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AMPLIFIED PROJECT DESCRIPTION

USAID/Malawi Bilateral Health Project:

Promoting Health Interventions for Child Survival (PHICS)

Project Duration : Seven Years

Start date : July 1989

End date : June 1997

Life-of-Project funding : \$20,443,000

Implementing Agent : Government of Malawi; Ministries
of Health and Works.

AMPLIFIED PROJECT DESCRIPTION

Except as specifically provided herein and within the limits of the definition of the Project set forth in Section 2.1, elements of this Amplified Project Description may be changed by exchange of Project Implementation Letters between the authorized representatives of the Parties named in Section 8.2 without formal amendment of this Agreement.

I. PROJECT DESCRIPTIONA. Introduction:

Promoting Health Interventions for Child Survival (PHICS) is an eight-year, \$22.9 million project to be implemented by the Government of Malawi (GOM) through the Ministry of Health (MOH) and the Ministry of Works (MOW). As detailed in this document, A.I.D. will provide \$20.4 million, subject to the availability of funds. The GOM will contribute the equivalent of no less than \$2.5 million comprised of support for certain recurrent costs, such as MOH staff salaries and vehicle operating costs, and the estimated value of labor contributed by beneficiaries to the construction and maintenance of piped water schemes.

The health priorities to which the Project responds and the program strategies supported are based on GOM policies and plans including the National Health Plan (1986-1995) and Statement of Development Policies (1987-1996). Specific needs for additional staff, technical assistance, training, commodities, and operational support with which to address GOM health priorities were identified and requested by the MOH and MOW during the PHICS Project design and development process. The Project directly addresses the goals and objectives of A.I.D. health, child survival, child spacing, and water and sanitation strategies.

B. Terminology:

The term "child survival" when used in this document describes a set of primary health care (PHC), maternal and child health (MCH), and water and sanitation services considered by the GOM to play a central role in the improvement of children's health in Malawi. In addition to oral rehydration therapy (ORT) and immunization, the Project supports the following GOM "child survival" priorities: the prevention and treatment of malaria, diarrheal diseases, malnutrition, and acute respiratory infections (ARI), the provision of child spacing, water, and sanitation services, and the prevention of HIV infections and AIDS.

C. Goal:

The goal to which the PHICS Project contributes is the improved health status of rural Malawians with emphasis on decreasing child morbidity and mortality. The target for goal achievement is a decrease in the overall level of mortality and morbidity in Malawi; specifically, a reduction in the infant mortality rate (IMR) from an estimated 154/1000 in 1988 to 100/1000 in 1997, the last year of the Project. Mortality reduction goals may change as information becomes available with which to estimate the impact of AIDS on the IMR in Malawi.

D. Purpose:

The Project purpose is to increase the institutional and human resource capacities of the MOH and MOW to deliver child survival services on a sustained basis, and to increase the supply and utilization of these services at the community and family level.

E. Project Components:

The Project purpose will be accomplished through activities implemented under the Project's two components -- institutional strengthening and service delivery.

1. Institutional Strengthening:

To increase the impact and sustainability of priority child survival interventions, the Project will strengthen the institutional infrastructure and human resource base on which qualitative and quantitative improvements in health service delivery depend. The Project will strengthen MOH capacity to implement an expanded child survival service delivery program through the provision of operational support, commodities, technical assistance and training to key MOH service delivery support units and training institutions responsible for the planning, implementation, and evaluation of child survival services and the training of health workers.

2. Service Delivery:

The Project's service delivery activities will increase access to safe water, sanitation, and child survival services among a substantial proportion of the nation's population. This will be accomplished through a variety of activities including: (a) the establishment of new positions for health service delivery and support personnel; (b) pre-service training for new health personnel; (c) in-service training for existing health personnel to upgrade knowledge and skills in priority areas such as malaria, AIDS, and child spacing; (d) the implementation, evaluation, and replication of new service delivery approaches such as increasing the ratio of community health workers to population served, employing women as community health workers, introducing the community-based distribution of modern methods of contraception (CBD), home-based prevention and early treatment of malaria and diarrheal diseases, and harnessing the community organization which coalesces around the construction, use, and maintenance of water systems to initiate and sustain sanitation and child survival services. Lessons learned from experience gained under the Project regarding how best to deliver child survival services will be utilized by the GOM in the formulation and refinement of child survival policies and programs.

F. Expected Project Results:

At the conclusion of the PHICS Project, key child survival and water and sanitation services and support activities will be institutionalized and the GOM will have increased substantially its commitment of human and financial resources to preventive health in Malawi and will be better able to sustain child survival services over the long term.

II. PROJECT ACTIVITIES

A. Information, Education, and Communication (IEC) (MOH/HEU):

1. Objective:

To expand the national health education program by strengthening the MOH Health Education Unit (HEU) and its capacity to coordinate with MOH technical units to develop, pre-test, produce, and disseminate health education messages which lead to the adoption of behaviours and the use of services which improve child survival.

2. Inputs:

Subject to the availability of funding, A.I.D. anticipates providing support for: technical assistance; training; transport vehicles; IEC, audio-visual and materials production equipment; minor renovation; local production costs; and, on a declining basis, recurrent costs such as the salaries of additional staff and vehicle operating and maintenance costs.

3. Outputs:

Anticipated outputs include: additional trained health education staff posted at central, regional, and district levels; IEC surveys and studies completed and results utilized in the design of health education program strategies and materials; new and existing IEC materials tested and disseminated nationally; and health education facilities expanded and remodeled.

B. Service Delivery Support:

Improve the capacity of the MOH to plan, implement, evaluate and institutionalize child survival services through the establishment or strengthening of key MOH service delivery support units such as research, epidemiology, health information systems, malaria control, and health manpower planning, development and training.

1. Research Unit (RU):

a. Objective: To strengthen the capacity of the MOH Research Unit to plan and coordinate an expanded health research program with relevant MOH technical units which effectively channels research results into GOM health and development planning processes and which utilizes results to improve the effectiveness and efficiency of health services.

b. Inputs: Subject to the availability of funding, A.I.D. anticipates providing support for: technical assistance; training; transport; microcomputer equipment including a compact disc (CD) reader and software; research costs; and, on a declining basis, recurrent costs such as the salaries of additional staff.

c. Outputs: Anticipated outputs include: additional trained staff; the provision of research support services to health researchers in Malawi; health surveys, assessments, and studies which conform to agreed-upon research program guidelines and criteria; workshops and publications to disseminate and utilize research findings; and policy and program decisions based on research findings which lead to improvements in the efficiency and sustainability of child survival services.

2. Community Health Sciences Unit (CHSU):

a. Objectives: To establish an MOH Epidemiology Unit and health research station to support service delivery and furnish information on which to base health plans, policies and program strategies. To strengthen and expand the malaria control program.

b. Inputs: Subject to the availability of funding, A.I.D. anticipates providing support for: technical assistance; training; transport; commodities; and, on a declining basis, recurrent costs such as the salaries of additional personnel, in-country training, research, and vehicle operation and maintenance.

c. Outputs: Anticipated outputs include: a new Epidemiology Unit and health research station staffed by trained Malawians; personnel trained in epidemiology; policy and program decisions informed by epidemiologic data and operations research; and an expanded and strengthened malaria control program.

3. Health Information System (HIS):

a. Objective: To strengthen and decentralize the MOH HIS and increase the use and utility of HIS data for policy-making, program planning, evaluation, and service delivery support.

b. Inputs: Subject to the availability of funding, A.I.D. anticipates providing support for: technical assistance; training; computer hardware and software; transport; commodities; and, on a declining basis, recurrent costs such as salaries of additional personnel, and operation and maintenance of computers and transport.

c. Outputs: Anticipated outputs include: additional trained staff; a rationalized MOH HIS computer system; a decentralized HIS; and policy and program decisions based on more accurate and up-to-date health information.

4. Health Manpower Planning and Development Unit (HMDU):

a. Objective: To strengthen MOH capacity to analyze and evaluate health manpower and training needs and to plan and coordinate the development of human resources, facilities, and training programs to address needs.

b. Inputs: Subject to the availability of funding, A.I.D. anticipates providing support for: technical assistance; training; and commodities such as computer hardware and software and office equipment and supplies.

c. Outputs: Anticipated outputs include: a new Health Manpower Planning and Development Unit staffed by trained Malawians; the establishment of systems and procedures for analyzing and monitoring health manpower; policy, program, and budgetary decisions informed by up-to-date and pertinent health manpower information.

5. Lilongwe School for Health Sciences (LSHS):

a. Objective: To strengthen and institutionalize the capacity of the national paramedical training school, the Lilongwe School for Health Sciences (LSHS), to plan, implement, and evaluate an expanded program of pre- and in-service Primary Health Care/Child Survival training for health workers.

b. Inputs: Subject to the availability of funding, A.I.D. anticipates providing support for: technical assistance; training; transport; commodities; and recurrent costs such as those for in-service training and the running of vehicles.

c. Outputs: Anticipated outputs include: integrated PHC/CS training curricula designed and programs planned; in-service training program for preceptors and LSHS faculty designed and implemented; and the number of trained LSHS faculty increased.

C. Service Delivery:

1. Rural Piped Water (MOW/RWS):

a. Objectives: To increase access to safe water among rural populations through an extension of the gravity-fed piped water system and, in so doing, to contribute to the key child survival goal of preventing water-borne diseases, particularly diarrheal diseases among children.

b. Inputs: Subject to the availability of funding, A.I.D. anticipates providing support for: technical assistance; training; transport, equipment, tools, pipes, and other materials for the construction of piped water systems; motorcycles, tools, and parts for piped water system maintenance; motorcycles, test kits, refrigerators, and supplies for water quality monitoring; costs of temporary engineering staff; transport fuel and maintenance; and local costs of applied research.

c. Outputs: Anticipated outputs include: 14 new gravity-fed piped water systems installed in rural areas serving approximately 250,000 people; 1 existing rural piped water system rehabilitated; approximately 8,000 washing slabs constructed at piped water taps; water quality standards adopted by the GOM; a management information system established to track status of construction, system reliability, etc.; Rural Water Section (RWS) personnel trained in computer-assisted design; and policy-oriented surveys conducted on community-based maintenance of rural water schemes.

2. Hygiene Education and Sanitation (MOH/Environmental Health Unit):

a. Objective: To strengthen and expand the MOH Environmental Health Unit and the Hygiene Education and Sanitation Program (HESP) to promote the adoption of hygienic practices and increase the use of sanitation services and facilities.

b. Inputs: Subject to the availability of funding, A.I.D. anticipates providing support for: trucks and four-wheel-drive vehicles for the movement of materials; staff transport; cement, reinforcing bars, and materials for worker housing; tools and supplies for the latrine research and training component; and, on a declining basis, recurrent costs such as salaries of additional staff.

c. Outputs: Anticipated outputs include: additional health workers and community members trained in hygiene and sanitation; and washing slabs and latrines constructed and installed.

3. Child Survival Training:

a. Objective: To increase the number of health personnel trained to deliver child survival services.

b. Inputs: Subject to the availability of funding, A.I.D. anticipates providing support for: technical assistance; training; transport; commodities; and local and recurrent costs of pre- and in-service training.

c. Outputs: Anticipated outputs include: the completion of three in-service training programs (Health Assistants, AIDS, and Family Health); the design and implementation of a new national integrated in-service training program; and the design and implementation of a new pre-service training program for Health Surveillance Assistants (HSAs).

4. Child Survival Service Delivery (MOH):

a. Objective: To increase knowledge and use of preventive health services at the community level by increasing access to child survival services.

b. Inputs: Subject to the availability of funding, A.I.D. anticipates providing support for: technical assistance; training; commodities; transport; and, on a declining basis, recurrent costs such as salaries of service delivery staff and vehicle operating expenses.

c. Outputs: Anticipated outputs include: additional community-level service delivery staff; families and village health volunteers trained in priority health interventions; and enhanced CS service delivery program implemented in areas with the highest infant mortality.

D. Project Management, Evaluation and Audit:

To strengthen GOM capacity to manage the PHICS Project, A.I.D. will fund additional project management staff for the MOH and short-term training in project and financial management. To strengthen USAID/Malawi capacity to support the GOM with Project implementation in light of increased USAID support to the health sector, the Project will support one additional project management staff at USAID/Malawi, one computer, and one vehicle. In addition, the Project will support the cost of technical assessments, evaluations and audits necessary to monitor and manage the Project.

III. IMPLEMENTATION

A. Project Management:

Management and implementation of the PHICS Project is the responsibility of the Government of Malawi working through the MOH and the MOW. Overall responsibility for implementation of the PHICS Project will rest with the Principal Secretary of Health and the Principal Secretary of Works. Responsibilities of the Principal Secretaries or their designees will include:

- authorizing the expenditure of Project funds;
- concurring in, for Ministry of Finance approval, Project Implementation Orders, Project Implementation Letters and other forms of earmarking/obligating documents;
- monitoring the commodities procurement process; and
- acknowledging the receipt of commodities by the issuance of receiving reports.

The following is a brief description of MOH, MOW, and A.I.D. project management and implementation responsibilities:

1. Ministry of Health:

Anticipated PHICS Project activities for which the MOH is primarily responsible include: the creation of new positions for service delivery and support staff; the hiring, training and deployment of new staff; the completion of current HA, Family Health, and AIDS in-service training programs; the design and implementation of a new integrated in-service training program; the design and implementation of a new pre-service training program for HSAs; the strengthening of PHC training programs and an increase in the number of trainers; the identification of technical assistance needs; the selection of long-term resident advisors; the selection of staff for overseas training; the establishment of an Epidemiology Unit, health research station, and a Health Manpower Planning and Development Unit; the decentralization of the Health Information System (HIS); expansions of the malaria control program and the Research, Environmental Health, and Health Education Units; the implementation of an expanded child survival service delivery program in selected areas of need; the management of an expanded health research program; the review and utilization of the results of health research in policy and program formulation; and the planning and implementation of a program for the assumption of the Project's recurrent costs.

Overall responsibility for Project implementation within the MOH will be held by the Principal Secretary (PS), or his designee. Day-to-day responsibility for Project management and coordination will be assumed by a Project-funded full-time Malawian MOH Project Coordinator. The position (preferably at the P4 or P5 level) will be filled by a senior-level manager with considerable government experience. Supporting the Coordinator will be a Project-funded Accountant working full-time on Project financial management and other MOH staff working part-time on Project implementation. The MOH Project Coordinator will be responsible for the development of detailed work and implementation plans which will specify tasks to be accomplished, responsible persons/units, and deadlines.

The principal GOM mechanism for implementing the Project and promoting inter-ministerial coordination will be the Project Coordination Committee. The main functions of the Committee are to monitor Project progress against work plans, to identify and resolve implementation problems to plan and coordinate future Project implementation actions, and to ensure Project activities are institutionalized and can be sustained over the long term. The Committee will be composed of MOH, MOW, MOF, A.I.D. and other GOM staff, as appropriate, with responsibility for the implementation and oversight of Project activities. The MOH Project Coordinator, in consultation with A.I.D., will be responsible for arranging Committee meetings, preparing agenda, and preparing and distributing meeting minutes.

2. Ministry of Works:

Anticipated PHICS Project activities for which the MOW is primarily responsible include: the construction of 14 new gravity-fed piped water schemes; the rehabilitation of one existing piped water scheme; the design and management of an expanded in-service training program for MOW staff; and the conduct of policy-oriented surveys and assessments related to community maintenance and support of rural water schemes.

Overall MOW responsibility for Project implementation will be borne by the Principal Secretary, or his designee. Day-to-day responsibility for Project management and implementation will be borne by the MOW Rural Water Section (RWS). Coordination with the MOH regarding Project implementation will be formalized through the Project Coordination Committee.

3. USAID/Malawi:

USAID/Malawi is responsible for ensuring compliance with appropriate A.I.D. project monitoring, reporting, and evaluation requirements and for monitoring overall implementation of the Project. In addition, USAID/Malawi will assume responsibility for certain Project implementation actions related to off-shore procurement and the provision of technical assistance and training. To help USAID/Malawi assume these responsibilities, Project funds have been budgeted for an Assistant Project Manager to work at the USAID/Malawi Mission in support of Mission and GOM staff.

B. Procurement:

The purchase of Project commodities will be undertaken by a variety of entities. PVC pipe, cement, reinforcing rods, handtools and other materials required by the MOW rural piped water component of the Project will be purchased by the MOW by international tender under A.I.D. Handbook 11 Host Country Contracting procedures.

Other materials and supplies, handtools and furniture to be financed in local currency under the Service Delivery and Sanitation and Hygiene Education components of the Project will be purchased by the various purchasing sections of the MOH. The A.I.D. Executive Office will assist in the purchase of all motor vehicles, motorcycles, and mid-project replacements which will be financed under the Project. Because of the complexity of the procurement component of the Project and in order to ensure that goods are purchased at the most advantageous prices, the majority of the other equipment financed by the Project, including computers and electronic equipment, will be purchased by a professional A.I.D.-selected procurement services agent (PSA). In order to maximize MOH involvement in and control over the procurement process, work orders issued to the PSA will specify that the PSA is to report directly to the MOH unit concerned with the particular procurement component. Training in A.I.D. procurement regulations and procedures will be provided, as needed, to those staff with procurement responsibilities.

C. Technical Assistance and Training:

The GOM will select technical advisors and off-shore training programs to meet technical assistance and training needs to be supported under the Project. To assist with the identification of suitable advisors and training programs, and with the provision of administrative and logistical support to advisors and trainees, the GOM may utilize the support services of the Academy for Educational Development (AED), the contractor for the A.I.D.-funded Human Resources and Institutional Development (HRID) Project.

A wide array of technical assistance is available to the GOM from specialized projects supported by the A.I.D./Washington Offices of Health, Nutrition and Population. It is anticipated that certain GOM technical assistance needs will best be met by these projects, in which case such services would be purchased with Project funds through the "buy-in" procedure.

IV. EVALUATION

Information on which to monitor and evaluate the PHICS Project will be generated from a number of sources. The MOH Health Information System (HIS), including the sentinel surveillance system, compiles clinic-based data on childhood mortality and morbidity nationally and by district, and on malaria and diarrhea treatment practices at the twelve sentinel surveillance site areas. With the standard caveats, HIS data is useful to discern general mortality and morbidity trends on national and district levels and as such will serve as an indication of Project impact. Data from the sentinel surveillance system will be used as a more direct measure of the impact of national-level health communications efforts on malaria and diarrhea treatment practices. Soon after the Project's commencement, baseline surveys and KAP studies, preferably via a Demographic and Health Survey (DHS), will be done to allow the effect of various service delivery strategies on health knowledge, behaviour, and status to be measured. Baseline data disaggregated by age and sex will be collected to enable a focus on the Project's impact on women and children.

The Project will be evaluated periodically during the first three years by technical assessment teams composed of representatives from the GOM, A.I.D. and technical consultants, as needed. Mid-term (February 1993) and end-of-project (January 1997) evaluations will be conducted by a team of people mostly external to A.I.D., and with substantial Malawian participation. A detailed evaluation plan will be developed by the GOM and USAID as part of the PHICS Project's implementation plan.

V. ILLUSTRATIVE FINANCIAL PLAN

The Illustrative Financial Plan, Attachment 1 to this Annex, sets forth the planned contributions of the Parties. Changes may be made to the Plan by written agreement of the representatives of the Parties identified in Section 8.2 without formal amendment of the Agreement provided such changes do not cause (1) A.I.D.'s Grant Contribution to exceed the amount set forth under Section 3.1, or (2) the Government's contribution to be less than the amount set forth under Section 3.2.

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ATTACHMENT 1

ILLUSTRATIVE FINANCIAL PLAN

PROMOTING HEALTH INTERVENTIONS FOR CHILD SURVIVAL PROJECT

(612-0231)

Project Element	Original Author. LOP*	Change in LOP	Revised Author. LOP*	Oblig. to Date	Oblig. by this Amend.	Total Oblig. to Date	Balance to be Oblig.*
	(\$000)						
1. Tech. Assist.	2,340	1,750	4,090	2,340	624	2,964	1,126
2. Training	1,959	3,151	5,110	1,020	1,188	2,208	2,902
3. Commodities	6,148	382	6,530	3,695	578	4,273	2,257
4. Operating Ex.	3,491	130	3,621	1,250	295	1,545	2,076
5. Eval./Audits	340	0	340	0	0	0	340
6. Contingency	722	30	752	440	.4	440.4	311.6
TOTAL	15,000	5,443	20,443**	8,745	2,685.4	11,430.4	9,012.6

* LOP (life-of-project) funding subject to the availability of funds and mutual agreement of the parties to proceed.

** Excludes the host country contribution of no less than the equivalent of \$2.5 million, as provided for in Section 3.2(b).