

PD - AAT - 362

45074 932-070

PROJECT APPRAISAL REPORT (PAR)

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1. PROJECT NO. 932-13-950-070	2. PAR FOR PERIOD: July 1975 TO April 1976	3. COUNTRY Worldwide	4. PAR SERIAL NO. PC-1
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5. PROJECT TITLE
DEVELOPMENT OF LOW-COST, INTEGRATED HEALTH CARE DELIVERY SYSTEM

6. PROJECT DURATION: Began FY 1976 Ends FY 1978	7. DATE LATEST PROP April 1975	8. DATE LATEST PIP ---	9. DATE PRIOR PAR ---
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10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: \$ None	b. Current FY Estimated Budget: \$ 230,000	c. Estimated Budget to completion After Current FY: \$ 450,000
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11. KEY ACTION AGENTS (Contractor, Participating Agency, or Voluntary Agency)

a. NAME PROJECT CONCERN, INCORPORATED	b. CONTRACT, PASA, OR VOL. AG. NO. AID/pha-G-1101 Voluntary Agency
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I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X)				B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
MISSION	A.I./D/W	HOST	PC		
USAID					
	X			AID/W to streamline approval procedures	10.1.76
X				To recognize role of Project Concern and to render assistance when needed	7.1.76
X				To concentrate on rural health programs	10.1.77
	X			Disseminate role of Project Concern to field	7.1.76
			X	Project Concern to intensify education of present donor constituency	7.1.77
	X			Consider transfer of Specific Grant to General Support Grant	10.1.76

D. REPLANNING REQUIRES	REVISOR OR NEW:	<input type="checkbox"/> PROP	<input type="checkbox"/> PIP	<input type="checkbox"/> PROAG	<input type="checkbox"/> PIO/T	<input type="checkbox"/> PIO/C	<input type="checkbox"/> PIO/P	E. DATE OF MISSION REVIEW
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PROJECT MANAGER: TYPED NAME, SIGNED INITIALS, AND DATE
Maurice D. Kohan *M.D.K.*

MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS, AND DATE
Cleo F. Shook.PHA/PVC/OPNS *C.F.S.*

II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT CONTRACTOR, PARTICIPATING AGENCY, OR VOLUNTARY AGENCY	D. 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. PROJECT CONCERN, INCORPORATED				X									X
2.													
3.													

Comment on key factors determining rating.

Delay in bringing qualified personnel on board with resultant early problems of progress in project

4. PARTICIPANT TRAINING	1	2	3	4	5	6	7	1	2	3	4	5
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Comment on key factors determining rating.

Not Applicable

5. COMMUNITIES PERSONNEL-TECHNICAL	1	2	3	4	5	6	7	1	2	3	4	5
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Comment on key factors determining rating.

Background training and experience; motivation and understanding of project purpose.

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

Comment on key factors determining rating.

Low pay and Central Government emphasis on health care in the major cities, are primary deterrents to health care delivery in rural areas.

7. OTHER DONORS	1	2	3	4	5	6	7	1	2	3	4	5
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(See next page for comments on Other Donors.)

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

Project Concern is currently supported by a large and broad donor base. It has neither sought nor received grants or contributions which are considered significant in size, nor has Project Concern requested specific earmarked support or contributions for development assistance.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMULATIVE PRIOR FY	CURRENT FY		'77 FY	'78 FY	END OF PROJECT
			TO DATE	TO END			
Staff recruitment and orientation; professionals and support staff	PLANNED	NA	6/2	6/3	0	0	6/3
	ACTUAL PERFORMANCE	NA	6/2				
	REPLANNED			NA	NA	NA	NA
Research of Project Concern International Health Services, and other health care programs. Country Selection/Country Surveys.	PLANNED	NA	0/1	0/1	2/3	1/0	3/3
	ACTUAL PERFORMANCE	NA	0/1				
	REPLANNED			NA	NA	NA	NA
Training program for field teams. Initiated field survey and data collection to develop guidelines for Low Cost Health Care Delivery System.	PLANNED	NA	1/4	1/4	2/11	3/7	3/18
	ACTUAL PERFORMANCE	NA	1/4				
	REPLANNED			NA	NA	NA	NA
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1. Research and design of curricula, training materials and master system		Comprehensive reference library developed; progressive increase in training aids. Curricula design in process.					
2. Analysis of services and fiscal analysis for implementation.		COMMENT: Ongoing analysis of services, and cost benefit studies conducted.					
3.		COMMENT:					

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IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged.

2. Same as in PROP? YES NO

Development of Low-Cost Integrated Health Care Delivery System through establishment of a Health Planning, Development, and Training Department within Project Concern.

<p>B. 1. Conditions which will exist when above purpose is achieved.</p>	<p>2. Evidence to date of progress toward these conditions.</p>
<p>a. An integrated Health Care Delivery System master model for multinational implementation</p> <p>b. Country specific health care system models for three lesser developed countries.</p>	<p>1. Reference and training material developed, including some training aids.</p> <p>2. Presently field testing component parts of integrated health care delivery system at a Project Concern field site.</p> <p>First system not yet in place. Progress being made toward that goal. Implementation of system and commencement of health care delivery anticipated December 1976 to January 1977.</p>

V. PROGRAMMING GOAL

A. Statement of Programming Goal

To provide low-cost integrated health care to populations in need of such assistance.

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 Project Purpose, development of low-cost, health care delivery systems, will significantly contribute to the goal of reaching the rural populations with needed assistance. Survey work to date has established the existence of such need. The programs are expected to improve health conditions of 750 thousand people in at least three countries within three years after program implementation.

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