PD-AAM-730
(SN=2948)

CLASSIFICATION

# PROJECT EVALUATION SUMMARY (PES) – PART I

Report Symbol U-447

| 1. PROJECT TITLE | 2. PROJECT NUMBER | 3. MISSION/AID/W OFFICE |
|---|---|---|
| ENDEMIC DISEASE CONTROL (Malaria) | 660-0058 | USAID/Zaire |

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) 83 - 8

☐ REGULAR EVALUATION ☒ SPECIAL EVALUATION

| 5. KEY PROJECT IMPLEMENTATION DATES | | | 6. ESTIMATED PROJECT FUNDING | | 7. PERIOD COVERED BY EVALUATION |
|---|---|---|---|---|---|
| A. First PRO-AG or Equivalent | B. Final Obligation Expected | C. Final Input Delivery | A. Total | $ 2,867,000 | From (month/yr.) 6/76 |
| FY 76 | FY 82 | FY 82 | B. U.S. | $ 2,267,000 See note below | To (month/yr.) 3/83 |
| | | | | | Date of Evaluation Review |

8. 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 |
|---|---|---|
| None.<br>This project was concluded in June, 1982.<br>Note that the funding data in Block 6 reflects total project costs. This evaluation treats only the malaria component which accounted for about half of project expenditures. | | |

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

- ☐ Project Paper
- ☐ Financial Plan
- ☐ Logical Framework
- ☐ Project Agreement
- ☐ Implementation Plan e.g., CPI Network
- ☐ PIO/T
- ☐ PIO/C
- ☐ PIO/P
- ☐ Other (Specify) _____
- ☐ Other (Specify) _____

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

- A. ☐ Continue Project Without Change
- B. ☐ Change Project Design and/or ☐ Change Implementation Plan
- C. ☐ Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)

R. Thornton, Project Officer

12. Mission/AID/W Office Director Approval

Signature

Typed Name Richard L. Podol

Date 1 APR 83

AID 1330-19 (3-78)

The approach taken was domiciliary spraying of vectors, i.e. spraying DDT in and around dwellings to kill mosquitos. This approach had been used around the world, including the United States, with varying degrees of success. The malaria control component of Project 660-0058 was designed to establish the core organizational apparatus upon which such a program could be based for Zaire. At the time the project was planned, the world health community endorsed domiciliary spraying as an effective tool for combatting malaria, especially in densely populated areas. Both the relevant WHO and AID policy statements in 1973 endorsed this approach. The Zaire pilot project targeted one urban area and one rural zone to test and refine the operational methodologies for mosquito spraying. Original project planners did not expect the pilot program to fail. It was anticipated that, following the building of a core organization in the GOZ's Department of Health and the demonstration of workable operational procedures, the project would evolve into a long-term national program aiming at effective malaria control.

In the event, and contrary to expectations, the pilot project demonstrated that domiciliary spraying was not a preferred approach to the problem in Zaire. In so demonstrating, the project accomplished a principal objective, although the unexpected outcome meant that the longer-term program earlier envisaged would not materialize. While this activity was underway in Zaire, experience was growing elsewhere in the world as well to suggest preferred alternatives to domiciliary spraying for malaria control. By 1981 AID policy had dropped vector control to the bottom of the list of preferred approaches to malaria control. Priority targetting shifted to treatment of suspected cases and chemoprophylaxis for certain vulnerable groups.

The pilot project experience in Zaire had simultaneously been leading to the same conclusion for a number of reasons.

Cost effectiveness became a concern in the pilot project. The project eventually mobilized almost 100 full-time people. Four-fifths of these were deployed in direct support of spraying operations; the remainder represented the core group in the Department of Health responsible for planning and management. By extrapolation, this approach would have required the mobilization of an army of tens of thousands to expand the program nationwide. As important as malaria control was perceived to be, it could never effectively demand these kinds of resources in Zaire (or probably any other African LDC).

Demographic considerations eventually loomed large in feasibility assessments. Zaire's large expanse of territory is very sparsely populated with the exception of a few urban conglomerations. Three-fourths of the populace reside in relatively remote rural communities. The logistical support costs of a national spraying program, based on the operational model developed by the pilot project, would be far beyond any capacity for central financing. Indeed, even the technical feasibility of such a program would be unlikely given the existing state of transport and communications capabilities in the country.

The pilot project also discovered unexpected resistance among the intended beneficiaries. DDT spraying often was perceived as more obnoxious than useful. Besides the temporary nuisance of the spray's odor, the spraying left an annoying film on dwellings, inside and outside. It also seemed to upset an unconscious modus vivendi between the people and the co-dwelling infestations of various vermin. While the DDT killed mosquitos, it just aggravated other bugs which the people would just as soon have left alone. A third of the pilot target group refused to permit spraying in their homes. This adverse reaction among intended beneficiaries made it more unlikely that any system of "user fees" could have been considered to defray the substantial operating costs.

The effectiveness of routine and regular spraying was also problematical, but less so. The incidence of malaria in the targetted rural area declined by a recorded 65 percent. Results in the urban area were less dramatic, significantly in the case of small children and pregnant women for whom the data showed no appreciable reduction in malaria incidence. Overall it was estimated that the pilot project reduced the incidence of malaria by 30-40 percent.

b. Increasingly the option of chemoprophylaxis grew attractive from every viewpoint: effectiveness, cost, management, logistical support capacity, and beneficiary acceptability.
A second objective of the malaria project had been to integrate anti-malaria measures into the primary health care system. Drawing on the experience of the pilot project, this now is being done through chemoprophylaxis. Thus that objective is being attained, but not in the manner anticipated in project design and not through the malaria project per se.

c. A third objective was to develop a cadre of Zairian health workers capable of dealing with the problems of endemic and communicable diseases. Of the 94 people employed by the malaria project at its peak, 31 now remain (nine months after PACD). Of these, 21 are career Department of Health employees who constitute the Department's core staff for addressing malaria as a discrete concern.

d. All spraying operations were halted at the PACD. Most of the personnel reductions represented the limited-term employees hired to carry out the spraying operations. The residual staff now concerns itself principally with malaria monitoring to determine prevalence, particularly among the most vulnerable groups. This activity accords with the fourth project objective which was to develop an epidemiology capability within the Department of Health for assessing, monitoring, and evaluating communicable disease problems and programs.

3. Institutionalization

The GOZ, as a standard operating procedure, treats all projects as pilot projects. It does not undertake any long-term institutional commitments until a project has demonstrated its long-term feasibility and desirability. The malaria project was no exception. The GOZ's only commitment to the project was the assignment of core staff (already on the payroll) and supporting (existing) facilities. AID financed project commodities (vehicles, spraying equipment, chemicals). The costs of operating (spraying) personnel were covered by counterpart funds rather than GOZ budget.

The experience with the immunization component of Project 660-0058 contrasts with that of the malaria component.

During its corollary test phase, and as originally envisaged, it proved cost-effective, logistically manageable, and hence suitable for expansion and replication. Perhaps most significantly, immunization has proven popular. Its effectiveness is dramatic and apparent, reducing targetted diseases among participants byclose to 100 percent in comparison with the malaria reduction by, perhaps, a third through obnoxious spraying. While a beneficiary fee system has not yet been developed in the immunization program, its development is considered feasible and is now envisaged. At this stage the GOZ has not yet formally institutionalized the immunization project. Of the 124 project personnel, only 40 are career Department of Health personnel. Significantly, however, GOZ budget support for this activity has been increasing (in a health portfolio where the real budget for most activities has been declining). The viability of the program also has attracted increasing donor interest and is now supported by WHO, UNICEF, OXFAM, and Belgian aid in addition to AID (as a regional CDA activity). The GOZ is expected to continue increasing its financing support gradually to include FX financing. Thus this activity has all the prospects for a long-term, institutionally secure program.

## 4. Conclusion

This evaluation concludes that the malaria component of Project 660-0058 was unsuccessful insofar as it did not lead to the results anticipated in original project design. But the experience gained from the project did lead to the accomplishment of its major objectives, albeit in ways not foreseen when the project was initiated. Key project activities found no institutional sustenance post-PACD because they had not earned their keep. At a cost of about a million dollars and about five years of effort, the project experience may be considered a worthwhile developmental investment in view of the larger program expenditures it obviated and the confidence with which alternate approaches may now be undert