

AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT PAPER FACESHEET
TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE
(XXX app. provide box)
 Original Change
 Add Delete

2. COUNTRY/ENTITY
TAB Inter-regional

3. DOCUMENT REVISION NUMBER
PP

4. PROJECT NUMBER
931-11-590-207

5. BUREAU
a. Symbol: TAB b. Code: 6

6. ESTIMATED FY OF PROJECT COMPLETION
FY 77

7. PROJECT TITLE SHORT (stay within brackets)
Guidelines Health Sector Analysis

8. ESTIMATED FY OF AUTHORIZATION/OBLIGATION
a. INITIAL mo. yr. 06/76 b. FINAL FY 76

9. ESTIMATED TOTAL COST (5000 or equivalent, \$1 -)

a. FUNDING SOURCE	FIRST YEAR FY			ALL YEARS		
	b. FX	c. L/C	d. Total	e. FX	f. L/C	g. Total
AID APPROPRIATED TOTAL	150		150	150		150
(Grant)	(150)	()	(150)	(150)	()	(150)
(Loan)	(-)	()	(-)	(-)	()	(-)
Other						
1. U.S.						
2. HOST GOVERNMENT						
OTHER DONOR(S)						
TOTALS	150		150	150		150

10. ESTIMATED COSTS/AID APPROPRIATED FUNDS (5000)

a. Apprio. Pration (Alpha Code)	b. Primary Purpose Code	c. Primary Tech. Code	FY 76		FY 77		FY 77		ALL YEARS	
			d. Grant	e. Loan	f. Grant	g. Loan	h. Grant	i. Loan	j. Grant	k. Loan
PH	589	520	150							150
TOTALS			150							150
11. ESTIMATED EXPENDITURES					75			75		

12. PROJECT PURPOSE(S) (stay within brackets) Check if different from PID/PRP

To analyze programmatic and infrastructure aspects of the health sectors in LDCs.

13. WERE CHANGES MADE IN BLOCKS 12, 13, 14, or 15 OF THE PID FACESHEET? IF YES, ATTACH CHANGED PID FACESHEET.

Yes No

14. ORIGINATING OFFICE CLEARANCE

Signed: *Lee M. Howard*
TA/H: Lee M. Howard, M.D.

Title: Director, Office of Health

Date Signed: mo. 05 day 13 yr. 76

15. Date Received in AID/W, or For AID/W Documents, Date of Distribution

mo. day yr.

Drafter: Joseph H. Davis, M.D.

Clearances: TA/H, JWJacobs Jacob
TA/H, RDNewman R. Newman
TA/PPU, LWakefield L. Wakefield
TA/PPU, JNGunning J. Gunning
TA/PPU, CRFritz C. Fritz

This Project Paper was endorsed by the members of the R & DC on
March 9, 1976.

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

1) Grant: \$150,000

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: Environmental Health, Communicable Diseases, Health Services Facilities, Drug Supply Systems, Health Manpower, Private and Indigenous Health Care Systems, and 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. Similarly, coverage of 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^e 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.

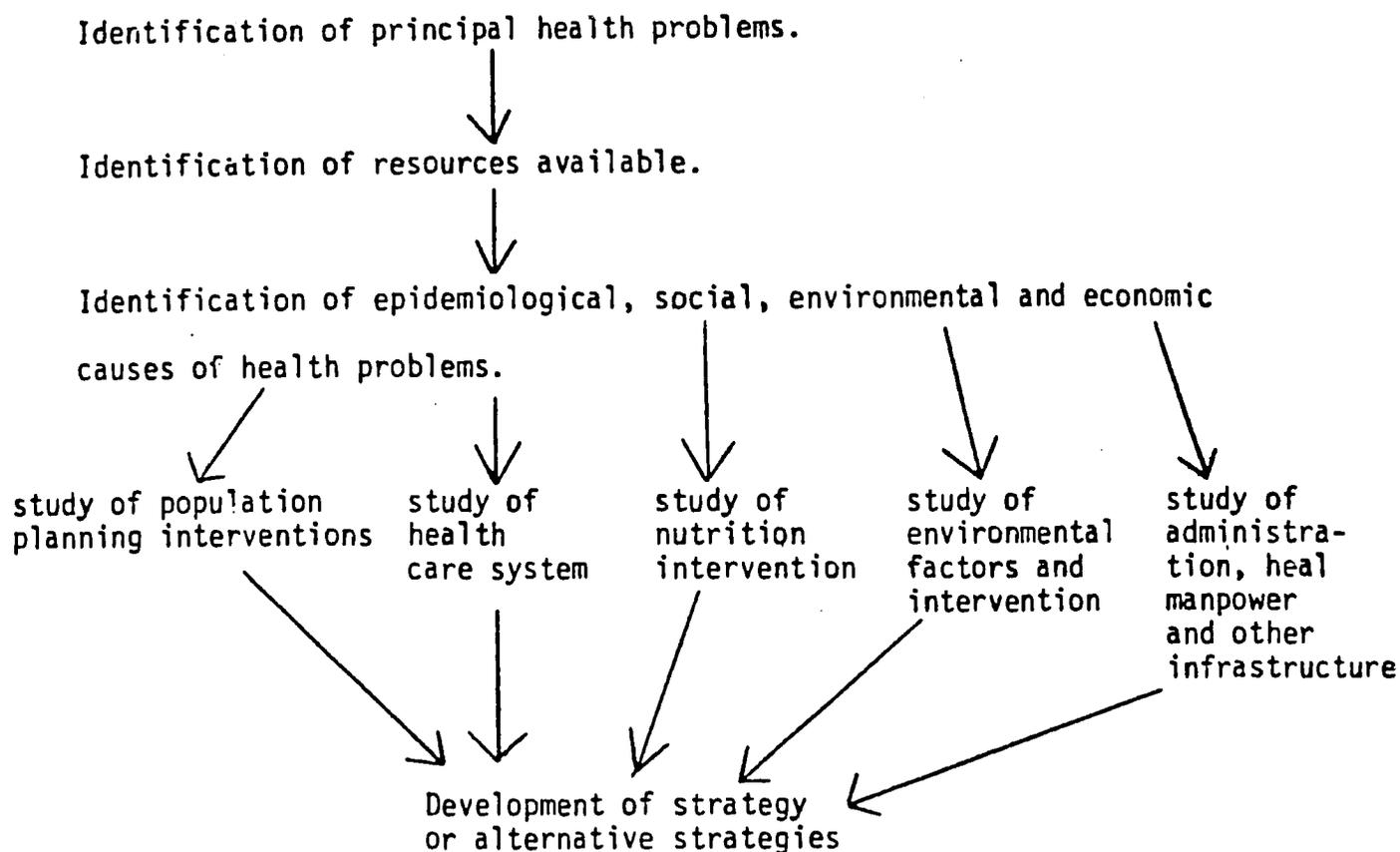
Many of the national institutions throughout the world, however, are ill prepared to undertake an analytical process within the health sector. Moreover the guidelines that are available fail to address all the most appropriate analytical activities to be undertaken in a specific national setting. They do serve the purpose of describing the most important general areas 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.

It is intended that AID and the host country collaborate in both problem diagnosis and program design aspects of an assessment. Host country personnel are expected to 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 relied upon consultants to work together with nationals in developing the scopes of work for specific health problems and programmatic areas as well as to assist in carrying out the assessment. The quality of this work has varied due to differing knowledge and interests of specific consultants. Although consultant manpower has never exceeded 25% of total effort, TA/H feels that the use of consultants could be diminished even further by the availability of a set of methodological manuals for health sub-sectors of prime importance. TA/H also feels that the development of adequate manuals is justified at this time given the present demand and expected future demand for 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 in a learning by doing method.

A schemata which indicates the assessment process presently being used is as follows:



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 the trade-offs between preventive and curative medicines, and between physical and para-medical personnel.

The OIH/HEW staff has been and 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. In addition, 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 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

Preparation of the manuals will be organized, monitored and evaluated by the staff of the current HEW/RSSA. That staff is presently so fully committed to related on going health assessments and other activities for TA/H that the 40 man months required for the actual development of the manuals must, of necessity, come from sub-contractors. No problems are foreseen in the selection of subcontractors or in completing all manuals during FY 77 if the contract can be implemented expeditiously.

The project is considered to be technically feasible, meets all applicable statutory criteria and proposals for development of the manuals have been reviewed and address the problem areas in a competent fashion. The OIH/RSSA staff upon completion of the project will present to TA/H two reproducible copies of each of the 7 manuals. At that time, TA/H will determine the numbers to be reproduced (probably 200 each) and make necessary arrangements through the AID publications office.

Part II - Project Background and Detailed Description Background

A. Background:

To date health sector assessments are underway or completed in six 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 are organized and oriented to carry out the assessment. This orientation requires from several weeks to a few months before actual field collection of data and analysis gets underway. It is believed the "How to" manuals will significantly shorten the orientation period. Most importantly it should improve the quality of assessment elements. It is believed that the content of assessments can be 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 that must be addressed 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 explain 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 and will be presented in tabular 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 similar activities in the future. The content of the "How to" manuals has been chosen from an analysis of technical areas most important to consider in conducting sector assessments. 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 eliminated once the manuals produced by this project are made available. Since the cost of health sector assessments average \$75-100,000 for their consultant components, it is estimated that the cost of this project can be recouped in the conduct of 6 health sector assessments. It is expected that the Agency will choose to support about 10-12 sector assessments during FY 76 - 78. It is also expected 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

approximately 5.7 mm required for specialists in each of these 7 fields:

- 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

Administrative Costs: 8,600

includes secretarial help, transportation, postage,
telephone, office space, etc.

Travel - TDY 1,400

at least 2 R/T Economy flights Bogota/DC with 5 days
each for LA Health Specialists.

Overhead of Subcontractors 60,000

Total \$150,000

On the basis of the best TA/H professional judgement concerning such manuals, it is felt that the proposed support is adequate to produce the products desired. Based upon the comparability of costs it is believed that the proposed project is a more cost-effective use of Agency resources.

C. Social Analysis

Health Sector Assessment consultants have traditionally been sensitive in their approach to orienting LDC health planners. Evenso, it has been quite difficult to accomplish such orientation uniformly and expeditiously without written guidance such as the proposed manuals. 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

A. Implementation Plan

- 1) Initiate PASA with OIH/DHEW by June 30, 1976
- 2) Initiate subcontracts by July 31, 1976
- 3) Complete subcontracts by November 30, 1976
- 4) OIH final report by December 15, 1976
- 5) Evaluation of project by January 15, 1976

It is proposed that this project be contracted under the existing OIH/DHEW RSSA. 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. 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.

General Content of Health Sector Assessments

All health sector assessments should be specifically tailored to meet the needs of the particular national situation. The following description represents the content for a moderate sized general health sector assessment as synthesized from the scopes of work of several collaborative assessments undertaken to date.

The assessment areas presented are of four distinct types. The first area of assessment is that of assessment of health problems. Focusing on major problems and population attributes identified in this portion of the assessment, four programmatic areas for assessment are described. They are: food and nutrition services, population programs, health services, and environmental sanitation services. Three general infrastructure areas are described. They are: health manpower, drugs and supplies, and dynamics of change within the sector. The area of the relationship of health with other sectors of the economy is described. Finally, the synthesis of preceding sections into a sector strategy is described.

1) Health Problems

- a. description of health status,,including existing or modified information on morbidity, mortality, hospitalization, attention in other health service facilities, communicable disease incidence, nutritional status, and fertility rates.
- b. population characteristics associated with health, nutrition, and family planning problems -- age, sex, urban-rural distribution geographic distribution, economic level

of family relationship to educational level, relationship to environmental sanitation factors.

c. analysis of national health and socio-economic goals and nutrition.

2. Important Intersectoral Relationships

a. study of economic effects of health and nutrition status to include time lost from economic endeavor or education due to illness, and specific effects of health on other economic endeavors, particularly major developmental projects influenced by health.

b. trends in income distribution, social overhead investment and education and their probable impact on health.

c. projection of resources available to the health sector.

3. Food and Nutrition

a. description and evaluation of current nutrition programs.

b. identification of resources available for nutrition programs and projection of future resources.

c. analysis of nutrition related attitudes.

d. analysis of effects of prices on food and nutrient consumption.

e. study of costs and impacts of alternative programs to improve nutritional status including nutrition education, feeding programs, and nutrient fortification programs.

f. studies of administrative and financial constraints and facilitating mechanisms are most important in the area of nutrition.

g. modification of agriculture sector production models if such exist, to reflect nutrient availabilities.

There should be very close coordination between agricultural sector assessments and health sector assessments. Only in this fashion can most useful nutrition strategies be developed without repeating work previously done.

4) Population Programs

- a. description and evaluation of current family planning programs, factors influencing utilization of programs.
- b. identification of resources available and constraints existing for delivery of family planning services.
- c. analysis of determinants of fertility.
- d. analysis of population demands and attitudes toward family planning services.
- e. projection of rates of population growth under relevant assumptions.
- f. predictions of impact of different population projections on economic growth.
- g. evaluation of effects of health and nutrition programs on rates of population growth.
- h. study costs and probable impacts of alternative strategies for the achievement of health and population aspects of national population policy. This analysis should address the full spectrum of alternative strategies to influence rates of population growth, including taxes and subsidies, private vendor distribution of family planning commodities, MCH and other health related delivery programs, and non-formal educational programs. The studies should attempt to identify marginal returns to alternative activities and identify efficient program mixes to

influence rates of population growth.

5) Health Services

- a. description and evaluation of current health services.
- b. identification of resources available for delivery of health services.
- c. analysis of population demands and attitudes toward health services.
- d. study of costs and impacts of alternative health systems to accomplish national goals. Attempt to identify marginal returns to alternative technologies and levels of manpower and capital investment by analysis of production functions for delivery of health services. Includes private sector as well as a variety of public sector institutions.
- e. study of health sector financing to include not only identification of alternative sources of financing, but also price elasticities of supply and effects of alternative health services.
- f. a description and study of relevancy of information systems is ordinarily included.
- g. a study of health sector administration.

6. Environmental Health

- a. description and evaluation of current environmental health activities.
- b. identification of principal environmental problems and hazards including housing and transit systems.
- c. identification of resources available for environmental health programs.

- d. study of costs and impacts of alternative environmental programs to address principal problems. In the areas of water supply and sanitation, pre-existing IBRD sector studies should be utilized, reinforced and updated. Where existing engineering feasibility surveys exist for new projects, these projects should be ranked within relevant social groups (when rural, etc.) and presented in terms of cost per capita served.
- e. identification of major occupational health hazards and study of costs and impacts of alternative programs to resolve them.
- f. preliminary identification of human environmental impacts of major development projects. Specifically the efforts of agricultural and capital development projects on disease incidence should be identified.

7. Studies of Health Manpower

- a. identification and description of training institutions and their capacity for production of health manpower.
- b. development of current estimates of manpower availability (normally requires informal surveys).
- c. study of internal and international migration of health manpower.

8. Drugs and Supplies

Since these inputs into the sector ordinarily comprise about one-third of total sector expenditures, they warrant study within the context of a sector analysis:

- a. inventory of types and quantities of drugs and supplies

used in the sector.

b. study of prices and influence of prices and other factors on purchase and utilization of drugs.

c. study of probable effects of alternative policies to influence use of drugs and supplies -- generic drug formularies tariff and pricing policies, controlled purchase versus uncontrolled purchase of drugs, free or subsidized distribution of drugs rather than commercial purchase of drugs.

d. study of purchasing, storage, distribution and inventory systems of public sector institutions.

9) Dynamics of Change Within the Health Sector

a. identification of demands for and attitudes toward health and health services by the population and documentation of ways in which this behavior has been changed over time.

b. identification of social and political importance of health in society: amount of resources dedicated to, prestige accorded to health sector (analysis of newspaper content concerning the health sector, social standing of health sector providers, influence of health and health services as an important political factor).

c. identification of power groups influencing health sector decisions, their values and potential tradeoffs within the sector and between sectors, documentation of trends in government policy, influence of external organizations.

d. administrative and technical responsiveness of the system to new orientation or goals within the sector.

10) Development / Assessment Activities

- a. synthesis of previous portions of analysis into broad program strategies; development of mix of health, nutrition, family planning and environmental sanitation programs to efficiently address health status problems identified.
- b. identification of critical resource requirements to implement strategy.
- c. identification of probable assistance to be received from other donors.
- d. development of AID sector strategy.

The above described assessment activities were directed and managed by national institutions, normally several national institutions chiefly through the mechanism of coordination and policy committees.

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Life of Project:
From FY _____ to FY _____
Total U.S. Funding _____
Date Prepared _____

Project Title & Number: _____

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Program or Sector Goal: The broader objective to which this project contributes:</p> <p>To improve the efficient allocation and equitable distribution of LDC health sector resources to improve the health status of LDC population.</p>	<p>Measures of Goal Achievement:</p> <ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 1. Special assessment and/or evaluation. 	<p>Assumptions for achieving goal targets:</p> <ol style="list-style-type: none"> 1. Techniques exist to adequately identify and implement more efficient health technologies.
<p>Project Purpose:</p> <p>To analyze programmatic and infrastructure aspects of the health sectors in LDCs.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p> <p>The implementation of collaborative assessments of the health sectors of AID assisted LDCs.</p>	<p>Special evaluation of assessments.</p>	<p>Assumptions for achieving purpose:</p> <ol style="list-style-type: none"> 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.
<p>Outputs:</p> <p>A series of seven (7) "how to" manuals for health sector assessment.</p>	<p>Magnitude of Outputs:</p> <p>7 manuals</p>	<p>Contract evaluation.</p>	<p>Assumptions for achieving outputs:</p> <p>The manuals developed under this contract will complement and be compatible with other similar manuals being developed by OIH/RSSA personnel.</p>
<p>Inputs:</p> <p>AID: 1) project monitoring TA/H 2) contract funding</p> <p>OIH/DHEW:</p> <ol style="list-style-type: none"> 1) technical and administrative monitoring of subcontracts 2) personnel for development of seven (7) complementary manuals (funded under separate AID RSSA. <p>Subcontractor Personnel</p>	<p>Implementation Target (Type and Quantity)</p> <p>1/4 mm, \$150,000</p> <p>1-1/2 mm</p> <p>18 mm</p> <p>40 mm</p>		<p>Assumptions for providing inputs:</p> <ol style="list-style-type: none"> 1. OIH/DHEW RSSA does not suffer unexpected position vacancies. 2. Competent subcontractors can be identified.