

PROJECT APPRAISAL REPORT (PAR)

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1. PROJECT NO. 403-11-710-119	2. PAR FOR PERIOD: 7/1/70 TO 7/15/71	3. COUNTRY Thailand	4. PAR SERIAL NO. 72-1
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5. PROJECT TITLE  
Civil Police Administration (Field Medical Operations) 000210

6. PROJECT DURATION: Begon FY <u>57</u> Ends FY _____	7. DATE LATEST PROP 12/4/69 *	8. DATE LATEST RIP 3/30/69	9. DATE PRIOR PAR 6/30/70*
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ 1,170,000**	b. Current FY Estimated Budget: \$ 320,000**	c. Estimated Budget to completion After Current FY: \$ 200,000**
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11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)	
a. NAME Jos. Z. Taylor and Associates and Development Consultants	b. CONTRACT, PASA OR VOL. AG. NO. AID 493-560

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

A. ACTION (X)			B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
USAID	AID/W	HOST		
			Project calls for annual increase of RTG inputs and concurrent reduction on part of USOM from 80% to zero over 5 year life of project. There are indications that projected RTG inputs for 1972 may fall short of agreed-upon amount; this, together with decrease of USOM inputs would result in decrease of total amount of funds available to project at a time when its coverage is being expanded.	
X		X	1. USOM (PSD) will a) urge RTG to contribute funds to project as originally scheduled;	
X		X	b) review with RTG/TNPE inputs for future years and, if necessary, recompute (decrease) projected U.S. inputs if RTG inputs are decreased, and	
X		X	c) urge RTG to change financing of project from Counterpart funds to regular budget as expeditiously as possible to make project an integral part of regular RTG program.	
X			2. Due departure of PSD contract medical program advisor, increase technical inputs (through) PSD of USOM Public Health personnel.	
X			3. Review periodically need for future short-term TDY assistance to help RTG in further development of project.	

D. REPLANNING REQUIRES	E. DATE OF MISSION REVIEW
REVISED OR NEW: <input type="checkbox"/> PROP <input type="checkbox"/> PIP <input type="checkbox"/> PRO AG <input type="checkbox"/> PIO/T <input type="checkbox"/> PIO/C <input type="checkbox"/> PIO/P	7/20/1971

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE Lawrence Arritola <i>Law</i> 7/26/71	MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE Rey M. Hill <i>Rey M. Hill</i>
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\* Covering entire Project 119.

\*\* This activity only.

II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

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

Comment on key factors determining rating

The contractor has performed his responsibilities in an exemplary manner. He is technically very well qualified and his planning and management of the project has been superior. Other factors were essentially as anticipated with no material weaknesses.

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

Comment on key factors determining rating

Participants have been selected, though none have departed to date. All predeparture factors thus far have been satisfactory or better, with no problems encountered.

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

Comment on key factors determining rating

Commodities represent the major U.S. input into this program. Procurement, shipment, use and accounting are essentially as planned, with storage facilities superior to expectations.

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

Comment on key factors determining rating

a. The personnel factors have been satisfactory, with no undue difficulties encountered, except insofar as doctors are reluctant to work outside Bangkok, thus depriving the Medical Services personnel in the field of needed professional backstopping.

b. While these factors to date have been generally satisfactory, failure on the part of the RTG to provide adequate funding in the future would seriously impair the activity.

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

(See Next Page for Comments on Other Donors)

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

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage Rate/Amount)					END OF PROJECT
		CUMULATIVE PRIOR FY	CURRENT FY		FY 72	FY ____	
			TO DATE	TO END			
Basic medical manuals prepared.	PLANNED						5
	ACTUAL PERFORMANCE	5					
	REPLANNED						
Cadre of medical instructors trained.	PLANNED						35
	ACTUAL PERFORMANCE		35				
	REPLANNED						
Key administrative and professional staff of Central Headquarters Field Medical Service trained in U.S.	PLANNED			6	6		12
	ACTUAL PERFORMANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1. Operating procedures for field medical program prepared.		Prepared and in use.					
2. Curriculum prepared for training aidmen, medical technicians and medical service officers.		Prepared and in use.					
3.		COMMENT:					

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IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged. 2. Same as in PROP?  YES

To establish the institutional capability of the TNPD Medical Division to provide medical services to the field units of the National Police and their dependents and provide limited medical assistance for villagers living in strategic remote and rural areas.

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
<ol style="list-style-type: none"> <li>1. Central Headquarters Field Medical Service (FMS) to direct &amp; supervise all police field medical activities.</li> <li>2. Single-installation FMS School with capacity to train 480 aidmen, 20 medical technicians and 15 medical service officers per annum.</li> <li>3. FMS extended to all TNPD police units.</li> <li>4. Police field medical aid stations treating civilians where no adequate public medical facilities exist.</li> <li>5. CSC approval for 18 new doctor positions.</li> <li>6. Annual budget of \$20 million for staff and supply.</li> <li>7. Coordination of FMS and PHS activities.</li> </ol>	<ol style="list-style-type: none"> <li>1. Control and supervision established.</li> <li>2. Training capacity established. No progress to date toward establishment of single training installation.</li> <li>3. FMS being provided to PP and BPP. Negotiations underway with Air Division to participate in TNPD FMS. Marine Police has not indicated any interest in participating. No plans at this time to include Highway and RR Police.</li> <li>4. Police field medical aid stations treating civilians in numerous instances; no statistics available at this time on number treated or location of aid stations. Indications that there is some duplication of efforts between FMS &amp; PHS facilities.</li> <li>5. Ten positions requested - none approved to date.</li> <li>6. RTG budget for FY 1971 \$4,800,000 as planned. Budget for FY 1972 \$4,970,000 instead of \$9,600,000 as planned. Highly doubtful RTG budget will reach goal by end of project.</li> <li>7. No coordination to date.</li> </ol>

V. PROGRAMMING GOAL

A. Statement of Programming Goal  
 Improve RTG/TNPD capabilities to enforce law and order, both against communist insurgents and criminals, as an essential condition for economic, social and political development.

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.  
 The availability of an effective field medical capability in the hands of the TNPD should have a definite beneficial effect on the general morale of police units in the field and the willingness of police units to move resolutely against insurgents and criminals, and provide to the police valuable avenues of approach to villagers in remote areas, thus contributing to the collection of information.

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