PD-ABB-488

AID 1025-1 (7-71) (FACE SHEET)

NON-CAPITAL PROJECT PAPER (PROP)

I. PROJECT IDENTIFICATION

1. PROJECT TITLE

Preparation of Guidelines for Health Sector Analysis

APPENDIX ATTACHED ☐ YES ☒ NO

2. PROJECT NO. (M.O. 1095.2)

3. RECIPIENT (specify)

☐ COUNTRY

☐ REGIONAL ☒ INTERREGIONAL

4. LIFE OF PROJECT

BEGINS FY 75

ENDS FY 75

5. SUBMISSION

☐ ORIGINAL 12/15/75 DATE

☐ REV. NO. DATE

CONTR./PASA NO.

II. FUNDING ($000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL $	C. PERSONNEL (1) $	C. PERSONNEL (2) MM	D. PARTICIPANTS (1) $	D. PARTICIPANTS (2) MM	E. COMMODITIES $	F. OTHER COSTS $	G. PASA/CONTR. (1) $	G. PASA/CONTR. (2) MM	H. LOCAL EXCHANGE CURRENCY RATE: $ US ___ (U.S. OWNED) (1) U.S. GRANT LOAN	(2) COOP COUNTRY (A) JOINT	(2) COOP COUNTRY (B) BUDGET
1. PRIOR THRU ACTUAL FY												
2. OPRN FY 76								150	40			
3. BUDGET FY												
4. BUDGET +1 FY												
5. BUDGET +2 FY												
6. BUDGET +3 FY												
7. ALL SUBQ. FY												
8. GRAND TOTAL								150	40			

9. OTHER DONOR CONTRIBUTIONS

(A) NAME OF DONOR	(B) KIND OF GOODS/SERVICES	(C) AMOUNT

III. ORIGINATING OFFICE CLEARANCE

	TITLE	DATE
1. DRAFTER Dr. Joe H. Davis	Health Planning Officer, TA/H	12/15/75
2. CLEARANCE OFFICER Dr. Lee M. Howard	Director, TA/H	12/15/75

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

It is proposed that the contract be instituted with DIH/DHEW on a non-competitive basis (non-competitive waiver justification attached).

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF	SIGNATURE	DATE

3. APPROVAL AAs OR OFFICE DIRECTORS

SIGNATURE DATE

TITLE

4. APPROVAL A/AID (See M.O. 1025.1 VI C)

SIGNATURE DATE

ADMINISTRATOR, AGENCY FOR INTERNATIONAL DEVELOPMENT

B. Recommendations: Approval is sought for the following actions:

1) Grant: $150,000

2) Waiver of competitive selection for contractor.

C. Description of the Project

This project is designed to provide basic methodological manuals required to orient and assure the completeness of collaborative health sector analyses. The project is comprised of the preparation of seven methodological documents to serve as guides for specific portions of health sector assessments in LDCs. The methodological documents will address the following seven areas:

1) environmental health

2) communicable diseases

3) health service facilities

4) drug supply systems

5) health manpower

6) private and indigenous health care systems

7) social, cultural and behavioral aspects of health

Population planning is not included, but TA/H and Population Policies Development Division, PHA/POP, intend to develop such guidance as a result of joint field analyses. Nutrition is not included due to current efforts to develop analytic guidance for nutrition education and feeding programs by TA/N. Once these manuals are available, TA/H would undertake their review and appropriate modification to make them compatible with assessment manuals produced under this project.

Each document will outline a minimal set of variables which should be considered in the analysis of the specific programmatic area, an identification of methods which can be utilized to mobilize the required information

and an estimate of time and resources required to study the problem area. The role of women in development will be addressed in each of these manuals. Experience to date in Bolivia, Dominican Republic, Nicaragua and Panama indicates that in those countries it was feasible to undertake health sector analyses in a collaborative fashion delegating the major responsibility and direction of the analysis to national institutions. Considerable national interest in carrying out an assessment of the health sector by national institutions was readily developed and the analytical process proved a very useful means to develop a national constituency interested and directly involved in implementing the recommendations ensuing from the assessment. For example, in Nicaragua this has led to the first multi-institutional agreement on health policies and strategies to be followed in the memory of the decision makers in those institutions. In the Dominican Republic the assessment not only defined the priorities of the ensuing AID loan but also those of a loan by the IBRD.

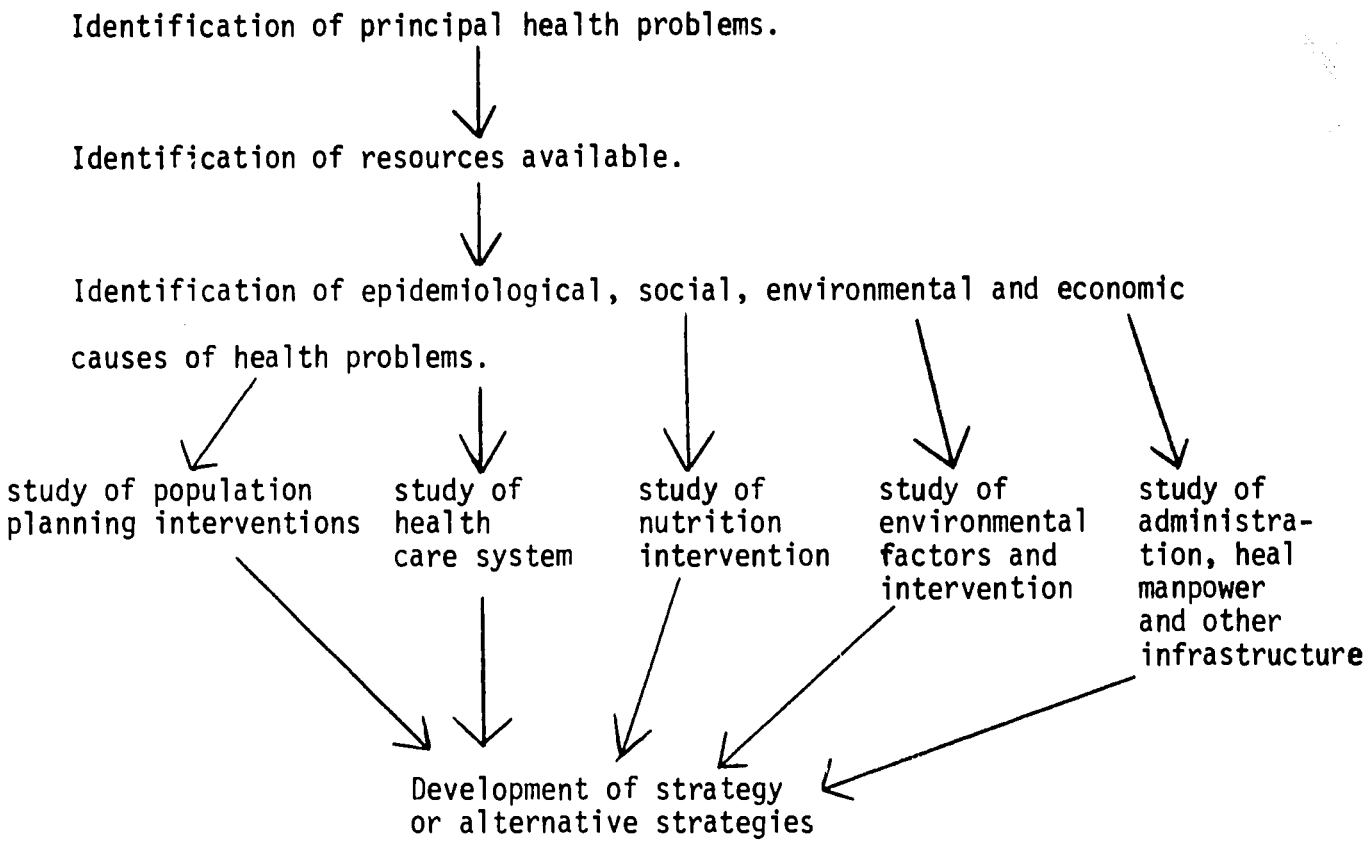
Many of the national institutions, however, are ill prepared to undertake an analytical process within the health sector. The general guidelines for health sector assessment have proven insufficient to indicate all the most appropriate analytical activities to be undertaken in a specific national setting (the questions most important to address, the appropriate analytical processes, etc.), although they have served the purpose of describing the general areas most important and have led to the consideration of trade offs between options, the elaboration of alternative options, the analysis of alternative options and the development of national strategies comprised of the preferable options.

AID and the host country collaborate in both problem diagnosis and program design aspects of an assessment. Host country personnel conduct a major portion of assessment studies, including involvement of people from many parts of the community in the process, with AID providing technical assistance. To date the Agency has depended upon use of consultants to work together with nationals to develop the scopes of work for specific health problems and programmatic areas as well as to assist in carrying out the assessment. Results have varied due in part to the knowledge and interests of the specific consultants. Although the use of consultants, in no instance for more than 25% of total effort, has not been much greater than initially expected, TA/H feels that requirements for consultants could be diminished by the availability of a set of methodological manuals for some of the health sub-sectors of greatest importance. TA/H also feels that the development of adequate manuals is feasible at this time given previous experience in health sector assessments.

The manuals are to be supplementary to overall assessment guidelines and will be presented to LDC institutions as a suggested integrated analytical procedure package.

The two objectives of health sector assessments are: (1) to provide an accurate factual basis for joint LDC - AID programming of health sector investments and (2) to use the assessment process to increase LDC health planning capability by the learning by doing process.

The health sector assessment process which has been utilized to date in those countries where the assessment process addressed both the above objectives has proceeded in the following manner:



For large portions of the assessment process there is a task disaggregation to make the maximal use of particular skills and the time available. Within each stage or task of the assessment process there remain a variety of variables and processes to be analyzed. These tasks are outlined in attachment A and include evaluation of existing programs of health care, nutrition, environmental sanitation and family planning; health manpower projection; facility inventory description; financing, administrative, and supply systems analysis. The evaluation of programs focuses on preventive versus curative medicine trade-offs and on physician versus paramedical personnel.

There currently exists a variety of methods by which all the listed tasks can be accomplished, all of which requires a familiarity with data required, analytical procedures; etc. to be efficiently applied to national settings.

Preparation of manuals will be organized, monitored and evaluated by HEW/PASA staff currently involved in similar endeavors. That staff is currently involved in the preparation of four complementary manuals. They are: (1) financing systems, (2) intersectoral relationships, (3) health information systems and (4) socio-political analysis. TA/DA plans the production of manuals for health administration systems in FY 77. The manuals will be prepared by separate contracts with organizations carefully chosen for their experience and knowledge in the particular problem area to be addressed.

It is expected that the availability of the set of manuals produced by this contract will significantly shorten the time period necessary to orient national sector assessment groups, reduce the amount of consultant assistance required to assist nationals in implementing sector assessments, and assure the completeness of health sector assessments.

D. Summary Findings:

The project is considered to be technically feasible. Proposals for development of three manuals have been reviewed and address the problem areas in a technically competent fashion. No problems are foreseen in the selection of subcontractors or in completing all manuals by the interim quarter of FY 76 if the contract can be implemented expeditiously. The project meets all applicable statutory criteria.

Part II - Project Background and Detailed Description Background

A. Background:

To date health sector assessments are underway or completed in six (6) countries. One of the major objectives of assessments has been the development of national planning capability. To accomplish this objective, the major manpower inputs into health sector assessments are by local national personnel. Typically special groups have to be organized and oriented to carry out the assessment. The experience to date has been that orientation has required several weeks to a few months before actual field collection of data and analysis gets underway. One recommendation which has resulted from experience to date is that orientation material in "how to" manual form would shorten the orientation period. The manuals should also decrease the consultant requirements for assessments as well as reduce difficulty in getting critical assessment topics introduced into all assessments. It is felt that the content of assessments can be even more readily influenced in this fashion than by the use of consultants while continuing to carry out assessments in a collaborative fashion.

B. Detailed Description

The sector goal is the improvement of LDC health planning capability. The project purpose is the implementation of collaborative health sector assessments in LDCs.

The planned outputs of the project are a series of seven (7) "how to" manuals which can be made available to LDC sector assessment groups to assist them in implementing health sector assessments.

The manuals will include:

1) A description of the general parameters to be considered in the specific area, the definition and boundaries of the specific area of concern.

2) A statement of general analytical issues important to address in the specific area under consideration.

3) A description of relevant and appropriate methods to analyze the specific issues (identified), reviewing previous experience in utilization of that method; resources, data, and time required. It is anticipated that the manuals will bring about alternative ways of doing analyses depending on the availability of sufficient appropriate data. As all assessments face data quality problems, these alternative methodologies will provide a practical means to work with available data sources. An annotated bibliography should be prepared summarizing this previous experience.

4) A list of data required to address each alternative analysis or issue should be presented in tabular or similar structured format designed to present a logical sequence of utilization of discrete data elements to describe and analyze the issue.

5) A description of methods available to gather data including time and resources necessary.

The planned inputs to the project are approximately 40 man months of technical expert services in preparation of manuals. The project inputs and outputs will be completed within six (6) months of project initiation.

Part III - Project Analysis

A. Technical Analysis Including Environmental Assessment

The proposed project is timely in that it builds on initial AID experience in conducting health sector assessments and will provide guidance

and support for a larger set of similar activities in the future. The specific technical areas have been chosen from a larger set of technical manuals required for field guidance in conducting sector assessments. The specific manuals have been chosen to complement the manuals which can be produced by staff and RSSA resources. This project has no environmental impact.

B. Financial Analysis and Plan

The financial justification of the project is based on the assumption that 1/3 of the consultant time currently utilized in carrying out sector assessments can be avoided by the availability of the manuals produced in this project. Since health sector assessments average in the neighborhood of $75 - 100,000 for consultants, these project costs can be recouped over 5 - 6 health sector assessments. It is expected that the Agency will choose to support more than 10-12 sector assessments during FY 76 - 78. It is also asserted that national planning institutions can be better strengthened by utilizing both manuals and consultants but no attempt is made in this paper to calculate the increased benefits to national health planners.

The total cost of the project is estimated at $150,000 to be funded completely by AID. The budget breakdown is as follows:

Personnel - 40 mm	$ 80,000
Direct costs, printing, etc.	10,000
Overhead of subcontractors	60,000
Total	$150,000

On the basis of current estimates of the time required to develop such manuals it is felt that the proposed support is adequate to produce the product described in the document. Compared to the alternative currently utilized (use of consultants to orient national groups) it is felt that the proposed project is a more cost-effective use of Agency resources.

C. Social Analysis

The social issue important to be considered is that of social preferredness between methods of communicating knowledge and guidance. Although to date the consultants we have chosen to orient health sector assessment groups have been sensitive in their approach to national health planners it has been quite difficult to accomplish the orientation uniformly and expeditiously among national team members. It is asserted that the availability of written orientation and guidance will both be more useful and more acceptable to trained national health planners. It will have an explicit base in previous LDC experience broader than any one consultant could bring and will allow the individual national planner to react in a more culturally and personally neutral situation than is possible in face-to-face interactions with expert consultants.

Part IV - Implementation Arrangements

A. Analysis of the Recipients' and AID's Administrative Arrangements

It is proposed that this project be contracted under a PASA arrangement with OIH/DHEW. That Agency will then subcontract with individuals or firms to produce the specific documents. OIH/DHEW will also assume responsibility for uniformity of manual formats and the quality of the

product. The intermediate managerial and administrative role proposed for OIH/DHEW will incur no marginal cost to the Agency but will utilize the capability financed under the extant RSSA agreement with that office. Staff members in the Division of Policy Analysis of OIH/DHEW are currently working on manuals for other programmatic areas of sector assessments which will round out the set of about 12 such manuals TA/H feels are necessary.

It is predicted that by using OIH/DHEW as an intermediate contractor that no more than 5% of the AID project monitor's time will be required during the life of the project.

B. Implementation Plan

1) Initiate PASA with OIH/DHEW	April 15, 1976
2) Initiate subcontracts	May 15, 1976
3) Complete subcontracts	September 15, 1976
4) OIH final report	September 30, 1976
5) Evaluation of project	October 30, 1976

It is expected that technical monitoring by OIH/DHEW will require 20% of an individuals time during the six months of project activity.

It is proposed that OIH/DHEW be selected as the principal contractor on a non-competitive basis. OIH/DHEW will be responsible for assuring quality of product and compatability of manuals produced under this contract and manuals produced by OIH/RSSA staff.

The final reports will be delivered as a master copy capable of being reproduced.

C. Evaluation Arrangements for the Project

1) An end of project evaluation will be undertaken.

2) A comparative evaluation of those health sector assessments undertaken with manuals versus those undertaken prior to introduction of manuals will be included in plans to evaluate health sector assessments.

AID 1020-28 (1-72)

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY [illegible] to FY [illegible]
Total U.S. Funding [illegible]
Date Prepared [illegible]

Project Title & Number: [illegible]

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal: The broader objective to which this project contributes: To improve the efficient allocation and equitable distribution of LDC health sector resources to improve the health status of LDC population.	Measures of Goal Achievement: 1. Adoption of more efficient technologies to influence health. 2. More equitable distribution of health sector resource allocations between urban/rural and rich/poor populations.	1. Special assessment and/or evaluation.	Assumptions for achieving goal targets: 1. Techniques exist to adequately identify and implement more efficient health technologies.
Project Purpose: To analyze programmatic and infrastructure aspects of the health sectors in LDCs.	Conditions that will indicate purpose has been achieved: End of project status. The implementation of collaborative assessments of the health sectors of AID assisted LDCs.	Special evaluation of assessments.	Assumptions for achieving purpose: 1. AID will continue to provide support to health sector assessments. 2. It will be possible to collaborate with national health planners in all AID assisted countries.
Outputs: A series of seven (7) "how to" manuals for health sector assessment.	Magnitude of Outputs: 7 manuals	Contract evaluation.	Assumptions for achieving outputs: The manuals developed under this contract will complement and be compatible with other similar manuals being developed by OIH/RSSA personnel.
Inputs: AID: 1) project monitoring TA/H 2) contract funding OIH/DHEW: 1) technical and administrative monitoring of subcontracts 2) personnel for development of seven (7) complementary manuals (funded under separate AID RSSA. Subcontractor Personnel	Implementation Target (Type and Quantity) 1/4 mm, $150,000 1-1/2 mm 18 mm 40 mm		Assumptions for providing inputs: 1. OIH/DHEW RSSA does not suffer unexpected position vacancies. 2. Competent subcontractors can be identified.