Total</td> <td>4,952</td> </tr> </table>		(5000)	Technical Assistance (35 person months)	5 651	Training	264	Commodities	557	Construction	1,031	Other Direct/Indirect Costs	501		<u>2,184</u>	Donors:	422		<u>1,762</u>	Project Total	4,952	<ol style="list-style-type: none"> 1. Budgets and records of the RMOH, AMREF and other donors. 	<p>Assumptions for providing inputs:</p> <ol style="list-style-type: none"> 1. That the numbers of health personnel and facilities as called for in the six-year Primary Health Care Program for the Southern Region are met. 2. That qualified people will be nominated for both in-service and participant training. 3. That RMOH adequately furnishes, staffs and operates two CHW training schools and two training dispensaries constructed under project. 4. That PHCP drugs and supplies are delivered to the South by the Director General of Medical Supplies in the North on a timely basis. 5. That sufficient petrol exists in the South to facilitate delivery of drugs and supplies to PHCUs.
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ISSUES

1. New AID funds for Canadian University Service Organization (CUSO project position (\$125,000 estimate - 42 person months)

The OPG calls for CUSO support of three project staff members: a. information systems/evaluation officer; b. self-help building supervisor; c. medical secretary. Because of funding difficulties CUSO has withdrawn support for two of these positions as of March 30, 1980. The project grantee, AMREF, states that it is likely that funding can be obtained for one of the two unfunded CUSO positions from another donor. This leaves one position not funded.

Recommendation: Following the resolution of which donor will fund what position, AID will fund one of the CUSO positions from which financial support has been withdrawn for an estimated 42 person months of technical assistance at an estimated cost of \$125,000.

2. New AID funds for Contingencies (\$217,000 estimate)

No contingency funds were included in the OPG. Because of the many uncertainties of implementing development projects in the Southern Region, funds for unforeseen expenditures are essential.

Recommendation: That a ten percent contingency fund be established for the remaining three and one-half years of the project at an estimated cost of \$217,000.

3. New AID Funds for End of Project Evaluation (\$45,000 estimate)

There are no funds in the OPG for an end of project evaluation. This project is of sufficient importance and magnitude to warrant an independent evaluation.

Recommendation: That \$45,000 be added to the project to conduct a six-weeks final evaluation by two rural health delivery consultants.

4. New Funds for Participant Training (\$20,000 estimate)

Since the OPG was prepared in 1978 participant training costs have increased dramatically. For this reason, costs for U.S. training should be raised to new AID/W authorized levels and third country training should be increased to reflect inflation.

Recommendation:

a. That the cost of one year of U.S. training for two participants be increased from a total of \$24,000 to \$38,000, and b. that following a grantee determination of the increased costs of one year of third country training for two participants, these additional costs be funded by AID.

5. Possible Increased Construction Costs

Because of the closure of the Uganda border for approximately six months, arrival of essential materials was delayed in Juba, thereby delaying the construction component of the project (three staff houses, two CHW training schools and two affiliated training dispensaries). For this reason, contractor insurance coverage has had to be extended thereby increasing total insurance costs.

Secondly, the political situation in Uganda has caused shippers to place a twenty percent surcharge on commodities going to Juba through Uganda. These increased costs naturally have affected the costs of contractor construction materials which were shipped through Uganda.

Lastly, since the construction subcontract was signed, the GOS has officially increased all wages, thereby increasing labor costs.

Recommendation:

That AID will review possible additional construction costs when presented by the building contractor.

6. Possible New AID Funds for Additional Staff House (\$65,000 estimate)

On USAID/Sudan's recommendation, the position of project manager was added to the OPG in January 1980. However, there are no funds in the project to provide housing for this new technician. It is hoped that sufficient savings will result from modifying the design of two training dispensaries to build a house for the project manager. This determination will be made by the building contractor by the end of April.

Recommendation: That AID provide new funds to build an additional staff house at an estimated cost of \$65,000 if it is determined by the building contractor that sufficient savings have not resulted from the modification of two training dispensaries to cover the cost of a house.

7. Modification of the Design for the Project Training Dispensary at Liria

The OPG calls for the use of the official GOS design in constructing the training dispensary at Liria.

The evaluation team determined that the two medical personnel stationed at the dispensary could not begin to utilize effectively the six rooms within the two separate buildings called for in the design.

Recommendation: That the design of the training dispensary at Liria be modified to reduce the amount of floor space and to accommodate all activities within one building.

8. Modification of the Design for the Project Training Dispensary at Akot

A CHW training school and training dispensary are supposed to be built under the project at Akot. However, an ACROSS-built dispensary and accompanying house for the medical assistant already exist at this location.

Recommendation:

The existing dispensary at Akot be utilized as a training dispensary and that any modifications be in keeping with recommendation number 7.

TECHNICAL REVIEW
Southern Primary Health Care Project

March 6, 1980

This evaluation requested by USAID was intended to clarify design, assess progress and improve project operation.

Participants included:

Emmanuel Laita Daniel, Acting Director, Primary Health Care Department (PHCP)
Regional Ministry of Health (RMOH)
Mark Taban Arnold, Supplies Officer, PHCP Department, RMOH
Benaiah Pitia Lasuk, Community Health Worker (CHW) tutor, PHCP Department, RMOH
Lupo Ucin Mbalo, CHW tutor, PHCP Department, RMOH
Alice Gideon, Maternal/Child Health Specialist, PHCP Department, RMOH
Jim Patton, Project Manager, African Medical Research Foundation (AMREF)
Margie McDonald, Information Systems/Evaluation Advisor, AMREF
Joyce Naisho, MCH advisor, AMREF
Tom Ateka, Public Health Officer Advisor, AMREF
Father Bill Knipe, Training Officer, Maryknoll Fathers
Robert McCandliss, USAID Area Coordinator, Juba Office
Arlene O'Reilly, Evaluation Officer, USAID Office in Khartoum
E. Thomas Chapman, General Development Officer, USAID Office in Khartoum
David Chell, Canadian University Service Organization representative in
Juba, was out of the country

A four-hour project review was held which basically assessed output achievements under the four major project components: 1) training of PHCP personnel; 2) self-help building; 3) information system; 4) logistics/supply system. The results of this assessment are detailed in the Project Evaluation Summary and will not be repeated here. Since the RMOH was represented at the meeting by an acting director of the Primary Health Care Department, it was determined that issues would have to be resolved during the executive level review by the Director of the RMOH. For this reason, they are not discussed here.

EXECUTIVE REVIEW
Southern Primary Health Care Project
650-0019

March 7, 1980

This evaluation requested by USAID was intended to clarify design, assess progress and improve project operation.

Participants included:

Dr. Noel Warille, Director, Regional Ministry of Health (RMOH)
Dr. Oliver Duku, Deputy Director, RMOH
Emmanuel Laita Danul, Acting Director, Primary Health Care Department, RMOH
Representative from External Assistance Office, Regional Ministry of Planning
K. C. Cheriyan, UNDP Economic Policy and Planning Advisor
Dr. S. Singh, World Health Organization Representative to the RMOH
Jim Patton, Project Manager, African Medical Research Foundation (AMREF)
Margie McDonald, Information Systems/Evaluation Advisor, AMREF
Robert McCandliss, USAID Area Coordinator, Juba Office
Arlene O'Reilly, Evaluation Officer, USAID Office in Khartoum
E. Thomas Chapman, General Development Officer, USAID Office in Khartoum

A three-hour project review was held during which the USAID evaluation team discussed its findings concerning project progress (see output section of PES) and presented the following issues and questions, which are grouped by activity, for resolution:

1. Training of PHCP Personnel

a. Construction plans for two project-funded training dispensaries which are affiliated with two CHW training schools are overdesigned for the purposes of a dispensary. A total of six rooms is not necessary for the functions of a dispensary. The dispensary design, which consists of two PHCUs joined together, should be reduced to only one structure

The Director of the RMOH agreed that one structure would be sufficient instead of two and noted that a one-structure facility was his preference at the time that the official dispensary design was included in the six-year national PHCP. AMREF also agreed to the simplified one-structure concept and the construction subcontractor was notified to make the change.

b. One of the locations for constructing a project-funded CHW training school and affiliated training dispensary is at Akat where an African Committee for Rehabilitation of Southern Sudan (ACROSS)-constructed dispensary already exists. A duplicate dispensary and

accompanying house for the medical assistant should not be constructed under the project. This was agreed to by the Director of the RMOH and AMREF and the construction subcontractor was notified.

c. The PHCP has difficulty in servicing the Arab communities in the South because CHW tutors are trained in English and teach in English. The Director, RMOH, stated that funds are budgeted this year to train six Arabic-speaking CHW tutors in the North at the national tutor training center at Barakat, Gezira Province. This action should help in solving the problem.

d. The PHC Department has difficulty in getting government experts in community development, potable water, etc., to lecture to CHW students because there are no RMOH funds budgeted for honorariums. The Deputy Director of the RMOH instructed the Acting Director of the PHC Department to seek these funds from the Ministry of Public Service where they are available for this purpose.

e. Rather than constructing a new project-funded CHW training school at Lira, would it have been possible to renovate some of the unused buildings of the old AID-funded Lira technical school which is not operating at this time? The Director of the RMOH stated that he pursued this idea with the Ministry of Education but was informed that the Ministry had plans to utilize fully these buildings.

2. Self-help Building Program

a. The project supplies a CUSO-funded self-help building supervisor. His primary responsibility is to assist ten villages in constructing PHCUs through self-help. These villages are supposed to be located in the vicinity of two project-funded training dispensaries which are affiliated with two CHW training schools. The evaluation team suggested that perhaps it would be more appropriate for this assistance to be provided by the tutors and CHW students at the CHW training schools affiliated with these two dispensaries. The Director of the RMOH responded that the community development aspects of this activity should be the concern of village leaders, local government officials and that it would be a good training exercise for CHW tutors and students. The self-help building supervisor should be called upon for technical advice, if necessary.

b. Since villagers already have the technical skills to construct mud and thatch huts, which are used as PHCUs, the evaluation team questioned the need for a CUSO-funded self-help building supervisor. The Director of the RMOH responded that a supervisor was needed to monitor and distribute the limited amount of materials provided by the project for this activity as well as to give technical assistance if villagers want to put concrete floors in their PHCUs.

3. Information/Evaluation System

a. Approximately 85 percent of the information requested of the CHW on the monthly reporting form relates to his curative duties. How can his role in preventative and promotive health be strengthened if he knows that his superiors are primarily interested in his curative activities?

The Director of the RMOH responded that he was aware of this problem and that it would be addressed during the evaluation of the reporting system which will take place this year.

b. Is the methodology used in conducting the baseline studies adequate to produce the intended purpose?

The WHO Representative to the RMOH contended that the methodology was faulty and as a result change in the health status of the targeted experimental villages could not be measured correctly. He argued that it was a waste of project and RMOH resources to continue the studies.

The UNDP advisor to the Regional Ministry of Planning and Finance responded that the methodology of the baseline studies basically was acceptable but that perhaps the number of villages in the sample should be increased.

The Director of the RMOH agreed with the UNDP advisor and stated that he supports the baseline studies and believes that resources devoted to this activity are not misallocated.

It was recommended by the evaluation team, and supported by AMREF and the RMOH, that some of the TDY resources under the project be used to have an expert in methods of survey research examine the methodology used in the baseline studies.

4. Logistic/Supply System for PHCP

a. The evaluation team raised the question as to why the regional PHCP warehouse in Juba had received no PHCP drugs for the past several years from the central medical stores in Khartoum.

The Director of the RMOH responded that the PHCP Department has not ordered any drugs and he requested the Acting Director of the Department to correct this situation.

5. General Issues

a. The evaluation team noted that the success of the project depended heavily upon a fully-staffed PHC Department and asked when the

following vacant positions would be filled: Director of the PHC Department, Senior Inspector, Inspector, Public Health Officer, Medical Officer, Health Education Officer, Senior Supplies Officer and Supplies Officer.

The Director of the RMOH cited the lack of qualified Southerners as the major constraint to filling these positions. He noted that the Ministry had taken a positive step to resolve this problem by advertising some of these key positions in the Northern region.

b. Has the government provided petrol in the amount promised in the project budget for the 24 vehicles purchased under the project?

The Director of the RMOH responded that funds for petrol are derived from two sources - the RMOH and the provinces. He stated that an amount which is more than that promised in the project budget has been provided.

c. It has been observed that some of the 24 vehicles provided under the project are not being used for purposes for which they were intended.

The Director of the RMOH responded that the Minister had written letters to all Assistant Commissioners of Health in the Southern provinces to correct this situation.

d. The evaluation team noted that according to the community participation concept of the PHCP, salaries of CHWs are supposed to be the responsibility of the community. For this reason, when was the RMOH going to implement this key concept of the program?

The Director of the RMOH responded that communities are supposed to pay the salaries of the CHWs at the end of the six-year national PHCP.