PD-AAR-225 22281 File: Afghan

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PROJECT APPRAISAL REPORT (PAR)

1. PROJECT NO.	2. PAR FOR PERIOD:	3. COUNTRY	4. PAR SERIAL NO.
306-11-570-110.3	1st and final TO	Afghanistan	76-6

5. PROJECT TITLE

Health/Family Planning - Management for Rural Health (sub-project)

6. PROJECT DURATION: Began FY 73 Ends FY 75	7. DATE LATEST PROP	8. DATE LATEST PIP	9. DATE PRIOR PAR
	April 1973	-	None

10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: $ 1,094,000	b. Current FY Estimated Budget: $ -	c. Estimated Budget to completion After Current FY: $ -

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

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
Management Sciences for Health, Inc. (MSH)	Contract # AID/PHA-C-1037

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

A. ACTION (X) USAID	AID/W	HOST	B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
XX	XX	XX	A new Project Paper, Basic Health Services (BHS) Afghanistan, No. 306-0144, was written by USAID and submitted to AID/W for approval on March 9, 1976.	March 1976
			The Management sub-project has been modified and is being subsumed in the new project. Continuation of the same contractor is possible if MSH is successful in the rebidding	AID/W PP approval, April/May 76
XX	XX		Provide financial and administrative means for smooth transition if new contractor is selected for BHS project.	Project Agreement May/June 1976 May, 1976
			N.B. This is the first and final PAR to be submitted for this sub-project.	

D. REPLANNING REQUIRES REVISED OR NEW: ☐ PROP ☐ PIP ☐ PRO AG ☐ PIO/T ☐ PIO/C ☐ PIO/P

E. DATE OF MISSION REVIEW 5/5/76

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE	MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE
HFP:Charles R. Gurney 3/14/76	D:VWBrown 5/5/76

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II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

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

Comment on key factors determining rating The contractor's life-of-project scope, from its comprehensive work plan developed during the first six months of the project, included six distinct areas of the Health Ministry: (1) personnel (2) materials management (3) finance and budget (4) training (5) management control, and (6) planning. Contractor's responsibilities included analyses of these operations and thorough, written proposals for improvements. In some instances, pilot experimentations were required. The contractor completed the analyses called for together with written proposals for required changes, new procedures, etc. In most cases the contractor's recommendations were accepted and new practices implemented. In some cases, the MOPH is keeping the recommendations under consideration, but has not yet acted.

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

Comment on key factors determining rating

The contractor was prepared to provide a total of 60 man-months of training in the U.S. and third country, and extensive, but not precisely defined nor measurable in-country training. The Ministry has not been able to provide sufficient numbers of appropriately qualified persons for all the overseas training programs.

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

Comment on key factors determing rating

The commodities component is negligible. The contractor has provided, in a timely fashion, the commodities required.

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

Comment on key factors determining rating

The MOPH has been slow in implementing some of the new procedures agreed, and they have not been able to carry out the rural health expansion envisioned when this sub-project was begun; however, sufficient progress has been made to warrant further USAID assistance to the rural health system through a new project, Basic Health Services. Counterpart assignments have not been on the regular basis required for optimal efficiency, and selection of employees for participant training has not been on schedule. Mitigating circumstances: Abrupt change of National Government 1973 and consequent reassignment of MOPH personnel.

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

(See Next Page for Comments on Other Donors)

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

UNICEF is the other major donor to rural health systems. Its inputs of commodities, and advisory services have been provided in a timely fashion - usually ahead of MOPH's often delayed schedules. WHO and other members of the UN family provide advisory services, commodities and training in part related to overall objectives of the MOPH. These are provided in a timely manner.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMULATIVE PRIOR FY	CURRENT FY 76 TO DATE	CURRENT FY 76 TO END	FY ___	FY ___	END OF PROJECT
Bring to operational level 280 basic health clinics and sub-centers staffed by 360 medical and para-medical personnel. (6 known model clinics made operational.)	PLANNED	Not known	Not known	280			*
	ACTUAL PERFORMANCE	approx 30 to 40	BHCs				
	REPLANNED						*
Participant training overseas.	PLANNED	12 MM	60 MM	60 MM			*
	ACTUAL PERFORMANCE	32 MM	32 MM				
	REPLANNED						*
	PLANNED						*
	ACTUAL PERFORMANCE						
	REPLANNED						*
	PLANNED						*
	ACTUAL PERFORMANCE						
	REPLANNED						*

B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:
1. Problem identification, planning and related documentation. Pilot demonstration of health delivery system. (Parwan)	Major responsibility for these activities rested with the MSH advisory team. The team completed all analyses called for. Reports thereon were of excellent quality. Some new procedures (recommended by reports) adopted by MOPH. Others under study. Field test, well conducted.
2. Development of training materials, testing, implementing in-country training.	MSH, with close counterpart cooperation, was required to develop training manuals for public health personnel. These developed in conjunction with health systems field demonstration and now adapted for training of provincial personnel. Retesting and revision should be ongoing during Phase I BHS project (76-78)
3. Materials management, warehousing, logistics systems implementation.	Original project planned implementation of materials and logistics systems to extensive network of rural health centers. Planning has been done for this, and tested; however, full application of systems has taken place only at a central level due fact that rural system was not expanded as planned.

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IV. PROJECT PURPOSE

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

This sub-project is to be subsumed under the new Basic Health Services - Project (FY 76 - FY 78). New Purpose statement (PP) is (a) "To provide basic health services, with emphasis on services for women and children, to 830,000 persons living in fifty Minor Civil Divisions within four of Afghanistan's six Health Regions." (b) "To provide two or more Alternative Health Delivery Systems which when widely replicated will provide a minimal health service for those persons who will not have reasonable access to a Basic Health Center." (See Continuation Sheet)

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
1. BHCs provide service to 830,000 people: A. Each operational BHC provides: diagnosis; effective treatment for 80% of diseases presented; referrals to provincial hospitals; FP education and service; midwifery and MSH service; health education for nutrition and sanitation; and vaccination service. B. Average daily BHC attendance 50 patients. C. The proportion of women and children seeking health services increasingly corresponds with their numbers in the population. 2. Two or more alternative Health Delivery Systems of proven effectiveness developed and capable of being replicated at affordable cost.	1. Through this management sub-project and another Auxiliary Nurse-midwife training sub-project, (See PAR 76-8) progress has been made in problem identification and solution, health systems models testing, rationalization of commodities handling, training of personnel. In the management sub-project, numerous Basic Health Services project components have been designed; some have been tested. Based on the work of the management team, the Ministry of Health has determined it may make the next step - implementation of a significantly larger basic rural health program. (See continuation sheet)

V. PROGRAMMING GOAL

A. Statement of Programming Goal

From new Basic Health Services Project Paper: "To improve the health of the Afghan population not now having access to effective health education and services due largely to circumstances of residence, poverty, age, and sex. These are mostly the rural people who comprise 85% of the population.

(See continuation sheet)

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.

Yes. Through this management sub-project, a demonstration was designed, conducted and evaluated in one province of Afghanistan. The new BHS project design is based, in large measure, on the experience obtained in that model.

PROJECT APPRAISAL REPORT (PAR) CONTINUATION SHEET

Continuation sheet, Page 4.
Health/Family Planning (Management for Rural Health)

IV. A.1. Purpose statement original PROP: 1973

"1. Institutionalize a management and administrative training program.
"2. Establish an organizational capability to develop plans and policies with ability to implement them effectively."

Achievement. Above purposes achieved at the central Ministry level and in one major pilot demonstration. Success sufficient warrant limited expansion (Phase I BHS Project)

B. 1. Conditions which will exist when above purpose is achieved.

"1. Basic Health System operating effectively; properly planned, implemented, and monitored.

"2. Trained administrators and managers assigned to key positions within MOPH.

"3. An effective statistical system to enable planners to develop appropriate family planning programs.
"4. Family Planning services available throughout basic health system.

"5. A functional logistic support system.

Achievement. Above conditions obtain, for most part, only at central level (the Kabul Ministry). Other elements tested at rural health centers levels and prepared for further implementation (BHS project 76-78). Weakest components are those relating to delivery family planning services and commodities; however, this deficiency compensated for in some measure by the Afghan Family Guidance Association (USAID and IPPF assisted) clinic expansion project.

5

V. Programming Goal.

"To help prevent population growth from outstripping Afghanistan's potential economic growth. Sub-Goal: Develop an integrated organization structure and effective administration for the Ministry of Public Health which is to administer the family planning programs." NOTE. These long term goals now being integrated with Basic Health Services Project.