

93659200420)
 PD-AAG-941-B1 936-5920

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add
 C = Change
 D = Delete

Amendment Number

DOCUMENT CODE

3

2. COUNTRY/ENTITY

DSB Interregional

3. PROJECT NUMBER

936-5920

2

4. BUREAU/OFFICE

DS/HEA

08

5. PROJECT TITLE (maximum 40 characters)

Primary Health Care-Operational Research

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
 08 31 86

7. ESTIMATED DATE OF OBLIGATION

(Under 'B.' below, enter 1, 2, 3, or 4)

A. Initial FY 81

B. Quarter 1

C. Final FY 85

8. COSTS (3000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY 81			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	500		500	9053		9053
(Grant)	(500)	()	(500)	(9053)	()	(9053)
(Loan)	()	()	()	()	()	()
Other 1.						
U.S. 2.						
Host Country						
Other Donor(s)						
TOTALS	500		500	9053		9053

9. SCHEDULE OF AID FUNDING (\$000)

A. APPRO- PRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) HEA	5311	500				9053		9053	
(2)									
(3)									
(4)									
TOTALS						9053		9053	

10. SECONDARY TECHNICAL CODES (maximum 5 codes of 3 positions each)

510 520 530

11. SECONDARY PURPOSE CODE

535

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code

B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

To develop and support operational research aimed at closing knowledge gaps impeding host countries' efforts to design, implement and sustain primary health care programs.

14. SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY
 10 8 3 09 8 5 09 8 6

15. SOURCE, ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of 2 page PP Amendment.)

BEST AVAILABLE DOCUMENT

17. APPROVED BY

Signature
 Clifford A. Pease, M.D.

Title
 Acting Director, DS/HEA

Date Signed
 MM DD YY
 08 31 86

18. DATE DOCUMENT RECEIVED IN AID/7, OR FOR AID/7 DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

PROJECT AUTHORIZATION

Name of Country/Entity: Interregional

Name of Project: Primary Health Care - Operations Research

Number of Project: 936-5920

Pursuant to Section 104 of the Foreign Assistance Act of 1961, as amended, I hereby authorize grant funding of not to exceed nine million and fifty-three thousand dollars (\$9,053,000) for the period FY 81 through FY 85 to finance the project described in the attached Project Paper, subject to the availability of funds and in accordance with AID allotment procedures.



Acting Assistant Administrator

for Development Support

Date 6/16/81

JUN 15 1981

ACTION MEMORANDUM FOR THE ACTING ASSISTANT ADMINISTRATOR FOR DEVELOPMENT SUPPORT

FROM: DS/HEA, Clifford A. Pease

SUBJECT: Approval of the Project Paper for Primary Health Care -
Operations Research, Project No. 936-5920

Discussion:

This project was reviewed at a May 21 meeting of the Health Technical Review Committee which was attended by representatives from all four Regional Bureaus and PPC. The participants were unanimous in their support of the project and their recommendation that the Project Paper be approved.

Recommendation:

That you sign the attached PAF authorizing funding of the project.

Attachment:

PAF (with attachments)

Clearances:

DS/PO: A. Morales AM
AFR/DR: L. Heilman LH
ASIA/TR: T. Arndt TArndt
LAC/DR: A. Cauterucci AC
NE/TECH: L. Reade LR
PPC/PDPR: J. Eriksson JE

DS 77-17, 77 130, 131

Agenda for May 21, 1981
Health Technical Review Committee Meeting
on PHC-Operations Research Project Paper (# 936-5920)
9:00 a.m. in Room 2248 New State

1. Briefly summarize the addenda to the project paper.
 - Project Development Schedule
 - Diagram of Research Review and Approval Process
 - Distinction Project Activities and PD&S
 - Description Methodological Studies
 - Expanded Illustrative List of Research Topics
 - Budget back-up
2. Review bureau comments on the project paper and discuss any new information from the field.
3. Assess potential market and basis for increased \$9 million budget.
4. Discuss potential membership and role of the Project Advisory Committee.
5. Discuss advantages of alternative mechanisms for technical review and studies i.e. merits the use of a special RAC subcommittee vs use of expert services from individual technicians on a study-by-study basis.
6. Discuss next steps in project implementation and projected timetable for initiation project activities with the field.

DS/PO:HDestler:5/20/81:X59048

MEMORANDUM

May 12, 1981

TO: See Distribution

FROM: DS/PO, Bernard Chapnick *BC*

SUBJECT: Health Technical Committee Review of PP - Primary
Health Care-Operations Research (936-5920)

The attached PP is scheduled for discussion by the DS/HEA Technical Review Committee May 21 at 9:00 a.m. in Room 2248 N.S. Acting Assistant Administrator, Dr. Stephen Joseph will chair the meeting.

In view of regional bureaus interest in trying to start this project as soon as possible, DS/HEA and the regional bureaus agreed to a procedure to shorten the usual review period. The attached PP, which is still in draft status, was forwarded to the Technical Committee on April 24. Since then, a more complete description of how this project will operate was prepared and is now attached as an addendum to Section III C - Strategy of the PP. Other sections are expected to be revised based on regional bureau comments and will be distributed at the May 21 meeting.

We would appreciate receiving any bureaus comments on issues for review. Those should be sent to Harriett Destler, DS/PO (235-9048) by c.o.b. May 18. Technical questions or comments should be referred to DS/HEA, Theresa Lukas. (235-9649).

Attachment: 1. Distribution List
2. Primary Health Care-Operations Research PP
3. Project Development Schedule

DISTRIBUTION FOR DSB PROJECT REVIEW COMMITTEE MEETING

A. CORE MEMBERS

AFR/DR, L. Heilman (2)
ASIA/TR, T. Arndt
LAC/DR, A. Cauterucci
NE/TECH, Lewis P. Reade
PPC/PDPR, J. Ericksson

C. Correspondence Members

CM/COD, F.J. Moncada
PPC/WID, A. Fraser
GC/TF&HA, A. Richstein

B. Technical Committee/HEALTH

AFR/DR, J. Sheppard
ASIA/TR, G. Curlin
LAC/DR, E. Brineman
NE/TECH, B. Turner
PPC/PDPR, J. Ericksson

D. DSB

A-AA/DS, S. Joseph
DS/MGT, M. Thome
DS/PO, B. Chapnick
 A. Morales*
 F. Campbell*
 K. Milow*
 R. Meehan*
 T. O'Keefe*
 A. Silver*
 J. Holt*
 H. Destler
 W. Alli
DS/PO/RES, M. Rechcigl*
 DS/DII, M. Brown
 R. Gaul

DS/AGR, D. Fiester*
 M. Mozynski*
DS/RAD, J. French*
DS/N, M. Forman*

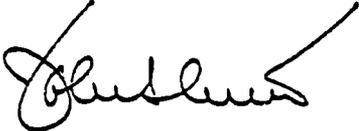
DS/ENGR, F. DiMatteo*
DS/UD, W. Miner*
DS/EY, A. Jacobs*
DS/ST, W. Feldman*
DS/H, P. Kimm*

DS/HEA, J. Alden*
DS/ED, D. Sprague*
DS/POP, J. Speidel*
DS/IT, W. White*

* Attachment(s) on request (235-9048)-DS/PO, Amanda Downing

memorandum

DATE: April 24, 1981

REPLY TO
ATTN OF: DS/HEA, John Alden 

SUBJECT: Review of Primary Health Care - Operations Research Project Paper (936-5920)

TO: AFR/DR, L. Heilman and J. Sheppard
ASIA/TR, T. Arndt and G. Curlin
LAC/DR, A. Cauterucci and E. Brineman
NE/TECH, L. Reade and B. Turner
PPC/PDPR, J. Eriksson and A. Bloom

Attached for your review is a copy of the Project Paper for Primary Health Care - Operations Research. The PID was reviewed on March 5 at which time DS/HEA was authorized to develop and submit the Project Paper for FY 81 funding. We have received substantial support from the field with replies from 45 out of the 54 Missions. (See Appendix B of the Project Paper.) Comments from the field have been incorporated in the Project Paper and responses to specific concerns have been and continue to be cabled to the Missions with appropriate Regional Bureau clearances.

The Project Paper review is scheduled for May 21. DS/PO will notify you of the time and place in a subsequent memorandum. However, Anne Tinker or I would be glad to discuss any questions or issues you may have before the meeting.

Attachment: a/s

cc: AAA/DS: S. Joseph
DS/PO: A. Morales
R. Meehan
H. Destler

PRIMARY HEALTH CARE--OPERATIONS RESEARCH PROJECT PAPER

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II. PROJECT SUMMARY

The goal of the PHC-OR Project is to contribute to the improvement of the efficiency and effectiveness of Primary Health Care programs (PHC) in developing countries.

In order to achieve this goal, the PHC-OR Project will develop and support operational research aimed at closing knowledge gaps impeding efforts to successfully design, implement and sustain PHC programs.

A contractor will be the principal technical resource of this Project. Under the general direction of the DS/HEA project manager, and with advice from a Project Advisory Committee (PAC), the Contract Staff will work collaboratively with USAIDs and host countries to:

- o Identify and prioritize issues in country health programs needing study.
- o Bring appropriate technical and financial resources together to conduct studies and make their findings available to the responsible decision-makers.

Experienced and capable scholars from developed and developing countries will be invited to participate in the Project. Their ideas and approaches to study operating problems of PHC programs will be elicited by Contract Staff and examined together with USAIDs and host countries, to choose the best possible propositions for resolving particular issues.

The "bottom-up" flow of information from the field in identifying important PHC issues, and the appropriate means to study these issues and use their findings in a particular country, is critical to the success of the Project. Likewise AID/W, through the Contract Staff and PAC, has an important role to play in assuring the quality of the study design and its conduct, the dissemination of findings to appropriate in-country decision makers and others to whom the findings may be relevant, and the use of data collected from all studies to inform health program development.

The major outputs of the PHC-OR Project are:

- o Country studies of PHC operational issues.
- o Multicountry studies of PH operational issues.
- o Dissemination of the findings of studies.
- o PHC data base.
- o Analytic methods to study PHC issues.

The end of project (EOP) status will be the:

- o Use of study findings by health program managers and planners in designing, implementing and evaluating health projects.

- o Greater use of operational research on a routine basis by program managers and planners, as a means to close knowledge gaps impeding health systems development.

III. PROJECT DESCRIPTION

A. Background

At the 1978 Alma Ata Conference, the United States joined with other nations in recognizing the importance of utilizing a Primary Health Care (PHC) approach to make basic health services available to the low income, largely rural populations of developing countries. At this Conference, the fallacy of copying industrialized countries' health care systems in countries which have severe financial and human resource constraints, was recognized. Since that time, AID has directed an increasing proportion of its health development assistance funds to the support of PHC programs. Health care programs, which since the early 1970's have helped finance nearly 50 projects in 36 countries, carry a current request of \$120.4 million, most of it, approximately \$80 million, focused on PHC services.

The concept of PHC endorsed by AID is a broad one. In addition to basic health, nutrition and family planning services, PHC includes activities in the other areas for which the Agency gives health sector assistance: water and sanitation and selected disease control programs. The following are some of the components common to the delivery of PHC services funded by AID worldwide: use of village health workers, participation of the community in implementing and financing services, and establishment of multitiered referral systems from rural health posts to urban-based tertiary care facilities.

Progress is being made in many countries to improve population's access to needed health care. Encouraged by these experiences, many host country officials are seeking support to expand pilot or small projects to a national scale. As they do, both donors and host country officials find they lack critical information to make important decisions among program design and implementation alternatives. PHC system development is being hampered, as a result.

Examples of the types of decisions affecting the design and implementation of PHC programs which are being made in the absence of firm empirical information are the following (many of which are taken from USAID cable responses to the PID):

- o What factors, in addition to medically-determined "need", affect the utilization (i.e., demand) for various PHC services, and by how much?
- o What size and location of facilities and types, e.g.; clinics, dispensaries, etc., are optimal to adequately meet the target population's demand for services?
- o How many different types of staff, e.g., nurses, CHWs, VHWs, etc., and how much staff time should be available, at which times of the day, to meet demand?
- o How do traditional providers relate to specific cadres of newly-introduced PHC workers and can they be effectively integrated into the PHC system?

- o What services should be provided at different types of facilities?
- o What specific tasks should various health workers be trained to perform?
- o Which medical technologies should be used to provide a service, especially when selecting between alternative technologies that achieve the same purpose?
- o How much does it cost to deliver various PHC services using specific technologies and health workers and assuming a given level of use of services?
- o What supervisory methods for specific cadres of workers are most effective in delivering "quality" health care?
- o What kinds of information should Management Information Systems collect, and to whom should the information be disseminated, in order to monitor PHC and make appropriate changes?
- o What degree of administrative centralization and decentralization is appropriate to achieve specific program objectives?
- o What is the ability of various financing mechanisms to sustain effective health services delivery?
- o How can pharmaceutical supplies best be managed to assure their efficacy and timely delivery to dispensing outlets?
- o What methods should be used to determine how many and what types of pharmaceuticals and medical supplies to order to assure availability when needed?

These questions are not surprising given the complex nature of PHC programs, the "world community's" limited experience with this evolving ideology and technology, and developing countries' severe financial and personnel constraints. Often, national imperatives dictate rapid implementation of PHC programs despite the fact that both donors and host country officials find they lack critical information to make important decisions about program design and implementation alternatives.

AID has attempted to address these critical questions through several mechanisms, e.g., testing program "innovations" through pilot or demonstration projects, including information and monitoring systems in PHC projects at the design stage, and launching special evaluation studies to analyze project impact.

However, these mechanisms do not provide decision-makers with all the information they need, when they need it. This may happen either because the various control processes involved in maintaining an on-going assessment of a project, and in initiating corrective actions when achievements differ from expectations, may have broken down; or, meaningful standards against which to gauge project performance are absent or weak. The studies undertaken in this Project address the absence of knowledge with respect to standards and measures of project performance. Thus, these studies will complement evaluation and monitoring systems in projects.

The distinctions between routine project evaluations and operational research, as proposed here, are of two types: first the scope and analytical methods used, and second, the purpose for which each is undertaken.

- o Evaluations examine an entire project; the scope of the proposed research will be narrower, focusing usually on only one of many sets of project activities.

- o Routine evaluations are often based on qualitative methods of analysis. Studies funded under this Project will be monitored to assure that they are both conceptually and methodologically sound, so that the results not only inform an immediate set of decisions, but also add to a body of knowledge which the Agency can draw upon to inform future decisions.

- o Regarding their purposes, evaluations are intended to compare actual project performance with "expected" performance.

Research is undertaken to generate information to establish reasonable and meaningful expectations for project performance. Thus, the studies undertaken in this Project complement existing systems of evaluation and monitoring in projects and vice-versa, if these processes are well articulated and executed.

The position taken by the Agency in its Health Sector Policy Paper is to " . . . support primary health care systems by helping to finance research, principally operations and applied research, into major concerns related to the provision of Primary Health Care, including alternative delivery mechanisms, cost-effectiveness and long-term financing alternatives, effective management and referral structures, improved contraceptives, vaccines, etc., and the influence of socioeconomic conditions and development activities in other sectors, especially agriculture, on health." (Health Sector Policy Paper of AID, March, 1980, page 19.)

Already, a few centrally-funded and bilateral projects are demonstrating the utility of operations research as a tool to provide information needed to make program and policy decisions; for example, the DS/ED project on mass media and health, the DS/POP project on community-based family planning services delivery and a USAID project

in Egypt on the delivery of oral rehydration therapies through the Ministry of Health system.

The need for additional resources in the Agency to support operational research directed at PHC concerns is demonstrated by the number of USAID responses to the PID expressing interest in utilizing the resources and subsequent findings of this Project. Two-thirds of the responses to the PID (30/45) expressed support for the concept of a PHC operational research project; sixteen of these responses indicated an interest in participating in the Project. (See Appendix B.) Since the PHC-OR Project is designed in response to the suggestions and concerns expressed by USAIDs commenting on the PID, it is expected that the number of Missions currently interested in participating in the Project represent a minimum of those which will participate.

B. Goal and Objective

The goal of the PHC-OR Project is to contribute to the improvement of the effectiveness and efficiency of PHC programs in developing countries.

The Project will primarily accomplish this by supporting operational research aimed at closing knowledge gaps which are impeding efforts to successfully design, implement, and sustain PHC programs in

developing countries. These studies are intended to produce valid information, that could not have been available from other sources, which is topically relevant and timely to meet the decision-making needs of host country officials and USAID health program managers. These studies should also improve both the health program data base and analytical "tools" available to assist field staff and countries to continue to develop and expand health care programs.

C. IMPLEMENTATION

Administrative Arrangements

A Contractor will be competitively selected to be the principal technical resource for this Project. The major tasks of the Contract Staff are to assist field personnel in the design of country-specific studies, the selection of researchers, the monitoring of studies in progress and the dissemination of findings. These country-specific studies will be implemented through sub-contracts to individuals selected on the basis of their abilities to conduct quality research which is relevant to the needs of particular host countries and USAIDs. The Contract Staff will also be responsible for collecting, storing, and later analyzing data from completed studies, and related literature, for purposes of guiding health program development. In order to minimize overhead costs, preserving the bulk of Project funds for research, the services of the Contract Staff

will be supplemented by those of short-term technical consultants. In certain cases, it will be coordinated with assistance from other resources, such as the APHA/ADSS contract.

- o The DS/HEA project manager will be principally responsible for monitoring the contract and providing overall guidance to the Contract Staff.

- o AID/W staff will be actively involved in overseeing the Project through a Project Advisory Committee (PAC). The PAC will operate similarly to the ADSS Project Advisory Panel; i.e., it will be chaired by the DS/HEA project manager and include in its central membership representatives from the geographic Regional Bureaus and PPC. Staff from other offices within AID that wish to be involved, may do so upon request. This configuration of members will bring to the Project the skills, perspectives and experience of different AID/W offices and help assure that a wide range of Agency staff are apprised of the operations of the Project and the findings of the studies.

The PAC will meet periodically as required to carry out the following tasks:

- o Assist and advise the Contract Staff in developing a list of health systems issues which will constitute the scope of the studies to be supported with PHC-OR Project funds.

- o Review suggestions for studies from the USAIDs and advise the Contract Staff in selecting country-specific studies for funding.
- o Review and advise the Contract Staff on the selection of subcontractors to conduct the studies.
- o Review interim and final reports from the studies to advise the project manager Contract Staff on their relevance to AID/W policy and program concerns.
- o Take part in the annual project evaluation (see Project Evaluation, p. 24).
- o USAID staff will play a key role in this Project since they are in positions to accurately identify specific issues in their countries' health programs which they expect might be resolved by operational research and the appropriate resources for resolving them. This "bottom-up" flow of information is critical to the success of the Project. Field personnel will also be relied upon to maintain necessary communications between researchers working in countries and host-country officials involved in health sector programming; for example, to assure that the study findings are presented in appropriate formats and forums for these officials.

USAID personnel will be encouraged to monitor and "trouble-shoot" studies in progress, subject to their availability of time, interest and skills. In all countries, where studies are undertaken, the Contract Staff will be ultimately responsible for these activities, and will seek the concurrence of the appropriate USAID officials at all key points in developing each country-specific study.

Strategy

After the contract is signed and the PAC formed, the research agenda for the first year of the Project will be developed. Once finalized, the agenda will specify:

- o The topics to be studied, in specific countries.
- o The amounts and types of technical and financial resources required for each study.
- o The responsibilities of the Contract and USAID staff in implementing the studies.

Based on the USAIDs' responses to the preliminary list of health systems issues outlined in the PID, and additional suggestions arising during the review of the Project Paper, Contract Staff in consultation with PAC, will develop a list of issues eligible for

study under the PHC-OR Project during its first year and distribute it to the field for additions and comments. This list will be up-dated periodically to reflect changes in the priorities of health program managers and planners. Contract Staff will also develop and send to the field a Project Manual explaining the services and funding arrangements available through the Project and its operating procedures.

USAID personnel will be asked to review both the list of researchable issues and the Project Manual with host-country personnel, bilateral contract staff in their countries, PVOs, and others as appropriate and indicate to AID/W their interest in participating in the Project. Specifically, USAIDs will be asked:

- o To identify problems and issues in their countries' health programs which they believe operational research could help resolve.
- o To identify project sites where studies could take place, data sets requiring analysis or other opportunities to conduct operational research in countries.
- o To identify host country institutions or researchers considered important to involve in the studies, either as principal investigators or as collaborators.

- o To specify the type of collaboration desired with the PHC-OR Project for each issue identified, in light of their own and the host country's personnel and financial resources to undertake the needed studies.

USAID responses will be reviewed by Contract Staff and the project manager, in consultation with PAC, and clarified, using the means necessary, to determine both the nature and scope of each identified issue, and the type and amount of technical and financial resources needed to design and implement a study addressing each issue. These case-by-case negotiations will aim to find a mutually-acceptable, collaborative approach to develop and conduct the studies needed so as to assure the quality of the process and findings and the feasibility of the implementation.

Criteria will be established to determine the appropriateness of using PHC-OR Project resources to develop and conduct a particular study. Selection of the first and subsequent years' research agenda from all available options, will be guided by criteria such as the following:

- o The importance of the issue identified. The issue should be a significant one impeding health systems development in more than one country so that the findings of any particular study could be useful in more than one place.

- o The usefulness of the information to be produced by the study. The knowledge generated by the study is intended to be used by a specific decision-maker or for a specific purpose critical to health systems development in a country.
- o The feasibility of available methods to analyze an issue. The issue is likely to be resolved by the study.
- o The timeliness of the study findings. Resources can be mobilized quickly enough to produce results when they are needed.

The services which the PHC-OR Project can provide, as needed, to develop and conduct operational research in countries are the following:

- o Analysis of identified health systems issues to define the research question as a testable hypothesis.
- o Assist host country researchers in proposal development.
- o Contract researchers to conduct the studies.
- o Monitor and evaluate studies.

- o Support and guide the production of the final report and the dissemination of the findings.
- o Provide an "institutional memory" and analytic resource to inform program development.

The way in which each of these services will be implemented, and who is responsible for their implementation, is described below:

- o Defining the research question: In reviewing and clarifying with field personnel their requests for assistance in implementing studies, Contract Staff will define the nature and scope of identified issues to determine if they can best be resolved by research, and if the research required is feasible in a particular country context. Once defined as testable hypotheses, the Contract Staff will discuss with the USAID the type of technical skills needed to conduct the studies.
- o Assisting host country researchers in proposal development. The PHC-OR Project will provide short-term assistance to capable host country researchers interested in studying a priority health systems topics within the Project scope. The length and type of assistance provided will be determined on a case-by-case basis, but may include study trips to regional or foreign universities or research centers, consultations with experts in particular technical areas, literature searches, etc.

- o Contracting researchers to conduct the studies. Proposal review: the PHC-OR Project will fund studies proposed by researchers from developing countries and the U.S. When suitable in-country principal investigators are not available to conduct a study of a priority topic, an open solicitation of proposals from the U.S. and foreign research communities will be held. The solicitation will be adapted, as necessary, to assure that studies are conducted collaboratively with host country researchers and institutions, as appropriate.

Before PHC-OR funds are used to conduct a study, the study proposal will be reviewed and evaluated by Contract Staff, the project manager, the relevant USAID, and where appropriate, a set of technical experts, each of the latter matched to particular proposals based on their experience and expertise. This particular method of proposal review provides two independent checkpoints: one for determining scientific merit and technical feasibility, and the other for determining the acceptability and appropriateness of the study to the administrative and institutional conditions in countries. Both sets of factors will be considered in making the funding decision.

Proposal selection: Proposals will be received continually throughout the year and reviewed upon receipt by Contract Staff and the Project Manager for their adherence to the identified priority topics and guidelines established for proposal development. Studies will be selected for funding at least twice yearly. Contract Staff will be responsible for negotiating and processing the subcontracts.

- o Monitoring and evaluating studies. Contract Staff will have the prime responsibility for monitoring studies-in-progress. Researchers in the field will be required to submit interim progress reports to AID/W and the USAID indicating the extent to which the study is accomplishing its objectives. Visits to the field will not be undertaken routinely, but only when necessary to assure successful completion of a study.

The type of technical assistance suited to resolve any problem arising during the course of a study will be decided by Contract Staff in consultation with PAC and the relevant USAID. The Contractor, with approval of USAID and DS/HEA project manager, will have the authority to modify study designs when conditions are warranted. In general, outside consultant services will be sought only when the required technical skills cannot be supplied by Contract Staff or PAC. USAID personnel will be encouraged to take as active a role as possible in monitoring and "trouble-shooting" studies-in-progress.

The expert review of proposals assures that indicators are established to evaluate the results of studies. When studies are completed, the researchers will indicate the extent to which the objectives were met, taking into account any mid-course adjustments made as a result of the interim progress reports.

- o Producing final reports, presenting and disseminating the findings of studies. A final report will be required for all studies and will include a completely documented, machine-readable tape of the data collected (according to a uniform format). Researchers will be encouraged to produce reports which are publishable in professional journals or as monographs, targeted for the relevant audiences, and presentable at professional meetings.

Preliminary findings will be communicated to USAIDs periodically throughout the research process. At the conclusion of a study, the researchers will be required to give a formal presentation to host country officials, the USAID and AID/W of the findings and their policy implications, the methodologies employed and a discussion of further areas for research suggested by the study. Contract Staff, in consultation with the PAC and the relevant USAIDs, will be responsible for developing appropriate, multiple channels for disseminating study findings worldwide (appropriately translated). For example, printed, video-taped or microfiche copies of study reports, or summaries of reports, could be distributed to AID staff, PVOs, AID contractors, universities, schools of public health in the U.S. and abroad, and WHO regional offices.

- o Providing an "institutional memory" and analytic resource to inform program development.

PHC Data Base:

Together with developing country-specific studies of PHC operational issues, this Project will amass a PHC data base, comprised of the completed studies, an up-to-date bibliography of related studies, and the data upon which the studies were based. When feasible, the data will be stored on machine-readable tapes; in all cases, the data will be uniformly documented (in accordance with the terms of the subcontracts). The completed studies, bibliography and original data sets will be stored centrally in AID for use by AID staff, contractors, PVOs, and other authorized persons.

Methodological and Conceptual Studies:

The foci of studies to be developed under the PHC-OR Project will be defined by the nature and scope of problems experienced in country health programs, since the causes of these problems are often found in the peculiar social, cultural, economic, and political milieu in question. At the same time, it is obvious that AID-funded PHC programs throughout the developing world have similar objectives, services and delivery structures since they are aimed at similar socio-economic target groups experiencing similar classes of health problems. As would be expected, requests for assistance in designing and implementing PHC programs reveal that health program managers in the field are facing many of the same types of problems.

Thus, once factors which are peculiar to specific situations are identified and adequately controlled for, there is a rationale for initiating inter-country analyses of common operational problems and alternatives. Contract Staff will be responsible for exercising quality checks over the design and conduct of studies, to assure that they can resolve the issues posed in specific country contexts and that the data collected from various country studies can be used at later stages in the Project to examine patterns and trends of the AID health program and inform its development. In order to work in tandem on developing both types of studies, a small portion of funds will be used, early in the Project, to develop concepts and methods to guide data collection in country studies so that these data can later be used for broader-based analyses.

Since the PHC-OR Project does not presume that any one mode of implementation is suitable in all countries, there are a variety of ways in which Project resources can be used to conduct operational research. The following examples are drawn from USAIDs' responses to the PID:

- o A PHC-OR study may be "piggy-backed" onto an ongoing health project, for example, when evaluations signal the need to generate additional information for redesigning projects or testing alternative interventions.. The cable responses from Senegal, Ecuador and Haiti suggest the value of using Project resources in this manner.

- o A PHC-OR study could be incorporated into a bilateral health project when its project paper is being developed. Funds for this research component could be included in the bilateral project or provided centrally. The cable from Liberia indicated the USAID's interest in this use of Project resources.

- o A PHC-OR study could focus on analyzing existing data which USAID staff consider important to health systems development in their country. The cable response from India suggests the utility of this type of study to their health program.

- o The PHC-OR Project could fund the (marginal) costs of designing and testing a health intervention incorporated into the DS/POP OR Project; i.e., so-called "free-standing" research. This type of PHC-OR study will be considered when requested by a USAID or host country and subject to the established guidelines and criteria for selection of studies. The cable response from

Morocco comments on the usefulness of this research model to their population activities.

IV. PROJECT EVALUATION

Evaluation of the Project encompasses the following activities:

A. Annual reviews by the PAC with guidance provided by the DS/HEA Project Manager and input from the Contract Staff.

B. Two evaluations conducted by external reviewers.

A. The annual reviews will focus on:

1. Project implementation problems, e.g., research management and monitoring;

2. Project selection criteria with respect to the development of timely, relevant and quality studies; and

3. A review of any Project outputs (completed studies, workshops, etc.) that may be available for their timeliness, relevance in terms of addressing priority issues and their technical merit.

The annual reviews will also assess future Project requirements and directions.

B. There will be two external reviews. They will engage in an indepth review of the achievements of the Project to date and recommendations, as appropriate, for project modification. The first (mid-term) review is tentatively scheduled for the first quarter of 1984, to provide preliminary guidance for the FY 1986 budget process which occurs in the spring of that year. Given that many studies will not be complete by that point in the LOP. it would be premature then to make final judgments about the relative merits of the entire Project. Thus, a subsequent review should occur at the end of the fourth year of the Project (approximately September 1985). The final scheduling of these evaluations will be determined once the Project is underway. Both of the external reviews will measure the Project's achievement of outputs and purpose by answering at least the following questions:

1. Are the country-specific studies and Project support activities addressing the primary purpose of the Project?
2. To what extent have studies contributed to the resolution of key primary health care program issues?
3. Is the Project adequately budgeted given the demand for its services, the actual costs of country-specific studies, and other Project activities?

V. OPERATIONAL AND TECHNICAL FEASIBILITY ANALYSIS

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The circulation of the PID throughout AID/W and to the USAIDs brought forth a number of important comments on the technical and operational feasibility of the design of this Project. In particular, the emphasis on country-specific studies derives from the Project purpose to produce information to resolve selected PHC program and policy decisions. Therefore, as discussed, the PHC-OR Project places a number of important initiatives on the USAIDs, in particular, the identification of priority research topics. Furthermore, USAID staff will be invited to take active roles in implementing and monitoring studies, which will also contribute to strengthening vital communications among researchers, host country decisionmakers and Contract Staff. Where USAID staff participate in these types of activities, Contract Staff will alter their technical and administrative monitoring activities accordingly, but not abrogate them.

Many studies undertaken by AID/W and USAIDs to resolve health systems problems arising in field programs, have failed to achieve their objectives. The following reasons have often been cited:

1. The problem was not properly identified and the full socio-political context within which the health system operated was not understood.

2. Studies were not focused on resolving critical operational problems hampering program operations.
3. Analytic techniques employed were inappropriate to answer the questions posed, (e.g., the design and methods may have been overly complex) or the appropriate techniques were improperly used (e.g., small or unrepresentative) samples.
4. Studies were not produced in time to affect important decisions in operating programs.
5. The results of studies were not presented at all or were not presented in a manner which enabled the decisionmaker to understand or use their findings.

This Project will place particular attention on obtaining statistically-sound data, collected according to appropriate methods, using reliable and valid measures and documented to allow further use by others. The Contract Staff will draw upon the technical expertise of the worldwide research community to see that the studies conducted reflect state-of-the-art knowledge and involve the best available talent in the design so that reliable information is produced in a timely and appropriate manner.

During the later years of the Project, cross-country analyses of data from studies on similar issues will occur. The type of broad-based analyses possible will depend on the particular country-specific studies undertaken. Thus, it is not possible, prior to Project implementation, to describe the nature of these studies. Early in the Project, Contract Staff will investigate the availability of conceptual and methodological approaches which can be employed to collect similar types of data for the study of particular issues in different countries.

VI.

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PHC-OR PROJECT BUDGET SUMMARY (\$000)

<u>ITEM</u>	<u>YEAR 1</u>	<u>YEAR 2</u>	<u>YEAR 3</u>	<u>YEAR 4</u>	<u>YEAR 5</u>	<u>TOTAL</u>
I. CORE CONTRACT						
A. Full Time	130	143	157	173	196	799
Short-term Consultants	35	64	72	80	43	294
B. Travel and Per Diem	41	107	239	130	252	769
C. Other Direct Costs	32	55	86	96	134	403
II. SUBCONTRACTS						
A. Methodological Studies	30	33	24	13		100
B. Comparative Studies				13	29	42
C. Country-Specific						
Research Studies	350	1,320	1,452	1,597	1,025	5,744

VI. (Continued)

0854A

PHC-OR PROJECT BUDGET SUMMARY (\$000)

<u>ITEM</u>	<u>YEAR 1</u>	<u>YEAR 2</u>	<u>YEAR 3</u>	<u>YEAR 4</u>	<u>YEAR 5</u>	<u>TOTAL</u>
III. OVERHEAD (BASED ON 100% OF FULL TIME PERSONNEL COSTS)	130	143	157	173	195	799
IV. EXTERNAL EVALUATION COSTS			47	56		103
TOTAL	<u>748</u>	<u>1,865</u>	<u>2,234</u>	<u>2,332</u>	<u>1,875</u>	<u>9,053</u>

NOTE: Ten percent inflation factor built into budget figures.

**PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK**

APPENDIX A

Life of Project:
From FY 01 to FY 86
Total U.S. Funding \$9,000
Date Prepared: 4/15/81

Project Title & Number: Primary Health Care-Operations Research, 936-5920

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>To provide quality Primary Health Care services to LDC poor; improve the effectiveness and efficiency of Primary Health Care services which are to meet the health needs of LDC poor in a manner which is appropriate recognizing LDCs personnel and financial constraints.</p>	<p>Measures of Goal Achievement:</p> <ol style="list-style-type: none"> 1. Improved host country and AID staff health programming and resource allocation. 2. Extension of PHC services to areas not presently served. 3. Appropriate sustainable PHC services provided. 	<ol style="list-style-type: none"> 1. National planning and program documents. 2. Country CDSS. 3. PHC services' records. 	<p>Assumptions for achieving goal targets:</p> <ol style="list-style-type: none"> 1. Findings/ recommendations continue to be within LDC capacity to implement. 2. Government commitment to PHC remains. 3. Adequate local and national resources can be identified and mobilized. 												
<p>Project Purpose:</p> <p>To resolve issues, program policy and design questions which impede the successful implementation, sustainability or extension of PHC programs.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <ol style="list-style-type: none"> 1. Utilization of operations research findings by host country officials in the design or modification of PHC programs. 2. Continued use of operations research as a tool to resolve projects policy and design questions. 	<ol style="list-style-type: none"> 1. National planning and program documents. 2. On-site evaluations and Mission reports. 	<p>Assumptions for achieving purpose:</p> <ol style="list-style-type: none"> 1. Information was the barrier to resolution of project issue/question. 2. Host country officials accept valid operations research findings. 3. Operations research provides timely and appropriate information. 												
<p>Outputs:</p> <p>Operational research findings focused on policy and design issues.</p> <p>Dissemination of project information which impede the development and extension of quality health care.</p>	<p>Magnitude of Outputs:</p> <ul style="list-style-type: none"> -Twenty-eight country OR studies. -Nine background/methodological studies. -Three comparative studies. -Four workshops. -Two conferences. 	<ol style="list-style-type: none"> 1. Study and conference reports. 2. Contractor records and reports. 3. USAID evaluation of technical assistance and researcher/host country relationship. 4. AID documentation. 	<p>Assumptions for achieving outputs:</p> <ol style="list-style-type: none"> 1. MOH has identified policy/design issues for which it needs answers before making PHC consultations. 2. OR is tool needed to provide these answers. 3. OR can be carried out at an acceptable level of quality. 4. Comparative studies contribute to general program design. 												
<p>Inputs:</p> <ol style="list-style-type: none"> 1. Technical assistance in the identification, design, review implementation and utilization of operational research. 2. Funding of operational research and methodological studies. 	<p>Implementation Target (Type and Quantity)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">FY</th> <th>81</th> <th>82</th> <th>83</th> <th>84</th> <th>85</th> </tr> </thead> <tbody> <tr> <td>\$</td> <td>500</td> <td>1,000</td> <td>2,000</td> <td>3,000</td> <td>2,500</td> </tr> </tbody> </table>	FY	81	82	83	84	85	\$	500	1,000	2,000	3,000	2,500	<ol style="list-style-type: none"> 1. AID documents. 2. Contractor records and reports. 	<p>Assumptions for providing inputs:</p> <ol style="list-style-type: none"> 1. Satisfactory contractor performance. 2. Collaborative working relationship--host country, USAIDs, AID/W and contractor. 3. Appropriate resources identified for subcontracts.
FY	81	82	83	84	85										
\$	500	1,000	2,000	3,000	2,500										

Notes of Clarification to the Budget.

- (1) It was assumed for budgeting purposes that the core contractor staff would be comprised of 4 fulltime persons. See Table below for further information about titles and estimated first year salary levels. A 10 percent wage increase/inflation factor is built into the subsequent year figures.

<u>Personnel</u>	<u>Assumed Year/Salaries</u>
Director	\$45,000
Research Associate	25,000
Research Associate	25,000
Secretary/Adm. Assistant	15,000
Fringe Benefits @ 18 percent of salary	19,800
	TOTAL
	\$ 129,800

- (2) The number of short-term consultant months by year was assumed to be as follows:

<u>Year</u>	<u>No. of Months</u>
1	7
2	13
3	13
4	13
5	7
	TOTAL
	53

The average cost per consultant month in the initial year of the project is slightly less than \$5,000 per month. A 10 percent inflation factor is built into subsequent year figures.

- (3) Included in the travel item are domestic and international travel, by the contractor fulltime staff, consultant/technical assistance, and for workshop and conference participants, particularly in years 3 and 5. Ten percent inflation was built into the travel figures.
- (4) For budgeting purposes, it was assumed that approximately 28 studies would be funded during the life-of-project. The average cost per study is envisioned to be about \$205,000 including an inflation factor.

- (5) While the intention is to fund the majority of the studies through the contract, a portion of the project funds are being reserved outside the contract for possible grant or commodity use, when this is in AID's best interest. The specific amount will be determined on an annual basis and specified in the PIO/Ts.

Missions' responses to Proposal for a Primary Health Care
Operational Research Project

The following summarizes Missions' comments about the PHC-OR PID cables. (See Table for detailed responses.)

1. Forty-five of the 54 Missions cabled (83 percent) responded to the PID. In all regions, 63 percent or more of the Missions' responded.
2. In all regions, the response to the concept of a primary health care operational research project was more favorable than unfavorable. Two-thirds of the Missions responding were favorable to the concept (31/45), 20 percent did not favor the concept (9/45) and 15 percent did not specifically express an opinion of the concept.
3. Thirty-eight percent of the Missions responding (17/45) indicated a positive interest in participating in the project. Twelve of these seventeen (primarily in the African and Latin American and Caribbean regions) indicated a strong interest in having a PHC-OR project. Two Missions (Near East region) indicated an interest in technical assistance collaboration for research problems. Several Missions (African region) suggested that the PHC-OR project act as a research information and technical assistance "broker". Asian Missions were not interested in participating in the project because of the extensive evaluation component built into all health projects. Some of these Asian Missions may be interested in expanding their evaluation efforts with a PHC-OR project. This possibility will be explored in later communications with Asian Missions.

4. Three Missions indicated the desirability of collaboration with a LDC institution (e.g., university or other research group) in any PHC-OR project.
5. The reasons Missions gave for not wishing to participate (n=19) were:
 - Four indicated that they had no health project or were not planning to enter the health sector.
 - Six indicated that they had already built OR into their evaluation activities at specific projects.
 - Have bilateral capability to do it in-country (Asia primarily).
 - Unfavorable research climate (n=1).
 - MOH overloaded (n=3).

6. Thirty-eight percent of all Missions responding (17/45) representing all regions, indicated specific research topics of interest for possible activities. Many countries indicated multiple topics. The topics of primary interest can be grouped as follows:

- Management issues including supervision and pay incentive structures.
- Determination of costs and appropriate financing approaches for PHC.
- Centralized versus decentralized PHC administration issues.
- Service mix issues, e.g., preventive versus curative services, MCH versus F.P.

It is intended that Missions' comments on this project will again be solicited. Given that many of the Missions' concerns have been "worked out" in the project paper it is anticipated that there will be even greater field support for and interest in participating in the project.

TABLE
USAID MISSION RESPONSES TO PHC-DR PID
February-April 1981

REGION	CABLE RESPONSES		REGIONAL SUMMARY											
	Possible	Actual	NUMBER OF MISSIONS			WANT TO PARTICIPATE			LDC	HOW TO PARTICIPATE		DO NOT WANT TO PARTICIPATE		OTHER
			SUPPORT	CONCEPT	UNCLEAR	YES	NO	UNCLEAR		TECHNICAL ASSISTANCE	PROJECT	NO PROJECT	EVALUATED COMPONENT	
YES	NO	UNCLEAR	YES	NO	UNCLEAR									
<u>Africa</u>	<u>n=27</u>	<u>n=23</u>	<u>17</u>	<u>3</u>	<u>4</u>	<u>11</u>	<u>8</u>	<u>4</u>	<u>2</u>		<u>8</u>	<u>3</u>	<u>1</u>	<u>3</u>
<u>Asia</u>	<u>n=10</u>	<u>n=10</u>	<u>4</u>	<u>4</u>	<u>2</u>		<u>7</u>	<u>3</u>				<u>1</u>	<u>3</u>	<u>4</u>
<u>Latin America Caribbean</u>	<u>n=11</u>	<u>n= 7</u>	<u>6</u>	<u>1</u>		<u>5</u>	<u>2</u>		<u>1</u>		<u>3</u>			<u>1</u>
<u>Near East</u>	<u>n= 6</u>	<u>n= 5</u>	<u>4</u>		<u>1</u>	<u>1</u>	<u>2</u>	<u>2</u>		<u>2</u>	<u>1</u>		<u>2</u>	<u>2</u>
TOTAL	n=54	n=45	31	8	7	17	19	9	3	2	12	4	6	10

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REGION	CABLE NUMBER	SUPPORT CONCEPT			WANT TO PARTICIPATE			HOW THEY WISH TO PARTICIPATE			WHY NO PARTICIPATION IS REQUESTED		OTHER
		YES	NO	UNCLEAR	YES	NO	UNCLEAR	USE LDC RESEARCHER	WANT TECHNICAL ASSISTANCE	WANT O.R. PROJECT	NO HEALTH PROJECT**	HAVE EVALUATION COMPONENT	
AFRICA													
Benin													
Botswana	1066	x					x		x				
Burundi	697	x			x						x		
Cameroon	2039		x			x							
Gambia	862	x			x								
Ghana	2250	x			x						x		
Guinea Bissau													
Kenya													
Lesotho	638	x				x							x
Liberia	2202	x			x						x		
Malawi	749		x			x							x
Mali	1615	x					x						
Mauritania	1375	x			x								
Niger													
Redso WA	2669	x					x		x				
Rwanda	622	x					x						
Senegal	2747	x			x								
Sierra Leone	788			x		x				x	x		
Somalia	1745			x		x						x	
Sudan	2132	x			x					x			
Swaziland	1610	x			x					x			
Tanzania	2221	x			x					x			
Togo	1854	x			x								
Upper Volta	1534	x			x					*			
Zaire	3039		x			x							x
Zambia	902	x				x					x		
Zimbabwe	970			x		x					x		
TOTAL		17	3	3	11	8	4	2		8	3	1	3
	<u>Possible</u>	<u>Actual</u>											
	n=27	n=23											

*Wait until 1983.
 **Or Health Officer.

REGION	CABLE NUMBER	SUPPORT CONCEPT			WANT TO PARTICIPATE			HOW THEY WISH TO PARTICIPATE			WHY NO PARTICIPATION IS REQUESTED	
		YES	NO	UNCLEAR	YES	NO	UNCLEAR	USE LIC RESEARCHER	WANT TECHNICAL ASSISTANCE	WANT O.R. PROJECT	NO HEALTH PROJECT**	HAVE EVALUATION COMPONENT
ASIA												
Bangladesh	920		x			x						
Burma	605	x				x						x
Fiji/South Pacific	582			x		x						x
India	3861	x									x	
Indonesia	2486		x			x						
Nepal	1021	x				x						
Pakistan	2111			x								x
Philippines	4291	x										x
Sri Lanka	716		x			x						
Thailand	9473		x			x						
TOTAL		4	4	2	0	7					1	3
Possible	Actual											
n=10	n=10											

*Maybe.

**Dr Health Officer.

COUNTRY	CABLE NUMBER	SUPPORT CONCEPT			WANT TO PARTICIPATE			HOW THEY WISH TO PARTICIPATE			WHY NO PARTICIPATION REQUESTED		
		YES	NO	UNCLEAR	YES	NO	UNCLEAR	USE EDC RESEARCHER	WANT TECHNICAL ASSISTANCE	With O.R. PROJECT	NO HEALTH PROJECT*	HAVE EVALUATION COMPONENT	OTHER
IN AMERICA													
Cuba/Caribbean													
Dominican Republic	1250	x			x								
Ecuador	1825	x			x			x				x	
Guatemala	1191	x				x						x	
Honduras	1602	x			x							x	
Nicaragua	9123		x				x						
Panama	1920	x			x								
Peru	2315	x			x								
TOTAL		6	1		5	2		1				3	
<u>Possible</u>	<u>Actual</u>												
n=11	n=7												

Health Officer.

STATION	CABLE NUMBER	SUPPORT CONCEPT			WANT TO PARTICIPATE			HOW THEY WISH TO PARTICIPATE			WHY NO PARTICIPATION IS REQUESTED			
		YES	NO	UNCLEAR	YES	NO	UNCLEAR	USE ETC RESEARCHER	WANT TECHNICAL ASSISTANCE	WANT O.R. PROJECT	NO HEALTH PROJECT*	HAVE EVALUATION COMPONENT	OTHER	
WR EAST														
opt	5255	x				x								
rian	1593	x			x							x		x
occo	1776	x						x		x				
la														
isia	2437	x						x						
ien	1422			x		x						x		x
AL		4		1	1	2	2	2		1		2		2
<u>Possible</u>	<u>Actual</u>													
n=6	n=5													

Health Officer.

DRAFT LIST OF PHC ISSUES FOR FOCUS OF COUNTRY STUDIES

Since AID supports PHC projects in over 40 countries of the world, there is potentially a wide variety of topics in these field operations which might warrant research/study. However, a number of problems and questions have recurred in several projects and these issues will be the ones which have priority in terms of the allocation of project funds. A preliminary list of PHC issues of concern in AID projects would include the following. This list will be approved and finalized after review and comment by the Missions and AID/W (through the PAC) and updated yearly to reflect changes in the concerns of the Agency.

- Choosing the most efficient and effective health service mix, e.g., clinic-based or outreach) for a particular setting.
- The use of single purpose or multipurpose health providers.
- Selecting methods for training and supervising PHC workers.
- Centralized vs. decentralized administrative structures.
- The relationships among various providers at the local level and reactions of existing providers to new providers and the use of traditional practitioners.
- Choosing of information management systems.
- The costs associated with specific health services and the cost

implications of changes in the quantity or mix of services to be delivered.

-The efficacy of alternative financing mechanisms.

-Factors which effect utilization of the available PHC facilities, especially considering "need" and equity criterion.

-Choice of PHC technologies, e.g., C/B of use of homemade local manufacture or imported ORS solutions.

EXEMPLAR LIST OF INSTITUTIONS ENGAGED IN PHC HEALTH SERVICES RESEARCH
AND OF THEIR PRIOR STUDIES OR CURRENT RESEARCH FOCUS

PURPOSE:

The purpose of this listing is to begin what will be an important resource file for AID staff, and the project contractor. This file will contain information about the past, current and planned research activities and focus of institutions involved in PHC research. This information will be useful in guiding the development and review of the PHC-OR project's agenda guidelines by providing information about areas in which a great deal of research has or is being done as well as point up areas in which more needs to be done. This information will also be useful in ensuring that the country studies are based on a review of prior, relevant research and a review of the theoretical and methodological thinking that has been developed to-date for study of particular health services questions. Finally, this information will be useful in identifying those institutions with whom the project should have some ongoing communication to ensure collaboration in any particular country or within any particular topical area.

PERSONS REVIEWING THIS PROPOSAL ARE ENCOURAGED TO CORRECT OR SUGGEST ADDITIONS TO THIS APPENDIX.

A. AID-Sponsored Research

1. Centrally Funded

- a. DS/ED: "Mass Media and Health Practices" project in Honduras and The Gambia (Stanford University).
- b. DS/HEA:
 - State-of-the-art studies in PHC (ADSS/APHA).
 - Health Planning and Management grants (multiple contractors).
 - Narangwal and Lampang projects (Johns Hopkins University).
 - LDC health sector assessments and Syncrisis series (OIH/DHHS).
 - Support for unsolicited proposals (multiple contractors, e.g., Barnum: C/E of MCH delivery services alternatives in Colombia; Eaton: model for location of PHC facilities given equity and economic efficiency criteria).
- c. DS/NUT:
 - Consumption Effects of Agricultural Policy (USDA).
 - "Nutritional Interventions Evaluation Methodology" (Philippines: Apt Associates, Honduras and The Gambia: Research Triangle Institute).
 - Determinants of Nutritional Status, a study using existing data (Community Systems Foundation).

- d. DS/POP: -Studies of community-based distribution of contraceptives and other health commodities (multiple contractors).
-Determinants of Fertility, research grants (Population Council).
-Population Policy Analysis (Battelle).

- e. DS/RAD: -Studies of local financing (Syracuse University).

- f. PPC: -"Costing of Primary Health Care" (Gaspari).
- "Demand for Health Services: Patterns, Interrelationships and Determinants" (Popkin, Sigma One).
- "Family and Economic Development" (Rand Corporation)
- "Fertility Determinants and Women's Roles (Berman and Wolfe, Universities of Pennsylvania and Wisconsin).
- "Economic Determinants of Fertility and Child Health in Philippine and Indian Households" (Evanson, Wolpin, Rosenzweig; Yale Growth Center).
- "Health, Population and Nutrition: A Handbook" (Family Health Care).

2. Bilaterally or Regionally Funded/AID

- a. Africa: -Pharmaceutical logistics (AFR/DR; King).
 - Operations research within the CCCD Project (AFR/RA).
 - Danfa project, Ghana (UCLA).
 - Health Project Evaluation Framework and Operations Research Guidelines (Kneibel).
- b. Asia: -Evaluation component built into all bilateral health projects over five million dollars (ASIA/DP).
- c. Latin America and the Caribbean:
 - Bolivia Health Services/Health Status Studies
- d. Near East:
 - Menophia project in Egypt.

B. Other U.S.-Sponsored Research

- 1. Fogarty International Center, DHHS.

-International Conference on Cost Cont_____

2. Office of Technology Assessment, U.S. Congress.

-Review of the B/C analysis literature.

3. National Center for Health Technology Assessment. National Center for Health Services and HCFA--though the research of these institutions is domestically oriented, some of the theoretical or methodological approaches developed for this research is useful to this project.

4. Universities and Consortium of Universities: Berkeley, Harvard, Hawaii, Hopkins, Michigan, North Carolina, Tulane, UCLA and others.

5. Foundations: Ford and Rockefeller.

-E.g., St. Lucia (Schistosomiasis Study)

C. Multi- and Other Donor-Sponsored Research

1. Organizations

a. World Health Organization

1) Health Services Research:

- National expenditures for health (Abel-Smith).
- Costs and financing of PHC at the community level (multiple countries).
- "Health Care: An International Study" (Kohn and White).

2) Family Health Research

3) Other Communicable Disease Research:

- C/B Analysis of Malaria Eradication Programs (Winslow, Kaser).
- C/E of Schistosomiasis Control (Rosenfeld).
- C/E of TB Control Strategies (Feldstein).
- C/E of Leprosy Control Strategies.

4) Special Programme for Tropical Disease Research.

5) Special Programme for Human Reproduction.

2. Regionally Managed Research

- a. AFRO
- b. EMRO
- c. EURO
- d. PAHO

e. SEARO

f. WPRO

b. World Bank

1) Health, Nutrition and Population Division, Policy Unit
Research of this unit will focus on studies of the cost-effectiveness of different PHC interventions to lead to the development of criteria which the Bank can use to design, evaluate and monitor its interventions in the health sector.

2) International Research Centers:

-Cali, Colombia: Use of mid-level practitioners for MCH services delivery.

-International Center for Diarrheal Disease Research, Bangladesh (ICDDR/B): C/E of alternative treatments for cholera, study of ORT alternative technologies and delivery systems.

-Institute of Nutrition of Central America and Panama (INCAP).

-Others.

3) LDC-Sponsored Research

- LDC universities.
- LDC Research Institutions
- LDC government research.
- Others.

Exemplar

Research Projects

I. Senegal

The Senegal USAID has expressed a strong interest in conducting operational research in the redesigned Sine Saloum project. The Mission has expressed interest in the following three research questions:

- (A) Level of concentration of project, i.e., at the center level (150,000 people), dispensary (15,000 people), or village (1,000 people);
- (B) Supervision, i.e., what intensity and frequency of supervision, dispensary nurses and VHVs are affordable, compatible with other responsibilities, and effective; and
- (C) What are the most effective and affordable strategies for integrating disease-specific interventions into PHC programs?

A response cable has been sent to the Senegal Mission requesting further information on (a) the Missions' preferences with respect to the above questions, (b) further elaboration on the specifics of each question, (c) the availability of local research staff, and (d) government procedures which must be followed to study these questions.

Upon receipt of the response cable, this office, in conjunction with the PAC and the contractor, would review the potential site and research topic for its technical feasibility, relevance to overall Agency policy concerns regarding PHC, and procedures required by Senegal, USAID, and AID/W to develop the proposition further (See Diagram of Research Review o Referral Process.)

Given that the technical design of the research study can be done expeditiously, and that there are no significant problems related to the issues identified above, a funding decision and study implementation could begin 4-6 months after the initiation of the project.

II. Philippines

The USAID supports the concept of PHC-OR and will discuss a possible study on a case-by-case basis. Field needs for timely information is a primary concern of the Mission.

The Mission has identified several topics of present interest which include:

- (A) Efficacy of alternative financing mechanisms;
- (B) Utilization of VHW services;
- (C) Comparative effectiveness of central vs. locally administered PHC program;
- (D) Impact measurement of PHC programs;
- (E) Supervision alternatives for PHC workers; and
- (F) An analysis of traditional disease prevention/treatments which are amenable for PHC program incorporation.

It is important for the Mission to further consult the government of the Philippines if a specific topic and study were proposed. The office has requested further elaboration from the Mission about their desire to participate both in terms of topic specificity and preference, and the specifics of how they will pursue their guidelines which they have developed and which are delineated above.

Given their response the specifics of pursuing the proposition via this project will be developed. It is conceivable that a study which focuses on alternative financing mechanisms may be jointly developed between Philippine and U.S. colleagues.

III. Ecuador

The Mission is developing an integrated rural health delivery project. It views the PHC-OR project as being an excellent opportunity through which such topics as were delineated in the original cable could be studied. USAID/Ecuador particularly wants to contribute to our knowledge of "effective and efficient mixes of resources to be utilized in delivery systems."

Given the general support for such a study and their interest in being involved via their project now under development, this office has cabled the Mission requesting further information on (a) specific topics of special interest and benefit to the Mission and its project and (b) what processes and requirements are necessary to follow in developing and implementing such a study in Ecuador.

Upon receipt of such information, further design activities will be pursued, e.g., possible technical assistance to Mission and local collaborators, with respect to proposed development.

In summary, while the Mission is enthusiastic about participating in the PHC-OR project and has identified a potential mechanism for developing useful studies, it is clear that more dialogue is required by the Mission, government and this office before a specific fundable proposition will be forthcoming.

IV. Jordan

The USAID strongly endorsed the project in its PID cable providing that the project would provide leadership on the conceptualization and design of health information systems usable for OR and related impact evaluation activities. The country has received considerable bi- and multi-lateral support for various baseline surveys which can be used to monitor the effects of health interventions. However, it is concerned about the comparability of the data generated by these various surveys.

The project's methodological paper series, which will be initiated upon the signing of a contractor, will provide a direct service to the USAID. To the extent that a specific OR study could be identified by the Mission, other services could be made available such as technical assistance, direct project support, and information about the findings from other studies. A collaborative relationship with the USAID, other donors, local and international scholars will determine the precise nature of future collaboration. The Mission has been requested to elaborate on its specific preferences for using the services of the project and to define its research priorities if it wishes to use this mechanism for funding a specific study in the near future.

PHC-OR PROJECT DEVELOPMENT SCHEDULE

<u>Pre-Project Actions</u>	<u>Date</u>
PID approved	March 5, 1981
PP approved	May 21, 1981
PAC formed	May 21, 1981
RFP finalized and advertised in CBD	June 15, 1981
RFP available to public	(NLT) June 24, 1981
Proposals due	August 18, 1981
Proposal review	August 19-September 2, 1981
Contract signed	September 30, 1981
Contract staff ready for operations	October 14, 1981

APPENDIX G

Research Review and Approval Process

The attached diagram depicts the sequence of activities to be undertaken, after the Contract Staff are in place, to begin implementation of the PHC-OR Project. There is a time-line along the left-hand side of the diagram to indicate the approximate timing of these activities. Before this entire cycle of start-up activities is complete, new cycles will begin. The implementation "pipeline" will fill-in, over time, as additional suggestions for studies arrive from the field, proposals are submitted from host-country researchers for review and re-review, technical assistance is provided to assist in proposal development, etc. Therefore, after a "steady-state" operating stage is achieved (approximately 12 months) the scheduling of the various activities will be considerably different from that which is depicted.

Also, the diagram depicts only the processes and events directly related to the "country studies" output. Activities related to other project outputs, such as the methodological/background and comparative studies and workshops, will also be occurring. To simplify exposition, activities which support the production of all Project outputs, and therefore, are continuous throughout the Project, such as maintaining a roster of experts for peer review and technical assistance, have been excluded.

During the first month to six weeks, two activities will be underway. The Contract Staff will be primarily responsible for these, with involvement of the project manager and PAC as necessary.

1. Several USAIDs have already expressed interest in participating in the Project and suggested studies to be included in its scope. Currently, follow-up cables are being sent to these USAIDs, responding to their expressions of interest and keeping them notified of project-development activities. Once the PHC-OR Project is operational, Contract Staff will contact these USAIDs to discuss the details of their suggestions for studies.

2. At approximately the same time, a project manual will be developed and sent to all USAIDs and interested AID/W offices. The manual will: explain the PHC-OR Project purpose and scope; detail the resources and services available under the Project; provide guidelines and procedures for USAID/host country participation; provide an initial list of priority study topics; and an invitation to USAIDs to submit suggestions for specific studies in their countries throughout the life of the Project.

In about the third month of the Project, as USAIDs begin to respond, their suggestions will be analysed, further discussions with them will be carried out as necessary and a list of country-specific studies for the first review cycle will be formed. (Note: While we expect that most of the initial suggestions for studies will come from countries identified at the PID stage, there may be some further responses of interest resulting from the distribution of the project manual.)

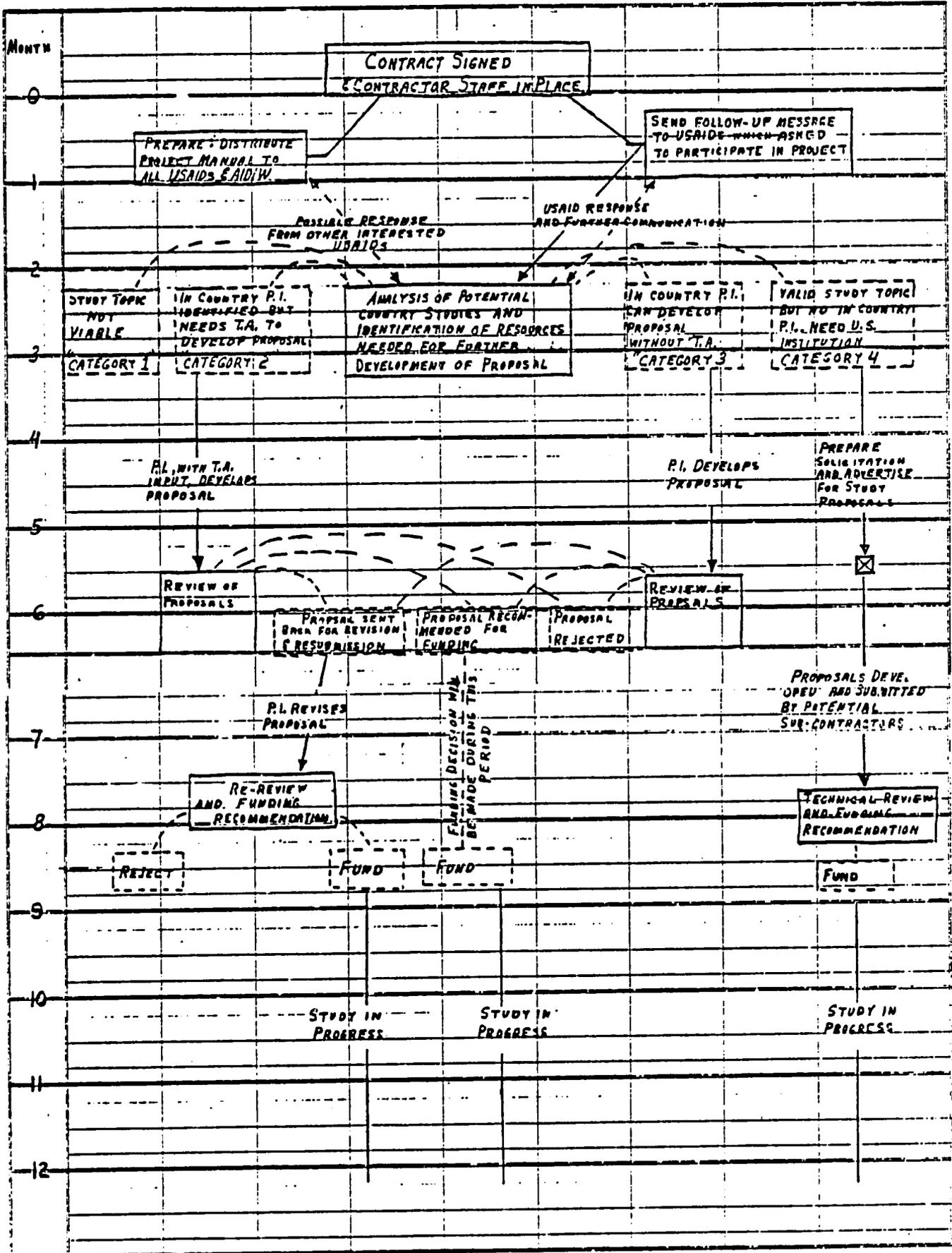
USAIDs' responses are expected to fall into one of four categories, depicted by the dashed-line boxes in the diagram. From this point on, both the amount of Project resources needed to develop acceptable study proposals and the sequence of events leading to their funding will vary for each category. In any of the categories, either PHC-OR Project funds may be requested to conduct the studies or USAIDs may use country program funds set aside for this purpose.

Category One proposals are judged to be not viable and are rejected.

For Categories Two and Three, the diagram shows that proposals (from in-country principal investigations, or "PI") may be ready for review by about the sixth month. At this point, the proposals would be reviewed by the Contract Staff and the project manager, with advice from the PAC, and sent to pre-selected peer reviewers, as appropriate. The proposals would be either rejected, recommended for funding, or sent back with comments for revision and resubmission. If funding is recommended at this point, the project manager may advise the Contract Staff to fund the proposal immediately or to hold the proposal until others are in hand, so that a priority ranking for funding can be made.

Category Four responses require the Contract Staff to prepare a solicitation for proposals, addressing the identified topics, and advertise it to appropriate audiences. All proposals received under the solicitation would be sent to a technical review panel for evaluation. The Contract Staff would review these evaluations and recommend which of them are suitable for funding.

Throughout this entire process, key decisions will be made by the project manager, acting on the recommendations of the Contract Staff and with the advice of the PAC and the USAIDs, as appropriate.



ENVIRONMENTAL THRESHOLD DECISION

TO: Acting AA/DS, Bernard Chapnick
 THRU: DS/PO, Ann Morales *AM*
 FROM: DS/HEA, Clifford A. Pease, M.D. *CP*
 SUBJECT: Environmental Threshold Decision

Project Title: Primary Health Care - Operations Research
 Project Number: 936-5920

On the basis of the Initial Environmental/Examination (IEE) referenced above and attached to this memorandum, I recommend that you make the following decision:

- 1. The proposed agency action is not a major Federal action which will have a significant effect on the human environment.
- 2. The proposed agency action is a major Federal action which will have a significant effect on the human environment, and:
 - a. An Environmental Assessment is required; or
 - b. An Environmental Impact Statement is required

The cost and schedule for this requirement is fully described in the referenced document.

- 3. Our environmental examination is not complete. We will submit the analysis no later than _____ with our recommendation for an environmental threshold decision.

Approved: *BO [signature]*

Disapproved: _____

Date: 6/16/81

IMPACT IDENTIFICATION AND EVALUATION FORM

<u>Impact Areas and Sub-areas 1/</u>	<u>Impact Identification and Evaluation 2/</u>
A. LAND USE	
1. Changing the character of the land through:	
a. Increasing the population _____	N
b. Extracting natural resources _____	N
c. Land clearing _____	N
d. Changing soil character _____	N
2. Altering natural defenses _____	N
3. Foreclosing important uses _____	N
4. Jeopardizing man or his works _____	N
5. Other factors	
_____	N

B. WATER QUALITY	
1. Physical state of water _____	N
2. Chemical and biological states _____	N
3. Ecological balance _____	N
4. Other factors	
_____	N

1/ See Explanatory Notes for this form.

2/ Use the following symbols: N - No environmental impact
 I - Little environmental impact
 M - Moderate environmental impact
 H - High environmental impact
 U - Unknown environmental impact

August 1976

IMPACT IDENTIFICATION AND EVALUATION FORM

C. ATMOSPHERIC

1. Air additives -----	N
2. Air pollution -----	N
3. Noise pollution -----	N
4. Other factors	
_____	N

D. NATURAL RESOURCES

1. Diversion, altered use of water -----	N
2. Irreversible, inefficient commitments -----	N
3. Other factors	
_____	N

E. CULTURAL

1. Altering physical symbols -----	N
2. Dilution of cultural traditions -----	N
3. Other factors	
_____	N

F. SOCIOECONOMIC

1. Changes in economic/employment patterns -----	N
2. Changes in population -----	N
3. Changes in cultural patterns -----	N
4. Other factors	
_____	N

IMPACT IDENTIFICATION AND EVALUATION FORM

G. HEALTH

- 1. Changing a natural environment _____ N
- 2. Eliminating an ecosystem element _____ N
- 3. Other factors _____ N
- _____ N
- _____ N

H. GENERAL

- 1. International impacts _____ N
- 2. Controversial impacts _____ N
- 3. Larger program impacts _____ N
- 4. Other factors _____ N
- _____ N

I. OTHER POSSIBLE IMPACTS (not listed above)

See attached Discussion of Impacts.