



AGENCY FOR INTERNATIONAL DEVELOPMENT

OFFICE OF THE
REPRESENTATIVE TO BURMAAMERICAN EMBASSY
RANGOON, BURMA

June 3, 1986

MEMORANDUM

To: The Files

Through: Earl J. Young, AID Representative

From: John J. Naponick, Health Development Officer *JND*

Subject: Primary Health Care (PHC) I (482-0002), Project Assistance Completion Report

This report is occasioned on the completion of the Primary Health Care (PHC) I Project and is prepared according to guidance pursuant to A.I.D. Handbook 3, Project Assistance.

Background

The subject project Grant Agreement was signed on August 29, 1980 with an amended Project Activity Completion Date of March 31, 1985. A.I.D. assistance originally totalled \$5,000,000 and K9,498,000, however \$280,000 was de-obligated in 1985 with a further \$336,300 scheduled to be deobligated in 1986.

The PHC I project was designed to support the Burmese Government's (SRUB's) Peoples' Health Plan in the primary health care program. This SRUB program was already underway and supported by the SRUB, participating communities, the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) when implementation of the PHC I was initiated. As can be seen from the following table, A.I.D.'s contribution to the overall SRUB Peoples' Health Program was less than seven percent of the total contributions:

Planned versus Actual Contributions to
the Primary Health Program by Source
(US\$ 000's)

<u>Source</u>	<u>Planned</u>	<u>Actual</u>	<u>Percent</u>
A.I.D. Grant	6,459 ¹	5,805	6.3
UNICEF	3,744	4,380	4.7
WHO	925	1,548	1.7
SRUB	255 ²	29,633 ³	32.0
Communities	3,305 ²	51,380 ³	55.4
Total	\$16,588	\$92,746	100.0

^{1/} Includes K9,498,000 valued in 1980 at \$1,458,986 (US\$ 1=K6.51)

^{2/} US\$ 1=K6.51

^{3/} Includes K9,498,000 valued in 1982 at \$1,202,000 (US\$ 1=K7.90)

A breakdown of A.I.D.'s planned versus actual expenditures under
Primary Health Care I is as follows:

Component	Initial Agreement Amount	Final Budget Amount	Expended Amount	Balance	Percent Expended
Commodities	\$ 4,291,169	\$ 4,433,000	\$ 4,100,526	\$ 332,474	91.6
Training	126,024	207,588	206,263	1,325	99.4
TA	438,532	77,000	76,911	89	99.9
Contingency	144,275	2,412	-0-	2,412	-0-
TOTAL	\$ 5,000,000	\$ 4,720,000	\$ 4,383,700	\$ 336,300	92.9
Kyat Funding	\$ 1,458,986*	\$ 1,458,986	\$ 1,458,986	-0-	100.0.
GRAND TOTAL	\$ 6,458,986	\$ 6,178,986	\$ 5,842,686	\$ 336,300	94.6

* Calculated at US\$ 1=K6.51

Accomplishments

In terms of making project inputs available, the subject project was successful as commodities were procured but arrived later than expected, technical assistance was appropriate, local pre-service and in-service training of volunteer health workers was completed and ten participant trainees (four long-term and six short-term) were sent abroad and returned to Burma. However, the aim of the subject project was to support an overall effort to reduce maternal and infant mortality and morbidity through the expansion of Burma's Primary Health Care Program. The project inputs did contribute to the expansion of services as shown in the following tables, but it

cannot be proven that the expansion of Burma's Primary Health Care Program reduced maternal and infant/child morbidity/mortality.

As the following will indicate, quantitative objectives of the Primary Health Care I project were largely met.

TRAINING

	Number Planned	Number Actual
Pre-Service Training		
Community Health Workers (3 weeks)	9,418	9,383
Auxiliary Midwives (6 months)	1,787	1,654
Traditional Birth Attendants(30 days)	4,000	5,710
In-Service Training		
Community Health Workers	21,812	21,748
Auxiliary Midwives (12 days)	6,300	6,300
Coverage (of 147 Townships)		
Villages (Community Health Workers)	55%	54.7% (1984)
Village Tracts (Auxiliary Midwives)	100%	76.5% (1984)
Participant Training		
Long-term (MPH degree @ 12 months)	Planned	Actual
Maternal and Child Health	1	1
Nutrition	1	1
Health Education	1	1
Health Services Management	1	1
Short-term (3 month courses)		
Nutrition/MCH	2	2
Training of Trainers	2	2
Primary Health Care	2	2
Total Budget/Cost	\$ 236,024	\$ 206,263

TECHNICAL ASSISTANCE

Field of Assistance	Planned (Days)	Used (Days)
Training of Trainers	194	150
Nutrition Planning	129	
Nutrition Data Analysis	129	21
Evaluation	194	23
Logistics	129	
Other	129	
Total	904 (42 pm)	194 (6 pm)
Budget/Costs	\$438,532*	\$76,911

*includes \$86,233 for contingency

COMMODITIES

ITEM	Quantity Ordered	Quantity Distributed	Percent Distributed
Traditional Midwife kits	2,500	2,500	100
Base Supplies and Equipment for Community Health Workers			
- First Aid Kits	7,500	7,500	100
- Medicine Supplies	7,500	7,500	100
- Snakebite Kits	7,500	7,500	100
Training School Kit & Basic Supplies & Equipment			
- AMW Training School Kits	25	25	100
- Midwifery Kits	1,425	1,425	100
- Nursing Kits	2,475	1,554	63*
- Medicine Chests	4,625	4,625	100
- Carrying Cases	1,425	1,425	100
Other Medical Supplies			
- Aspirin (X1000)	44,500	44,500	100
- Penicillin tablets (X1000)	15,500	15,500	100
- Oral Rehydration Salts	1,635,000	1,635,000	100
- Chloroquine (X1000)	17,000	17,000	100
- Ringers Lactate Solution	224,000	224,000	100
- Ice & Hot Water Bags	3,295	3,295	100
Rehydration Equipment Sets	367	92	75*
Station Hospital Equipment	60	60	100
Training Materials	various	various	100
Health Information Mat'ls	various	various	100

* Distribution of these items will be completed in 1986

Monitoring

No further monitoring of distinct PHC I activities is foreseen. AID/Burma will indirectly continue to monitor PHC I through the implementation of PHC II.

Evaluation

No further evaluations are planned under the the subject project.

Lessons Learned

The findings contained in the end of project evaluation for the subject project have lead to the following conclusions:

- continue support for the SRUB health care program but introduce an appreciation for the preventative aspects to health care;
- upgrade the training and supervision available, particularly among the mid-level health care personnel;
- develop a decentralized monitoring and information system;
- develop an evaluation system to show impact of health activities, volunteer health worker performance, and other operational research activities

A review of the data collection undertaken during the project shows that seven studies were completed under PHC I:

1. Household survey on morbidity, mortality and health care;
2. Time utilization of voluntary health workers at Bassein Township;
3. Study of Traditional Birth Attendants or Let-thes;
4. Study of Monitoring of Vital Events Nutrition Status, Birth Weights and Primary Health Care at the Village Level;
5. Evaluation of the effectiveness of community-based weighing programs;
6. A study of Weaning Practices and Impact Indicators for Nutrition Education; and
7. An evaluation of Voluntary Health Workers.

A critical review of these studies was undertaken with the following conclusions:

- A core list of impact measures was not undertaken;
- The studies did not focus on specific evaluation issues for decision makers;
- Data was gathered from remote areas and was suspect;
- Analysis was only descriptive with interpretation absent;
- Greatest impact has been to stimulate debate within the Ministry of Health; and
- A few operational research studies were completed.

The PHC I project was designed to support an on-going SRUB program to expand health care delivery systems and thus, reduce maternal infant and child morbidity/mortality. As has been shown above,

coverage was expanded. However it cannot be shown that the planned interventions implemented under the PHC I project had a beneficial impact on the health status of the target population. This is due to the lack of reliable data, the systems to gather needed data and the means to analyze the data. This situation was known at project design and a component of the project was identified to provide some of the required equipment and training to assist in updating the health information system within the Ministry of Health. This activity is continuing under the current Primary Health Care II project.

It was made clear that the weakest link in the project was the supervision system. Supervision of health care delivery systems is infrequent and directive, rather than analytical and educational. Limited management information is available for making informed decisions. The follow-on project, PHC II, is attempting to address this need by providing supervision training. However, it is imperative that the health information system be on line and operative in order to support an overall improvement in supervision and management within the Burma health care system.

Recommendations

As the subject project is complete, there are no recommendations for final adjustments in project design. Further, there are no outstanding claims or reporting requirements at this time.

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