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CHAD
ASSESSMENT OF PROGRAM IMPACT
FY 1992

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MISSION GOAL

IMPROVE THE QUALITY OF LIFE THROUGH
SUSTAINED MARKET ORIENTED AND BROAD-
BASED ECONOMIC GROWTH

STRATEGIC OBJECTIVES

IMPROVE THE EFFICIENCY OF THE
AGRICULTURAL MARKETING SYSTEM

IMPROVE THE HEALTH STATUS OF
CHADIAN INFANTS, CHILDREN, AND
WOMEN OF CHILD-BEARING AGE
IN THE MOVEN CHARI

TARGET OF OPPORTUNITY

Indicators:

- Reduce transportation costs by 5 percent from 1992 to 1996. (NPA baseline 1993/94, impact monitoring 1995, 1996, 1997)
- Increase marketed production of selected agricultural commodities by 5 percent in target areas by 1997. (NPA baseline 1993/94, impact monitoring 1995, 1996, 1997)

Indicators:

- Increase the percentage of new cases of diarrhea, malaria (fever) and ARI's seen and treated in infants from 0 to 11 months by 1 percent per annum, using 1991 as the base year. (BSPE Yearbook and CCSP surveys)
- Increase the percentage of new cases of diarrhea, malaria and ARI's seen and treated in children between the ages of 1 and 4 by 1 percent per annum, using 1991 as the base year. (BSPE Yearbook and CCSP surveys)
- Increase the number of assisted deliveries from 8,512 in 1991 to 10,000 in 1993 and 15,000 in 1996. (BSPE Yearbook)

IMPROVE FOOD SECURITY FOR
AT RISK POPULATIONS

Indicator

- Maintain national food security stock at a minimum of 5,000 MT by 1992. (ONC monthly stock reports)

IMPROVE FAMINE
PREPAREDNESS

Indicators

- Increase GOC capacity to project and monitor food needs at national and subnational level through improved data collection and nutrition surveys. Conduct 2 surveys per year to FY 1995. (SAP and CNNTA data)
- Shorten response time from needs assessment to delivery of food from 10 to 6 months by 1993. (ONC food aid receiving reports; AID cables)

TARGETS

1. Improve farmers' efficiency in producing and marketing farm products in target areas.

2. Support improved transportation system in target areas.

3. Identify and remove policies and regulations constraining market efficiency.

4. Increase private sector participation in domestic and export marketing system in target areas.

5. Increase GOC's efficiency to manage and evaluate marketing programs.

1. Improve the quantity of maternal/child health service delivery in target areas.

2. Improve health data collection and analysis in target areas.

3. Improve the quality of available health services through training and supervision of health and social center personnel in the target area.

4. Promote decentralization and introduce cost recovery in centers in the target areas.

Introduction

In March 1992, the AID Representative presented USAID/Chad's strategy update and program logframe to AID/W. The Director of AFR/SWA chaired the review which resulted in approval of the strategy for two years (FY 1992-1994). It was agreed that performance and progress would be measured through the annual Assessment of Program Impact and updates on economic and democracy/governance performance. This is the first year that the mission has measured performance against the approved logframe. In completing the API, we have found that many quantitative indicators when measured on an annual basis fail to portray important steps taken by the Government of Chad (GOC) and mission. Simply stated, change takes time. In order to show progress and trends, this year we have included quantitative measures and descriptive text on accomplishments in years prior to the established and approved baselines of 1991/1992.

SECTION I: Special Factors Affecting the USAID/Chad Program

This year three factors have had a direct effect on the country and our program: a fragile political climate, a deteriorating fiscal performance and a prolonged rainy season with cumulative rainfall amounts equaling or exceeding the 20 year norm in almost all agro-climatic zones.

--Fragile Political Climate--This past year has witnessed both positive measures and delays in the political transition from military government to a multi-party democracy and civilian rule. The national conference was delayed eight months from May 1992 to January 1993, a prominent human right leader was killed in February 1992 and a number of armed attempts were made to overthrow the Deby Government. These setbacks have reinforced beliefs of some that the President is not in control of various military elements and is therefore reluctant to turn over the reins of Government to civilian leaders. However, other evidence supports the position that the GOC continues to take positive steps toward multi-party elections and to limit executive power. The Prime Minister and his cabinet govern and administer the public sector without interference by the Presidency. Registration of political parties was liberalized in early 1992 to the extent that over 25 such parties are now able to meet and campaign. Freedom of press, association and assembly has been virtually unrestrained throughout the year and the President announced the date for a sovereign national conference based upon the National Conference Commission's report released this month. It is difficult to determine what the outcome will be. What is clear is that Chad is in a period of political change, and with this change, our ability to increase long-term investment and promote private sector development is affected.

--Deteriorating Fiscal Performance--In mid-1992 the GOC attempted to come to grips with its poor revenue performance, runaway expenditures, and decline in debt financing by donors. (Note this was a new Government, put into place on May 22, 1993.) The

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Prime Minister in concert with opposition parties and unions tried to work out a new budget by reducing government salaries, increasing taxes, retiring government and military personnel, and renewing efforts at the Customs Bureau. In both letter and spirit the GOC has tried to hold firm on these actions. The Ministry of Finance has also been forced to delay payment on government salaries and as of November 1992 was in arrears in excess of 4 months. As expected, the opposition and unions have reacted negatively, calling for nationwide strikes in protest to cuts in salaries and increased taxes. Although the GOC has not backed down to these demands, there is a partial slowdown in government which has hampered efficiency and effectiveness. By all accounts, revenues collection has declined reflecting the mixed investment climate and corruption in customs service. Only a handful of bilateral donors have been willing to provide budgetary support to fill the deficit gap, causing the GOC to fall further behind in salary payments. On the expenditure side, the GOC has been somewhat successful in reducing the military payroll (about 5%) however further efforts to demobilize the army have been stymied by the lack of funds. The result? A difficult fiscal position with little room to maneuver.

--Good Harvest--Chad is expecting a second year of good harvest with abundant and regular rainfall in virtually every agro-climatic zone. All indicators point to production levels equal to or exceeding 1988, the best harvest in recorded history in Chad. No food imports are anticipated and any shortfalls will be met through trade and existing stocks. This year Chad will not only be food self-sufficient but will be in a position to export surplus to regional markets. This excellent harvest is reflected in the 4 percent positive growth rate for 1992.

SECTION II: PROGRESS TOWARD OVERALL PROGRAM GOALS

The goal of the A.I.D. program is to improve the quality of life through sustained market oriented and broad based economic growth. Goal achievement is measured by analyzing changes at the national level in three areas: economic performance, health/population statistics and food aid distribution.

Economic Indicators Related to Program Goal

	1988	1989	1990	1991	1992 (Est)
Per Capita GDP (000 1977 CFA)	36.4	36.0	35.8	37.8	38.4
Population	5.4	5.5	5.7	5.8	5.9
TOTAL GDP (Bill. 1977 CFA)	196.8	199.0	202.9	219.8	227.8
Real Growth Rate	18.0%	1.1%	2.0%	7.9%	4.0%
Primary Sector	83.1	77.8	71.9	89.1	91.4
Agriculture	59.5	53.7	45.1	63.7	64.3
(cotton)	(5.1)	(4.8)	(6.4)	(7.8)	(6.8)
Livestock	23.6	24.1	26.8	25.4	27.1
Secondary Sector	28.4	32.6	39.0	34.2	34.7
Industry	24.8	29.2	34.8	29.8	29.1
Utilities; other	3.6	3.4	4.2	4.4	5.6
Tertiary Sector	76.4	77.9	80.0	82.2	85.2
Commerce	56.5	56.7	59.4	61.7	64.4
& Transport					
Government	19.9	21.1	20.6	20.5	16.5
Indirect taxes	8.9	10.7	12.0	13.5	16.5

Sources: The population growth rate of 2.3% is drawn from the GOC Ministry of Public Health, Annual Statistical Yearbook, 1991. Economic data drawn from: IBRD Atlas 1991; GOC Ministry of Plan and Cooperation, Comptes Economique 1983-1992; UNDP Report, June 1992; BEAC, Comite Monetaire National, Indicateurs Economiques, Octobre 1992.

Discussion of Economic Indicators: The Government of Chad figure of 2.3% for the rate of population growth has been used for the period 1988 through 1992. USAID/Chad has provided over 6 years of technical assistance to the Bureau of Public Health Statistics to produce the annual statistical yearbook and feels confident that this rate is the most reliable figure presently available. The UNDP uses a fairly similar figure of 2.32% while the IBRD

prefers 2.4%. For 1989 and 1990, the population growth rate of 2.3% was higher than the GDP growth rates of 1.1% and 2.0% respectively. This resulted in a declining per capita GDP. For 1991 and 1992 the trend is different. Real growth rates of 7.9% in 1991 and estimated 4.0% in 1992 translate to an increasing per capita GDP for both years. In 1991 primary sector activities increased in absolute as well as in relative terms due to good rainfall and favorable climatic conditions. Production in the agricultural sector continues to be influenced predominately by factors exogenous to producer control: primarily the weather, the amount and type of donor interventions and market demand. Chad has experienced two successive years of extremely favorable rainfall. This year it has resulted in yield estimates that far exceed 1988 figures; cotton yield estimates show similar performance patterns. Despite the excellent production for 1992 the overall projected growth rate is only 4%, primarily reflecting the public financial crisis.

Health/Population and Food Aid Indicators Related to Program Goal

	1988	1989	1990	1991	1992
Infant Mortality per 1,000, 0-11 months	----	180	127	180	---
Child Mortality	----	250	214	219	---
Maternal Mortality per 100,000 live births	956	710	N/A	800	---
Population Growth Rate	2.3	2.3	2.3	2.3	---
Food AID Distribution (Metric Tons)	26,000	12,000	18,000	25,000	23,000
(Emergency Distrib)	(16,000)	(3,000)	(3,000)	(15,000)	(3,000)
(On-going sales)*	(10,000)	(9,000)	(15,000)	(10,000)	(20,000)

Sources: Mortality rates from the National Program of Maternal/Child and Family Planning Policy Document, 1991. Growth rates from the GOC Ministry of Health, 1991 Statistical Yearbook.

*On-going programs include school feeding, mother-child feeding, food-for-work activities and food aid monetization.

Discussion of Health Indicators: The annual differences in mortality rates in the above table reflect the fact that mortality data is not routinely collected as part of the health information system, nor is it available from any one source. The rates used in 1990 were extrapolations derived from UNICEF surveys conducted among small target groups, and are not collected on a regular basis. The 1991 figures cited above which

were derived from several different sources, are now the officially accepted rates and were chosen by consensus during the multi-donor National Maternal/Child Health seminar held in April 1992.

As reported last year the Government of Chad lacks the human, material, and financial resources necessary to meet the basic health needs of the population. In 1991, the GOC allotted only 5.1% of the national budget for health care, and of this figure 71.4% was spent on personnel salaries alone. However between 1990 and 1991 the amount of money the GOC spent on health care rose by 39% and presently the average amount spent on health care per capita is 396 CFA (approximately \$1.58 per capita). Donor organizations are responsible for most of the health care costs in Chad, and in 1991, contributed 6,518 million CFA (approximately \$25.0 million), or 75% of the total amount spent on health care. Among the largest donors are the EEC, French Cooperation, Swiss AID, WHO and many private voluntary organizations, both religious and secular.

Discussion of Population Indicators: USAID/Chad continues to take a leading role in the promotion of family planning, and through the efforts of the mission's family planning advisor, contraceptive commodities are being provided on a regular basis, and a contraceptive logistics management system is in place. Also with IPPF (the International Planned Parenthood Federation), Chad's first family planning association was created in October 1991.

Chad has expressed interest in the development of a population policy since 1988 when it hosted the Conference on Population and Development organized by CERPOD. Since then no concrete actions have been taken. Recently however, an inter-ministerial committee within the Ministry of Plan has been formed to initiate a study leading to the formulation of a national population policy. This year we plan to reinforce these efforts at the highest levels of Government through a RAPID presentation. Our program is designed so that the Ministers and President will be able to manipulate data themselves to see the impact of population growth on key development sectors such as health, education, finance, agriculture, employment and natural resources. By building consensus at the highest levels we hope to show why a national population policy is needed.

Discussion of Food AID Indicators: Food aid distributions are an indication of food requirements that are not met by local production or private imports. Figures provided above are closely related to cereal production and rainfall. The mission believes that food aid distribution usually presents a more accurate picture of actual needs than the cereals balance approach. During 1992, only 3,000 MT of emergency food aid was distributed, down from 15,000 MT in 1991. This decrease is directly attributable to a record cereals harvest. Paradoxically, the areas of Chad where food insecurity remained highest were located in the southwest, a zone rich in agricultural potential, where two-thirds of the emergency food

aid had to be distributed. Late and intense rains damaged the cereals crop in this zone and the absence of a diversified income strategy made the rural population there extremely vulnerable to famine (i.e. the major crop is cotton). Reserves were drawn from in-country security stocks and distributed by PVO's in this zone. The mission's PL 480 counterpart fund was used to cover transportation and monitoring costs associated with this program. Also, during FY 1992 the mission monetized 10,000 MT of wheat flour from a one-year Title III grant, the objective of which is to continue supporting the national food security stock.

AGRICULTURAL PROGRAM: ASSESSMENT OF PROGRAM IMPACT

OBJECTIVES	INDICATORS	PROJECT IMPACT: PLANNED AND ACTUAL												DATA SOURCE	
		BASELINE YEAR	FY 91		FY 92		FY 93		FY 94		FY 95		FY 96		
			Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned		Actual
STRATEGIC OBJECTIVE Improve the efficiency of the agricultural marketing system	1. Reduce transportation costs by 5% from 1992 to 1996.	1992	N/A		N/A		Baseline		-1%		-2%		-2%		NPA baseline Impact monitoring
	2. Increase marketed production of selected agricultural commodities by 5% in target areas by 1997.	1993	Baseline being developed for sorghum & millet by 1993.					+1%		+1%		+1%		AMTT baseline Impact monitoring Africare quarterly reports	
			Dried tomatoes / onions increased by 135% / 78% from 1991 to 1992.												
TARGET 1 Improve the farmers' efficiency producing and marketing farm products in target areas	1. Increase average wholesale price of Karal fresh tomatoes in N'Djamena from 2,800 CFA/case in 1992 to 3,100 CFA by 1996.	1992	2,800	2,800	2,600	2,600	2,700		2,800		2,950		3,100	ACDI baseline and annual reports	
	2. Increase average producer price of dried tomatoes in Abeche from 2,900 CFA/sack in 1990 to 3,500 CFA by 1996.	1990	2,900	2,900	3,000	3,100	3,100		3,200		3,350		3,500	Africare baseline and annual reports	
	3. Increase adoption of improved cultural and/or post-harvest technologies from 0 farmers in 1991 to 2,000 in 1996 in target areas.	1991	0	799	1,000	1,078	1,200		1,400		1,700		2,000	CARE, Africare, ORT annual reports	
TARGET 2 Support improved transportation system in target areas	1. Support GOC commitment to the road maintenance fund.	1992	60%	50%	70%	70%	80%		90%		100%		100%	Reporting on covenant in Ag NPA Road Project quarterly reports	
	2. Contribute to PASET II policy reform effort.	1992	At request of GOC, Mission will be sending a representative to the November 1992 Paris meetings to discuss the new transport policy reform program.											UNDP Transportation roundtable, reports, IBRD Structural Adjustment/ Transport Sector	
TARGET 3 Identify and remove policies and regulations constraining market efficiency	1. Reduce import tax on agricultural inputs and eliminate export tax on agricultural products by 1996.	1992	Mission is working with GOC to reduce import tariffs on agricultural inputs and eliminate export tax on agricultural products.											UDEAC publication, GOC decree, NPA quarterly reports	
	2. Reduce business registration process time to one-step by CY 1993.	1992	Study of current business registration process was completed in 9/92. The results and recommendations of the study have been presented to GOC for implementation. The Comite Technique d'Appui has recommended to the High Commission that the Administrative Authorization be eliminated along with all related fees.											Min of Commerce publication, AMTT quarterly reports	
	3. Simplify access to Regime A of the Investment Code by CY 1993.	1992	Impact assessment of obtaining access to benefits of Regime A of the Investment Code will be undertaken by IRIS before the mid 1993.											Min of Commerce publication, AMTT quarterly reports	
TARGET 4 Increase private sector participation in domestic and export marketing system in target areas	1. Increase the number of domestic and export agribusinesses from 6 in 1992 to 10 in 1996.	1992	6	6	6	6	7		8		9		10	AMTT and NPA baseline surveys and annual reports	
	2. Increase the number of loans to SMEs by 10% each year to 1996.	1991	28	48	53	74	58		64		70		77	VITA 1990 baseline and annual reports	
TARGET 5 Increase GOC's efficiency to manage and evaluate marketing programs	1. Train 10% of the Ministry of Rural Development and Ministry of Environment and Tourism by 1993; 20% by 1996.	1992			5%	16%	10%		13%		16%		20%	HRDA annual training statistics	

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SECTION III: PROGRESS TOWARD STRATEGIC OBJECTIVES AND RELATED PROGRESS INDICATORS

Strategic Objective #1: Improve the efficiency of the agricultural marketing system.

Background: Agriculture is the leading sector in the Chadian economy, accounting for 40 percent of GDP and for most of export earnings of the country. Approximately 80 percent of the population is engaged in agriculture. It is generally accepted that Chad has the potential to become food self-sufficient under normal rainfall conditions. Any large increase in agricultural production in Chad, however, is hindered to a great extent by the inefficiency of the existing marketing system. The Mission's agricultural program, therefore, focuses on the removal or mitigation of agricultural marketing constraints which have been identified as: (1) low farmer productivity, (2) an inadequate road system, (3) government policies and regulations that discourage private sector participation in agricultural marketing, and (4) limited markets for Chadian agricultural products. These constraints are addressed by the Mission with four projects: the Road Rehabilitation Project (RRP), the PVO Development Initiatives Project (PVODIP), the Agricultural Marketing and Technology Transfer (AMTT) Project, and the Agricultural Trade Policy Reform Program (ATPRP).

The progress toward this strategic objective is measured by two indicators: (1) the reduction of transportation costs and (2) the increase of marketed production of selected agricultural commodities in target areas.

Indicators 1: Reduce transportation costs by 5% from 1992 to 1996. (Target area: nationwide)

Background: USAID/Chad is proposing an easing of the tariff burden on the agricultural sector by shifting trucks and spare parts from the luxury goods category to the capital goods category, from a 90% duty rate to 27%. If all taxes were paid (an unrealistic situation due to the limitations on the GOC's tax collection capacity), these tariff changes would result in a 20% drop in transport costs. The reduction of import duties on trucks and spare parts will have the impact of increasing the availability of transport and reducing welfare loss to society.

Vehicle operating costs are substantial for each vehicle type and each road category, ranging from 19% for small pick-up trucks on paved roads to as much as 34% for tractor-trailers traveling on poor dirt roads. Cost savings will be highest for vehicles traveling on poorer quality roads. Such roads drive up the cost of amortization and maintenance. Smaller operators, because they travel more often on poorer quality roads, stand to benefit the most from a reduced tariff burden. In addition, smaller vehicles account for almost 75% of total kilometers traveled. Although these smaller operators pay taxes less frequently, they are more vulnerable to extortion and fraud because they don't have the

political connections of larger transporters. As a result, easing the regulatory environment and increasing market transparency will have the effect of reducing both legitimate and illicit transactions costs of small operators, thereby benefiting their predominantly rural clientele.

The 20% cost reduction applied to agricultural products yields annual benefits of 12 billion CFAF. If it is assumed that only 25% of total taxes due are ever paid, including what is paid illegally to government officials, the annual benefits drop to 3 billion CFAF per year, or roughly a 5% reduction in total transport costs. These benefits to the private sector are the result of a transfer from the government and the collectors of unofficial taxes. This transfer does not constitute a net economic benefit, except to the extent that the resources are utilized more productively in the private than in the public sector.

The net direct economic benefits come from increased transport activity generated by an increased demand for transport services associated with lower transport costs. The mission estimates that reduced duties will result in increased demand of 4-5%, or an estimated 580 million CFAF per year, with some lags as the impact of the measures on costs are felt throughout the transport sector.

Progress: Transportation cost reduction is expected to result from interventions under USAID/Chad' ATPRP program. The first step in this process is to gain agreement to tariff reforms (lowering duties on imports of trucks and spare parts) by member states in UDEAC, the customs union to which Chad belongs. Although the ATPRP program was only authorized in September 1992, the mission is presently providing technical assistance to the GOC for the UDEAC negotiations in January 1993. Simulations have been developed with the Chadian delegation to show effects of proposed changes. Short-term technical assistance teams will provide baseline data and develop indicators by mid-1993 so the mission can measure the effect of policy reforms on road transport costs.

Indicator 2: Increase marketed production of selected agricultural commodities by 5% in target areas by 1997. (Target area: sorghum/millet-nationwide; tomatoes/onions in Ouaddai prefecture).

Progress: Progress will be measured by monitoring production levels of 2 crops (millet and sorghum) and 2 vegetables (tomatoes and onions) over a period of 5 years. At present there is no baseline data on marketed production for sorghum and millet, the most widely grown crops in Chad. Through interventions in policy reform, technology and credit the mission plans to make the marketing of these two commodities more efficient, resulting in an increase of marketed production. The mission started gathering baseline data in a year-long study in October 1992. This study is expected to yield baseline data by late 1993.

Mission analysis of data on onions and tomatoes has revealed measurable progress for 1992. Based upon baseline data established in 1990, the volume of dried tomatoes and onions sold in the Abéché market increased substantially during the 1991 to 1992 period. These increases can be partially attributed to technological and marketing interventions made by a mission financed project that has been working in the region since 1987.

	<u>1991</u>	<u>1992</u>	<u>% Change</u>
Tomato (sacks)	16,384	38,582	+135%
Onion (sacks)	27,580	49,248	+78%

Target 1: Improve farmers' efficiency in producing and marketing farm products in target areas. (Target areas: Chari Baguirmi, Kanem and Ouaddai prefectures).

Indicator 1.1. Increase average wholesale price of Karal fresh tomatoes in Ndjamena from 2,600 CFA/case in 1992 to 3,500 CFA by 1996. (Target area: Chari Baguirmi Prefecture).

Progress: Tomato is a major cash crop in the Karal area. A large number of farmers are also traders who send their produce to the N'Djamena markets which are located about 120 km from Karal. Although the local environmental conditions are favorable to increased production, farmers have not been able to sell their fresh tomatoes at a price that brings them reasonable profit. Any increase in production depresses the wholesale price so much that farmers are discouraged from producing more. In order to help producers/traders overcome marketing problems, we financed a project in 1990 to test a number of cultural and post-harvest technologies that would improve the market value of tomatoes and reduce transport losses. A market information system has been established to provide producers/traders with timely information about the price, supply and demand of produce in N'Djamena so that they could improve their marketing strategies and make proper marketing decisions. Data indicates that the average wholesale price of Karal fresh tomatoes in N'Djamena is 2,600 CFA/case in 1992. That price is relatively low, compared to the prices of tomatoes produced in some other areas, as indicated in the Table below:

Production Area	Average Price/Case in CFA
Karal	2,600
Linia	2,800
Miskine	2,900
Bougoumene	3,300

It is expected that project interventions will help the Karal producers/traders get at least 3,500 CFA for a case of their fresh tomatoes by 1996.

Indicator 1.2. Increase average producer price of dried tomatoes in Abeche from 2,900 CFA/sack in 1990 to 3,500 CFA/sack by 1996. (Target area: Ouaddai Prefecture).

Progress: Dried tomatoes and onions are important agricultural products in the Ouaddai Prefecture. They are exported from the region to other parts of Chad and to neighboring countries as well. Their production is, however, constrained by several marketing problems. One of the problems is the low producer price right after the harvest as a result of overproduction during a few months of the year. In some years, the price of tomatoes was so low that farmers left part of the crop rotting in the field because labor cost would exceed the value of the product.

In 1991 the mission financed a project to introduce several drying techniques to improve market quality of the produce. These techniques have been tested. Appropriate storage technologies are being introduced to conserve dried tomatoes and onions over a period of several months to avoid the market glut during and immediately after the harvest. The stored products are sold at a later time when the price increases considerably. These interventions are expected to help farmers increase the average price for dried tomatoes from 2,900 CFA/sack in 1990 to 3,500 CFA in by 1996. The producer price per sack of dried tomato in Abéché was reported to be 3,100 CFA in both 1991 and 1992. It is noted, however, that the 1991 price per sack was over-estimated because it was based on retail price per coro. (Coro is a local standard of measure, by volume).

Indicator 1.3. Increase adoption of improved cultural and/or post-harvest technologies from 0 farmers in 1991 to 2,000 in 1996 in target areas. (Target areas: Chari Baguirmi, Kanem, Ouaddai)

Progress: The mission has made measurable progress against this target indicator. Since 1986 we have financed activities focused on the testing and introduction of appropriate technologies. Several sustainable cultural techniques such as composting, improved seed bed preparation, land preparation, planting of nitrogen-fixing species, efficient irrigation techniques were adopted by project farmers. The small motorpump was introduced in the N'Gouri area and the tubewell hand pump in the Kanem. These water-lifting technologies perform more efficiently than the traditional shadouf in irrigating the crops. The adoption of these techniques and technologies has enabled farmers to increase their food production through the augmentation of cultivated land area and increased crop yields.

Recently the mission has financed introduction of post-harvest technologies to help farmers resolve some of marketing related problems. These include harvesting and packaging techniques,

grading and sorting of produce, transportation, storage and processing. The storage of onions by farmer groups in Kanem in 1992 resulted in an average profit of more than 50,000 CFA from an investment of 60,000 to 70,000 CFA.

The number of farmers who adopted improved cultural and/or post-harvest technologies introduced by increased from 799 in 1991 to 1,078 in 1992.

Target 2: Support improved transportation system in target area. (Target area for road maintenance: the Ndjamena Agency, which includes 3 of the most productive areas of the country: Chari Baguirmi, Mayo Kebbi and Tandille Prefectures).

Background: In 1992, the transportation sector in Chad continues to be one of the most serious constraints to overall economic development. In 1988, Chad had approximately 7,300 km of classified tracks and roads and some 24,000 km of unclassified tracks serving rural areas; of the 253 km of paved classified roads in 1978, only 23 km remained in 1988.

In 1985, USAID/Chad was the only donor providing assistance to the transportation sector in Chad. We were instrumental in the creation and support to the National Roads Agency (OFNAR), the organization responsible for road maintenance throughout the country. Since then, a number of other donors have begun transport-related activities under the leadership of the World Bank and its Structural Adjustment Program in the Roads Sector (PASET). From 1988 to 1992, AID continued to train OFNAR employees and to maintain roads in the eastern and most fertile area of the country. (This target was modified in July 1992 due to OYB constraints, see Annex A).

Indicator 2.1. Support GOC commitment to the road maintenance fund. (Target area: nationwide)

Progress: The mission through conditions precedent requires OFNAR to make a contribution to recurrent costs that increases by 10% each year. OFNAR kept to its recurrent cost contribution until 1991 when the December 1990 coup led to a substantial drop in revenue on importation of fuel, OFNAR's major source of income. Although AID allowed OFNAR to defer this increase (paying 50% instead of 60%) in 1991, in 1992 they are back on schedule paying 70% of all recurrent costs. OFNAR, in spite of perennial financial problems common to all GOC branches, is a functioning organization carrying out its mandate. The project has provided road maintenance equipment, trained mechanics, developed road and equipment procedures, rehabilitated buildings and has wrestled with the problems of encouraging and developing the participation of the private sector in road maintenance. Yet OFNAR remains a fragile institution that is faced with financial needs and the problem of planning its conversion from a parastatal with a monopoly on road maintenance to a participant in the program to be carried out by a fledgling private sector. OFNAR can survive only by securing funds for its recurrent costs directly from the petroleum tax. Through discussions with the

Ministry of Finance and the World Bank we are urging the re-establishment of the roads fund into which such tax receipts are directly deposited. Some headway has been made by assigning OFNAR employees at customs posts.

Indicator 2.2. Contribute to the PASET II policy reform effort. (Target area: nationwide)

The GOC continues to recognize USAID/Chad as one of the lead donors in the transport sector. At GOC request we plan to send a mission representative to the November 1992 Paris meeting to discuss Chad's new transportation policy reform program. We will continue to remain active through policy discussions at the highest levels.

Target 3: Identify and remove policies and regulations constraining market efficiency. (Target area: nationwide)

Indicator 3.1. Reduce import tax on agricultural inputs and eliminate export tax on agricultural products by 1996. (Target area: nationwide).

Progress: The Mission is presently providing short-term technical assistance to help the GOC negotiate with UDEAC to lower import tariffs on specific agricultural inputs and eliminate export tax on agricultural products. Simulations have been developed to assess the revenue impact of such measures on the national budget.

Indicator 3.2. Reduce business registration process time to one-step by CY 1993. (Target area: nationwide).

Progress: The current business registration in Chad is complicated and time-consuming, thus discouraging investors from moving into the formal sector. The Mission has made the simplification of the business registration process a condition precedent for the disbursement of the third tranche for the Agricultural Marketing and Technology Transfer Project that must be fulfilled by October 1993. The study of the current business registration was completed in September 1992 with the Mission's short-term technical assistance. The findings of the study and the recommended simplified process were presented to the GOC officials for implementation. The "Cellule Technique d'Appui" for the Private Sector Round Table has already recommended to the Interministerial High Commission composed of several Ministers, the elimination of all unnecessary requirements in the business registration process in order to create a favorable environment for private business development in Chad.

Indicator 3.3. Simplify access to Regime A of the Investment Code by CY 1993. (Target area: nationwide).

Progress. The simplification of access to Regime A of the Investment Code is also a condition precedent for the Agricultural Marketing and Technology Transfer Project. Before mid-1993, the mission will conduct an impact assessment of obtaining access to benefits of Regime A of the Investment Code. This study will serve as the basis for recommendations to the GOC.

Target 4: Increase private sector participation in domestic and export marketing system in target areas. (Target areas: the two largest cities--Ndjamena and Moundou).

Indicator 4.1. Increase the number of domestic and export agribusinesses from 6 in 1992 to 10 in 1996. (Target areas: Ndjamena and Moundou).

Progress: The mission has just established an Agribusiness Support Center under the Agricultural Marketing and Technology Transfer project. A long-term advisor is now on-board and has been in contact with business people in the private sector to assess their needs and develop an action plan to promote investment in agribusiness. The reforms of business and trade policies and regulations to be implemented by the GOC under Target 3 would also motivate the private sector to invest more in agribusiness. At least one new agribusiness will be established in 1993. In addition, the mission plans to help existing establishments expand their businesses in the agricultural sector.

Indicator 4.2. Increase the number of loans to Small/Medium Enterprises (SMEs) by 10% each year to 1996. (Target areas: Ndjamena and Moundou)

Progress: The mission has more than exceeded the original targets in this area. Since 1985, USAID/Chad has financed a project to provide loans to SMEs and micro-enterprises. The actual number of loans given to SMEs exceeded the planned amount by 71% in 1991 and 40% in 1992. The actual number of loans in 1992 is 54% more than the 1991 figure. The following Table illustrates the loans that have been disbursed as of June 1992:

	Phases I&II Jul-94 to Jun-90	Phase III Jul-90 to Jun-92	Total Phase I, II & III
<u>Value of Loans</u>			
SME	\$1,408,615	\$1,573,896	\$2,982,511
Micro	<u>9,320</u>	<u>156,816</u>	<u>166,136</u>
Total	1,417,935	1,730,712	3,148,647
<u>Number of Loans</u>			
SME	187	143	330
Micro	<u>70</u>	<u>455</u>	<u>525</u>
Total	257	598	855
Loans to Women - Value			
SME	120,753	130,443	251,196
Micro	<u> </u>	<u>99,094</u>	<u>99,094</u>
Total	120,753	229,537	350,290
<u>Loans to Women - No. of Loans</u>			
SME	20	18	38
Micro	<u> </u>	<u>348</u>	<u>348</u>
Total	20	364	386

The project interventions have created a total of 1,779 jobs at the cost of \$1,762 per job. Among 807 jobs created in Phase III, 339 or 42% are for women.

Target 5: Increase GOC's efficiency to manage and evaluate marketing programs. (Target area: nationwide).

Indicator 5.1. Train 10% of the Ministry of Rural Development and Ministry of Environment and Tourism by 1993; 20% by 1996.

Progress: The Ministry of Rural Development has 693 staff and the Ministry of Environment and Tourism has 142 staff. In 1992, 126 or 18% of the MDR staff and 12 or 8% of the MET were trained, making a combined percentage of 16.5% for both ministries.

Five in-country seminars were organized with consultants from the United States to provide training to government officials and some personnel in the private sector in the following domains: (1) Project management; (2) Human resource management; (3) Agricultural Extension; and (4) Training of Trainers. The seminars on management was attended by high-level officials. Participants' feedback after the seminars was very positive.

HEALTH PROGRAM: ASSESSMENT OF PROGRAM IMPACT

OBJECTIVES	INDICATORS	BASELINE YEAR	PROJECT IMPACT: PLANNED AND ACTUAL												DATA SOURCE
			FY 91		FY 92		FY 93		FY 94		FY 95		FY 96		
			Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	
STRATEGIC OBJECTIVE #2 Improve the health status of dian infants, children and men of child-bearing age in Moyen Charf	1. Increase no. of new cases of diarrhea, malaria* (fever) and ARI's seen and treated in infants from 0 to 11 months by 1% per annum	1991	29,876	29,876	30,175	-	30,477	-	30,782	-	31,090	-	31,401	-	BSPE Yearbook Tome B CCSP Surveys
	2. Increase no. of new cases of diarrhea, malaria* (fever), and ARI's seen and treated in children from 1 to 4 years by 1% per annum	1991	42,008	42,008	42,428	-	42,852	-	43,281	-	43,714	-	44,151	-	BSPE Yearbook CCSP Surveys
	3. Increase no. of assisted deliveries	1991	8,512	8,512	9,000	-	10,000	-	11,500	-	13,000	-	15,000	-	BSPE Yearbook
OBJECTIVE 1 Improve the quantity of maternal/child health services	1. Increase usage of health services by women/children as measured by new clients per year	1991	34,614	34,614	36,000	-	38,000	-	40,000	-	45,000	-	50,000	-	BSPE Yearbook CCSP Surveys
	2. Increase the % of pregnant women who register for prenatal visits	1991	2.9%	2.9%	3.2%	-	3.5%	-	4.0%	-	5.0%	-	6.0%	-	BSPE Yearbook
	3. Increase availability of services for prevention and treatment of diarrhea, ARI's and malaria in centers	1992	0	0	5	-	10	-	15	-	20	-	30	-	CCSP Surveys
	4. Increase % of new and repeat visits for family planning services	1992	0%	0%	0.5%	-	1%	-	1.4%	-	1.8%	-	2%	-	BSPE Yearbook
OBJECTIVE 2 Improve health data collection and analysis in target area	1. Increase no. of dispensaries reporting on family planning activities	1991	0	0	1	-	3	-	5	-	8	-	10	-	BSPE Yearbook
	2. Increase % of dispensaries reporting on child morbidity data	1991	80%	80%	90%	-	95%	-	100%	-	100%	-	100%	-	BSPE Yearbook
	3. Publish a health statistical yearbook that includes child survival, family planning and cost recovery data	1991	1	1	1	-	1	-	1	-	1	-	1	-	BSPE Yearbook
	4. Complete 1 KAPB Survey	1991	0	0	1	1	0	0	0	0	0	0	0	0	Survey Report
OBJECTIVE 3 Improve the quality of available health services through training and supervision of health and clinical center personnel	1. Increase the no. of supervisory visits to dispensaries by 5% each year of project	1993	0	0	0	0	5%	-	10%	-	15%	-	20%	-	CCSP Reports
	2. Increase % of health workers trained to recognize, treat and/or refer mild, moderate and severe ARI's and malaria	1992	0	0	0	0	10%	0	40%	-	60%	-	80%	-	CCSP Survey

*At present, dispensaries are not equipped with laboratories, and most cases of fever are considered to be malaria

OBJECTIVES	INDICATORS	BASELINE YEAR	FY 91		FY 92		FY 93		FY 94		FY 95		FY 96		DATA SOURCE
			Planned	Actual											
GET 3	3. Reduce % of cases of dehydration due to diarrhea through training in the dietary management of diarrhea	1991	8%	8%	7.5%	--	7%	--	6%	--	5%	--	4%	--	BSPE Tome B
	4. Increase % of health care workers trained to identify and refer problem pregnancies	1993	0	0	5%	--	20%	--	40%	--	50%	--	60%	--	CCSP Survey
GET 4 note decentralization and reduce cost recovery in users in the target area	1. Increase the % of dispensaries collecting user fees for health services	1991	0	0	1%	--	3%	--	5%	--	10%	--	15%	--	CCSP Survey
	2. Chief Medical Officer retains sufficient user fees at prefecture level to permit restocking of essential drugs*	1991													Health Department Records

to be implemented by the end of the project

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C. STRATEGIC OBJECTIVE #2: Improve the health status of Chadian infants, children and women of child-bearing age in the target areas. (Target areas: Moyen Chari, Salamat, and Logone Oriental Prefectures)

Discussion: Because of the extremely high infant/child and maternal mortality rates, estimated at 180/1,000 and 210/100,000 respectively, USAID/CHAD has chosen to assist this important segment of the population through its Chad Child Survival Project (CCSP). The purpose of the project is to improve the administration and delivery of maternal and child health care services, and to reinforce the capacity of the Ministry of Public Health and Social Affairs to operate and maintain a national health information system, essential to the planning and administration of health care services.

Through the training and supervision of health and social affairs personnel, the Child Survival Project intends to improve both quantitatively and qualitatively, service delivery for child care in the areas of the prevention, treatment and referral, where appropriate, of cases of acute respiratory infections (ARI's), malaria and diarrhea; the latter will include dietary management and the use of oral rehydration therapy to decrease the rate of dehydration. Maternal health care will be improved through the promotion of pre- and postnatal care, assisted deliveries by trained personnel and family well-being (family planning) services.

Indicator 1: Increase the numbers of new cases of diarrhea, malaria (fever), and ARI's seen and treated in infants from 0 to 11 months by 1% per year in the target areas. (Target areas: Moyen Chari, Salamat and Logone Oriental).

Indicator 2: Increase the numbers of new cases of diarrhea, malaria (fever), and ARI's seen and treated in children from 1 to 4 years by 1% per year in the target areas. (Target areas: Moyen Chari, Salamat, and Logone Oriental)

Background: As has been reported by the Bureau of Statistics, Planning and Studies of the Ministry of Public Health and Social Affairs which publishes an annual health information report (the BSPE Statistical Yearbook), diarrhea, fever (malaria) and cough (ARI's) are the three most frequent health problems in infants and children to the age of four years throughout Chad, and together account for over 50% of the morbidity rate in these age groups. As can be noted by the following table, this rate has remained consistently high since 1988.

PERCENT OF NEW CASES SEEN NATION-WIDE
CHILDREN 0 TO 4 YEARS OF AGE

	1988	1989	1990	1991
Diarrhea	18.5	17.6	16.5	16.2
Fever	15.1	15.7	16.0	16.5
Cough	17.8	18.9	19.1	19.2

Progress: In order to have the greatest impact on the lives of infants and children in the target area, the mission has chosen to intervene at the service delivery level, to reduce the level of infant/child morbidity due to the above causes. As a necessary first step to the improvement of service delivery, a training center has been created, the Social Affairs district headquarters has been renovated, and ten health structures have already been rehabilitated throughout the Moyen Chari Prefecture (Department). Ten more health/social centers will be completed within the next few months. Medical supplies and equipment, as well as a supply of basic medicines has been procured and is presently in storage in a health department warehouse in Sarh, the capital city of the Moyen Chari Prefecture. Office furnishings and equipment have also been ordered for the team's health department offices, most of which has already arrived in country. Three project vehicles have been purchased and have already arrived.

In addition, housing in Sarh for the technical assistance team been located and refurbished, and all the household furnishings and appliances have arrived.

Indicator 3: Increase the number of assisted deliveries from 8,512 in 1991, to 10,000 in 1993, and 15,000 in 1996 in the target areas. (Target areas: Moyen Chari, Salamat, and Logone Oriental).

Background: One of the principal factors contributing to the high rate of maternal mortality in Chad, is the lack of access to trained personnel for assistance with deliveries. According to the BSPE statistical yearbook, in 1991, out of the 222,734 expected births nation-wide, only 37,793 were attended by trained health personnel at either a health facility or at home. In the target area alone, only 8,512 out of 26,236 births were assisted by trained personnel. The mission intends to increase the number of assisted deliveries through an increase in the number of health personnel trained not only in proper delivery techniques, but to improve their ability to recognize problem pregnancies which should be referred to a higher level of care.

Progress: Specialized equipment for performing deliveries has been procured and will be distributed to health personnel upon completion of training.

Target 1: Improve the quantity of maternal/child health services in the target areas.

Indicator 1.1: Increase the usage of health services by women and children as measured by new clients per year from 34,614 in 1991, to 40,000 in 1994, to 50,000 in 1996. (Target areas: Moyen Chari, Salamat and Logone Oriental).

Indicator 1.2: Increase the percent of pregnant women who register for prenatal visits from 2.9% in 1991, to 4% in 1994, and 6% in 1996. (Target areas: Moyen Chari, Salamat and Logone Oriental).

Indicator 1.3: Increase the availability of services for the prevention and treatment of diarrhea, ARI's and malaria in 15 out of 35 health/social centers by 1994, and 30 by 1996. (Target areas: Moyen Chari, Salamat and Logone Oriental)

Indicator 1.4: Increase the percentage of new and repeat visits for family planning services from 0% in 1992, to 1% in 1993, and 2% in 1996. (Target areas: Moyen Chari, Salamat and Logone Oriental)

Background: In the target area, both preventative and curative health services are under-utilized. The table below demonstrates the usage of health care services in relation to the population of children and women of reproductive age in the target area.

**USE OF HEALTH CARE SERVICES BY PREFECTURE, 1991
PREVENTATIVE AND CURATIVE CONSULTATIONS***

Population	Moyen Chari	Salamat	Logone Oriental
Children	648,795	138,804	327,927
New Consultations	10,770	1,207	4,214
Women of Reproductive Age	149,223	31,925	156,499
New Consultations	15,332	421	6,257

* Assisted deliveries not included

Although, according to the BSPE statistical yearbook, use of health services nation-wide has increased by 25% over the last four years, the percentage of new cases seen still remains low at between 200 to 600 new cases per 100,000 inhabitants among the three prefectures which comprise the target area.

Progress: With the rehabilitation and equipment of twenty health centers and the additional training to be provided to personnel as part of the Child Survival Project, it is expected that client

usage will increase above and beyond what would normally occur with the annual population growth. However, as the dispensaries have just recently been renovated, and training has yet to be implemented, real progress in this area cannot as yet be measured. On the other hand, family planning services have begun to be offered in the Moyen Chari Prefecture in Sarh, the capital city, and also at a district maternity in Koumra. In taking advantage of a regional training program offered by JHPIEGO, the Mission has sent three nurse-midwives and one physician to courses in family planning to enable them to prescribe contraceptives and perform IUD insertions. USAID also provides the majority of contraceptive commodities for Chad, and assures their logistic management and regular deliveries to the Prefecture. As a result, even though the contraceptive prevalence rate is still less than 1% in real terms, family planning services are now being offered, and in 1991, a total approximately 100 women accepted a modern method of contraception in Sarh and Koumra.

Training for instructors in reproductive health/family planning curriculum development at the National School of Public Health and Social Affairs was also sponsored by the Mission through a buy-in to another centrally-funded JHPIEGO project. This training will ensure that all future nurses, midwives and social workers will have courses in family planning as part of their basic training. And, as this personnel will be assigned to health and social affairs facilities around the country, family planning services will soon be offered in every region of Chad.

The mission and consultants from Johns Hopkins University Population Communications Program are working with health and social affairs personnel to develop audio-visual materials for the promotion of family planning. So far, an IEC workshop and focus group discussions were held with target populations to ensure that the materials developed would be relevant and culturally acceptable. Presently, posters and leaflets are being designed, as well as radio programs. In addition, contraceptive sample kits are being prepared for use in the centers.

In addition, the Mission has just sponsored short-term training in the U.S. for the head of the Social Affairs center in Sarh in the area of Information, Education and Communication (IEC) for the promotion of family planning. As a result of this training, she will become a valuable resource person in the target area to work with the technical assistance team's training advisor.

Target 2: Improve health data collection and analysis in the target area. (Target area: nationwide)

Indicator 2.1: Increase the number of dispensaries reporting on family planning activities from 0 in 1991, to 5 in 1994, and 10 in 1996. (Target area: nationwide)

Indicator 2.2: Increase the percentage of dispensaries reporting on child morbidity data from 80% in 1991, to 100% in 1994. (Target area: nationwide).

Indicator 2.3: Publish a health statistical yearbook that includes child survival, family planning data by 1994, and cost recovery data by 1996 (Target area: nationwide).

Indicator 2.4: Complete 1 KAPB Survey (knowledge, attitudes, practices and beliefs survey) by 1992. (Target area: Moyen Chari Prefecture).

Background: Under the Child Survival Project, the Mission is supporting the recurrent costs of operating the Bureau of Health Statistics and is providing the services of an Health Information Systems Advisor (HISA) for four years. This advisor's primary responsibility is to assist the Ministry of Public Health and Social Affairs to maintain and improve the health information system and to develop indicators for maternal/child health and family planning activities.

From 1988 to 1991, the number of health facilities submitting monthly statistical reports to the Bureau of Health Statistics has remained fairly constant at between 82% and 85%. Family planning data has been included since 1990 for N'Djamena, the capital of Chad, and information concerning the Sarh program was added in the 1991 yearbook. This data however, was researched and submitted by the Mission's Family Planning Advisor, and has yet to be included as part of national routine reporting.

Progress: Since the arrival of the mission's health information systems advisor one year ago, several in-service training workshops have been organized around the country in order to improve the quality and quantity of the monthly reports on which the health information system is based. In addition, for the first time in Chad, a total inventory has been performed not only of available health/social affairs structures, personnel and their level of training, but also, activities being realized in maternal/child health throughout the country. It is also evident from the 1991 edition of the statistical yearbook that the BSPE's capacity to analyze data has been improved. Presently, the advisor is working with the BSPE and the National MCH/FP Program to develop reporting forms for maternal and child consultations, including family planning client forms.

The health information system financed by USAID/Chad is gaining wider acceptance as a valuable planning tool. The annual statistical yearbook presents both raw statistics and analyses on all components of the health care system, including the incidence and prevalence rates of all major health problems in Chad according to age group, geographic distribution and seasonal variations. Information is also available on health care activities, personnel and facilities and the health care budget.

The knowledge, attitudes, practices and beliefs (KAPB) survey for the Moyen Chari prefecture was completed in July 1992, after two years of preparatory work. This work included the sample frame development, pre-testing, revisions of the questionnaire, and a pilot survey which was conducted in the Moyen Chari a few months before the actual survey proper. This survey has yielded

considerable information on the attitudes and practices of women throughout the target area concerning maternal and child care, and will serve as a baseline to measure mission performance. The survey provides information regarding childhood morbidity, health care practices, family size, age of first marriage, female circumcision, pre- and post-natal care, deliveries and family planning. A follow-up survey of this kind will be performed in approximately four years time to evaluate the effectiveness of our interventions.

Target 3: Improve the quality of available health services through training and supervision of health and social center personnel. (Target areas: Moyen Chari, Salamat and Logone Oriental)

Indicator 3.1: Increase the number of supervisory trips to dispensaries by 5% each year of the project. (Target areas: Moyen Chari, Salamat and Logone Oriental)

Indicator 3.2: Increase the percent of health workers trained to recognize, treat and/or refer mild, moderate and severe cases of ARI and malaria. (Target areas: Moyen Chari, Salamat, and Logone Oriental).

Indicator 3.3: Reduce the percent of cases of dehydration due to diarrhea through training in the dietary management of diarrhea. (Target areas: Moyen Chari, Salamat, and Logone Oriental).

Indicator 3.4: Increase the percent of health care workers trained to identify and refer problem pregnancies. (Target areas: Moyen Chari, Salamat, and Logone Oriental).

Background: Among the major obstacles to the implementation of a quality public health care program in Chad are the lack of supervision and periodic in-service training to maintain a certain level of clinical expertise. Although training seminars and national conferences are organized and funded by donor organizations periodically throughout the year, the Ministry of Public Health lacks the resources, both human and material, to institute even rudimentary in-service training programs or routine supervisory visits. In addition, due to a severe shortage of trained health personnel, especially at the regional level, many health facilities are manned by personnel with little or no formal health training. The results of the personnel survey conducted by the BSPE in 1992 showed that only 19% of personnel presently working in the health and social centers in the Moyen Chari Prefecture possessed the proper qualifications for the positions they held, and that 71% were in need of additional training in order to function adequately in their work.

Another reason for the poor quality health care in Chad is a general lack of the most basic medical supplies and equipment in most of the health facilities around the country, even to the point of not having any running water or electricity. In the

Moyen Chari Prefecture, which is one of the better allocated in the country, out of the 58 health/social centers in the region, only 36 of these facilities have running water, and only 19 have electricity. Also, among the health centers visited by USAID/CHAD staff, there was a decided lack of medications, and even the basic equipment such as blood pressure cuffs, scales, needles and syringes, and even soap! Simple laboratory equipment is also missing, preventing the establishment of even the most basic of diagnoses in almost all health centers.

Progress: Basic medical equipment and supplies, including microscopes and other low-technology laboratory equipment has been provided for 50 health facilities in the target area. These supplies, coupled with in-service training and routine supervisory visits, to be performed by the project's training advisor and her assistants, will improve the quality of care substantially.

Target 4: Promote decentralization and introduce cost recovery in centers in the target area. (Target areas: Moyen Chari, Salamat, and Logone Oriental).

Indicator 4.1: Increase percentage of dispensaries collecting user fees for health services from 0% in 1991, to 5% in 1994, and 15% in 1996. (Target areas: Moyen Chari, Salamat, and Logone Oriental).

Indicator 4.2: Chief Medical Officer retains sufficient user fees at the prefecture level to permit restocking of essential drugs. (Target areas: Moyen Chari, Salamat, and Logone Oriental).

Background: A sustainable health care system is slowly evolving in Chad and should continue to do so. A key factor is the GOC's recognition that it cannot possibly finance adequate care for the entire population out of government coffers. With the adoption of the decentralization decree in August 1991, the Prefectural Chief Medical Officers have been given the autonomy to plan and administer the public health program for their respective departments. Moreover, with the acceptance by the Government of Chad of a cost-recovery plan, which was a conditions precedent to the disbursement of initial project funds, regional public health departments are now authorized to retain user fees which will permit the restocking of medications in the health centers.

Progress: No progress will be measured until 1994.

TARGET OF OPPORTUNITY: ASSESSMENT OF PROGRAM IMPACT

OBJECTIVES	INDICATORS	PROJECT IMPACT: PLANNED AND ACTUAL												DATA SOURCE	
		BASELINE YEAR	FY 91		FY 92		FY 93		FY 94		FY 95		FY 96		
			Planned	Actual	Planned		Actual								
ET OF OPPORTUNITY															
prove food security for at risk populations	1. Maintain national food security stock at a minimum of 5,000 MT by 1992.	1991	5,000	7,900	5,000	7,400	5,000		5,000		5,000		5,000		ONC monthly reports
increase famine prepared-	1. Increase GOC capacity to project and monitor food needs at national and subnational level through improved data collection and nutrition surveys.*	1991	N/A	14	2	0	2		2		2				CNNTA nutrition surveys
	2. Shorten response time from needs assessment to delivery of food from 10 to 6 months by 1993.**	1990	6 mo.	N/A	6 mo.	N/A	6 mo.		6 mo.		6 mo.		6 mo.		AID cables/receiving reports

At least two nutrition survey per year are to be conducted by the National Nutrition Unit (CNNTA) at the Ministry of Health and Social Affairs. None were performed in 1992. USAID approached CNNTA February 6 to offer the use of P.L. 480 counterpart funds to cover the costs of nutrition surveys. This was followed by a February 11, 1992 correspondence to the CNNTA providing a format and instructions for counterpart fund proposals. Despite a strong expression of interest, CNNTA did not respond with a proposal. USAID met with the CNNTA Director July 21 who indicated at that time that the CNNTA would like to conduct consumption/nutrition surveys in the Moyen Chari, Logone Oriental and Tandjile districts. The CNNTA Director visited USAID August 7 to present a draft proposal. USAID made several comments which the Director said would be incorporated into the final proposal to be submitted shortly. The proposal has not yet been reviewed. USAID continues to believe that nutrition surveys are key to the process of making decisions with respect to food aid allocations and would like to keep this as an indicator; it is understood, however, that if other GOC departments (Meteo, Division of Agricultural Statistics) which also provide information bearing on food supply and access should develop counterpart fund proposals, USAID would support them, necessitating a change in indicator.

* emergency food aid imports in FY 1991 or 1992.

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PROGRESS TOWARD TARGETS OF OPPORTUNITY

Target of Opportunity 1: Improve food security for at-risk populations. (Target area: nationwide)

Target Indicator 1.1. Maintain national food security stock at a minimum of 5,000 MT by 1992.

Progress: Mission efforts to attain the Target of Opportunity of increasing food security for at-risk populations by contributing to the national food security stock have met with a high degree of success in both FY 1991 and FY 1992. The GOC presently maintains and rotates a 5,000 MT stock. This level will increase in early 1993 through local purchases. The GOC continues to maintain an account to cover local transportation costs if food has to be distributed. The present balance of this account is 1.5 billion FCFA.

Target of Opportunity 2: Improve famine preparedness. (Target area: nationwide).

Target Indicator 2.1. Increase GOC capacity to project and monitor food needs at national and subnational level through improved data collection and nutrition surveys. Conduct 2 surveys per year to FY 1995.

Progress: At least 2 nutrition surveys per year are to be conducted by the National Nutrition Unit (CNNTA) of the Ministry of Health and Social Affairs. None were performed in 1992. USAID approached CNNTA February 6 to offer the use of P.L. 480 counterpart funds to cover the costs of nutrition surveys. This was followed by a February 11, 1992 correspondence to the CNNTA providing a format and instructions for counterpart fund proposals. Despite a strong expression of interest, the CNNTA did not respond with a proposal. USAID met with the CNNTA Director July 21 who indicated at that time that the CNNTA would like to conduct consumption/nutrition surveys in the Moyen Chari, Logone Oriental and Tandjilé Prefectures. The CNNTA Director visited USAID August 7 to present a draft proposal. USAID made several comments which the Director said would be incorporated into the final proposal to be submitted shortly. The proposal has not yet been received. USAID continues to believe that nutrition surveys are key to the process of making decisions with respect to food aid allocations and would like to keep this as an indicator; it is understood, however, that if other GOC Departments (Meteorology, Division of Agricultural Statistics) which also provide information on food supply and access should develop counterpart fund proposals, USAID would support them, necessitating a change in indicator.

Target Indicator 2.2. Shorten response time from needs assessment to delivery of food from 10 to 6 months by 1993. There were no emergency food aid imports in FY 1991 or 1992.

ANNEX A - REVISION OF INDICATORS AND EXPECTED LEVELS OF ACHIEVEMENT

1. RATIONALE FOR CHANGES IN TARGETS AND INDICATORS FOR STRATEGIC OBJECTIVE #1

Background: Due to a \$2.0 million reduction in our OYB in 1992 and the intervention of other donors, including the World Bank, the USAID Mission decided during its 1994 ABS process to not pursue a Phase II Roads project. Given the importance of the transport sector to our overall strategy, we have decided to continue support to the sector by helping the GOC continue their commitment to the Road Maintenance Fund and work actively in the design of the PASET II policy reform effort by the World Bank, thus insuring a smooth conversion of OFNAR as part of a private sector pool for road maintenance. Although no direct USG funds will be provided in the coming years, our long-standing commitment to the GOC in this sector and our recognition as a lead donor in the field gives us an edge that no other has. We plan to use our influence as a donor to ensure that the road maintenance tax is continued and that contracts are increasingly let to the private sector. Based upon these changes, the mission revised target #2 and its indicators found under Strategic Objective #1.

The Old Target #2 and indicators were changed from:

Old Target 2: Improve road system maintained by GOC and private sector in target areas

Old Indicators:

- Increase number of kms maintained by OFNAR in Ndjamaena Agency from 750 in 1992 to 1000 in 1996
- Private sector contractors maintain 100 km roads by 1993.
- Increase volume of agricultural products being transported on improved roads from 50% in 1992 to 60% in 1996.
- Increase OFNAR contribution to recurrent costs by 10 percent each year to achieve 90% by 1996.

to:

New Target 2: Support improved transportation system in target areas

New Indicators:

- Support GOC commitment to the road maintenance fund
- Contribute to PASET II policy reform effort

2. RATIONALE FOR CHANGES IN TARGETS AND INDICATORS FOR STRATEGIC OBJECTIVE #2

Background: When the Program Logframe was originally designed the mission believed that we would have our technical assistance team in-country and well on their way to promoting and strengthening the administration and delivery of maternal/child health and family planning services throughout the country. Unfortunately this has not transpired. The selection procedure for the project technical assistance team was contested, followed by unsuccessful negotiations with the selected firm. Delays of over two years and several changes within the Ministry of Public Health lead the mission to re-design the project and then let it out for re-bid. During the redesign the mission determined that we would have greater people-level impact at the regional level.

Due to the Mission's shift in emphasis from the central to the local-prefecture level, many of the logframe indicators and expected levels of achievement needed to be revised to reflect the more limited amount of data available at the regional level. The following is a listing of the former targets and indicators and the reasons for their revision. The strategic objective has not been revised.

A. Indicators for Strategic Objective #2 were changed from:

Old Indicators:

1. Reduce infant morbidity and mortality rates due to diarrhea, malaria and ARI's from 50% in 1990, to 40% in 1994, and 30% in 1996
2. Reduce the morbidity and mortality rates due to the above in children from 1 to 4 years from 40% in 1990, to 30% in 1994, and 20% in 1996
2. Reduce the morbidity and mortality rates in women of reproductive age by 2% each year from the 1992 baseline.

to:

New Indicators:

1. Increase the number of new cases of diarrhea, malaria (fever) and ARIs seen and treated in infants from 0 to 11 months by 1% per annum.
2. Increase the number of new cases of diarrhea, malaria (fever) and ARIs seen and treated in children from 1 to 4 years by 1% per annum.
3. Increase the number of assisted deliveries from 8,512 in 1991 to 10,000 in 1993 to 15,000 in 1996.

Discussion: Although some maternal/child morbidity rates are available at present, no mortality statistics are available from which to measure yearly progress. The Mission therefore revised the indicators to measure an increase in the usage of health facilities through new client visits.

Strategic Objective #2, Target 1, Indicator 1.1 was changed

from:

Old Indicator 1.1: Increase the usage of health facilities from 218,000 in 1991 to 300,000 in 1996.

to:

New Indicator 1.1: Increase the usage of health services by women and children as measured by new clients per year from 34,614 in 1991 to 40,000 in 1994 to 50,000 in 1996.

Discussion: The above indicator was revised to provide measurements for interim years, and to better reflect usage by women and children in the target area. Additionally, measuring new clients per year rather than the total number of consultations will better indicate increased usage by the target population.

Strategic Objective #2, Target #2, Indicator 2.3 was changed
from:

Complete one baseline health survey by 1992; 3 by 1995.

to:

Complete one baseline survey by 1992.

Discussion: This indicator was amended to eliminate the two other KAPB surveys planned for the Salamat and Logone Oriental Prefectures as the costs would be too high. More limited qualitative surveys will be performed by the TA team where needed.
