

PDBAI 644

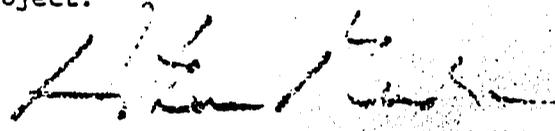
650-0019

SUDAN

Southern Primary Health Care

FY 80

Project Paper
REVISION

AGENCY FOR INTERNATIONAL DEVELOPMENT PROJECT DATA SHEET				1. TRANSACTION C <input type="checkbox"/> A = Add <input type="checkbox"/> C = Change <input type="checkbox"/> D = Delete		Amendment Number <u>1</u>		DOCUMENT CODE <u>3</u>		
2. COUNTRY/ENTITY SUDAN				3. PROJECT NUMBER <u>650-0019</u>						
4. BUREAU/OFFICE AFRICA				<u>06</u>		5. PROJECT TITLE (maximum 40 characters) <u>Southern Sudan Primary Health Care</u>				
6. PROJECT ASSISTANCE COMPLETION DATE (PACD) MM DD YY <u>06 30 83</u>				7. ESTIMATED DATE OF OBLIGATION (Under 'B:' below, enter 1, 2, 3, or 4) A. Initial FY <u> </u> B. Quarter <input type="checkbox"/> C. Final FY <u>83</u>						
8. COSTS (\$000 OR EQUIVALENT \$1 =)										
A. FUNDING SOURCE			FIRST FY			LIFE OF PROJECT				
			B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total		
AID Appropriated Total			ongoing			3,686		3,686		
(Grant)			() () ()			() ()		() ()		
(Loan)			() () ()			() ()		() ()		
Other U.S.	1. AMREF									
	2.					494		494		
Host Country								1,344		
Other Donor(s)								1,344		
TOTALS						4,180		1,344		
9. SCHEDULE OF AID FUNDING (\$000)										
A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT		
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	
(1)	H			3,186		500		3,686		
(2)										
(3)										
(4)										
TOTALS				3,186		500		3,686		
10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)								11. SECONDARY PURPOSE CODE		
12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)										
A. Code										
B. Amount										
13. PROJECT PURPOSE (maximum 480 characters)										
To assist the GOS in the provision of Primary Health Care Services in the Southern Region of Sudan.										
14. SCHEDULED EVALUATIONS						15. SOURCE/ORIGIN OF GOODS AND SERVICES				
Interim		MM YY	MM YY	Final		MM YY				
		<u>02 81</u>	<u>02 82</u>			<u>06 83</u>	<input type="checkbox"/> 000	<input type="checkbox"/> 941	<input type="checkbox"/> Local	<input type="checkbox"/> Other (Specify)
16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment.)										
Amendment to provide additional funding without change of scope of original project.										
										
17. APPROVED BY		Signature				18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION				
		Title		Date Signed						
				MM DD YY		MM DD YY				

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add
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Amendment Number
 1

DOCUMENT CODE
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2. COUNTRY/ENTITY

SUDAN

3. PROJECT NUMBER

650-0019

4. BUREAU/OFFICE

AFRICA

06

5. PROJECT TITLE (maximum 40 characters)

Southern Sudan Primary Health Care

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
 06 30 83

7. ESTIMATED DATE OF OBLIGATION
 (Under 'B:' below, enter 1, 2, 3, or 4)

A. Initial FY B. Quarter C. Final FY 83

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	ongoing			3,686		3,686
(Grant)	()	()	()	()	()	()
(Loan)	()	()	()	()	()	()
Other U.S.	1. AMREF					
	2.					
Host Country				494		494
Other Donor(s)					1,344	1,344
TOTALS				4,180	1,344	5,524

9. SCHEDULE OF AID FUNDING (\$000)

A. APPRO- PRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) H				3,186		500		3,686	
(2)									
(3)									
(4)									
TOTALS				3,186		500		3,686	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each)

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code

B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

To assist the GOS in the provision of Primary Health Care Services in the Southern Region of Sudan.

14. SCHEDULED EVALUATIONS

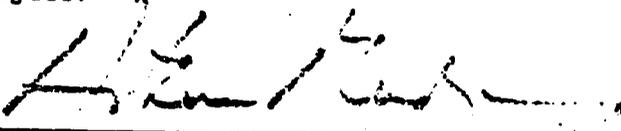
Interim MM YY MM YY Final MM YY
 02 81 02 82 06 83

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000 941 Local Other (Specify)

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a _____ page PP Amendment.)

Amendment to provide additional funding without change of scope of original project.



17. APPROVED BY

Signature

Title

Date Signed

MM DD YY

18. DATE DOCUMENT RECEIVED IN AID/W, OR FOR AID/W DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

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4. Vehicle Waiver Amendment

I. Project Summary and Recommendation

A. Recommendation

USAID/Sudan recommends the approval of this Project Amendment for the Southern Primary Health Care Project (650-0019) providing an additional \$499,925 funding. This amendment would bring total project funding to \$3,686,330.

B. Project Summary

The Southern Primary Health Care Project was designed to assist in the implementation of the Primary Health Care Program (PHCP) in the Southern Region. The PHCP is the most important element in the Government of Sudan's (GOS) National Health Plan to reach the rural poor with a comprehensive health delivery system that is community based and relies upon community participation. AMREF has used the funds in this grant to assist in the PHCP components of training, construction, logistics/supplies systems and health information systems.

The Southern Primary Health Care Project (650-0019) was evaluated February 28 through March 7, 1980 PES 650-80-05, after 15 months of project activity. As a result of that process some changes were recommended to improve project management, project support and information and evaluation components and to cover inflation costs. This Project Amendment requests approval of additional funding in the amount of \$499,925 to bring total project funding to \$3,686,330, as well as a vehicle waiver amendment.

C. Project Strategy

Project strategy remains unchanged. The additions requested fill in gaps that have developed as implementation has progressed.

II. Description of Project Additions or Changes

A. Personnel

1. Long-term Technical Assistance

A project manager has been added to the staff, a change supported by the evaluation team. Whereas, additional funds are not requested for the salary, additional staff housing and furniture and office equipment are requested under the appropriate categories.

In the original project paper (PP) (page 48) three of seven project positions were to be staffed by CUSO volunteers: a survey/evaluation officer, a self-help building supervisor and a medical secretary. The latter position is the only one that CUSO is able to continue funding.

*African Medical Research Foundation

The other two positions are vital to the project. The survey/evaluation officer (see pages 40-45 of original PP) is needed to assist with the development of a health information system, the evaluation of the project and the training of statistical staff at the regional and provincial levels.

The self-help building supervisor/community development officer provides a vital link between the project and communities that wish to have primary health care in the village. In fact, the community motivation and development aspects of this officer will be strengthened when the position is filled again based upon recommendation of the evaluation team.

To provide for the long-term technical assistance (37 PM) of these two positions, an additional \$138,600 needs to be included under the project.

2. Short-term Technical Assistance

A total of \$129,535 (26 PM) is requested for additional short-term technical assistance. Evaluation is involved for 14 PM: AMREF support (9 PM) for evaluation deployed through specialist evaluation officer to carry out health economic and cost-effectiveness studies regarding PHCP costs at the following levels: village/community, CHW training school, referral/supervisory/retraining facilities, provincial and regional ministry. This analysis has been requested by RMOH and will be crucial to future planning. Considerable time will be involved in assessing the means whereby communities can begin supporting their respective CHW's and the PHCP in general. Bureau of Census technicians are requested for 2 PM to improve methodology re: baseline studies and project evaluation as recommended by the evaluation team. Three PM are requested for the final external evaluation (p. 46 original PP) which was omitted in the original budget (pages 64-74, original PP).

Nine PM are requested to assess and modify the CHW curriculum and training program schedule; to assist in refresher training of CHW tutors; to provide input at the provincial PHC inspector level regarding supervision, management, logistics; ^{and} to provide assistance with the sanitary overseer training program including curriculum design, development of teaching materials and methods. In the original PP (pages 47-49) the need for this type of backup for the training program was not anticipated. However, to achieve project objectives this input is vital.

A total of 3 PM are allocated for project coordination at AMREF Nairobi headquarters to facilitate and organise the various AMREF technical and logistical inputs. This function has been carried out by AMREF technical staff assigned to the project and therefore has detracted from their technical project support activities.

Three person months for IMRF, New York is requested to administer the supplemental grant and provide appropriate fiscal support (p. 47 and 74, original PP).

3. Recruitment

The remaining line item for Personnel is for recruitment of staff which was inadvertently omitted from the original PP budget.

B. Training

A total of \$12,000 was originally budgeted (p. 68, original PP) for MPH degree participant training in the U.S. (p. 49). The amount estimated for MPH degree training is now \$18-20,000. The training has been rescheduled for PY 4 (81/82) a sum of \$8,000 per MPH trainee is required to supplement the original estimate of \$12,000.

The budgeted amounts for other Sudanese counterpart training are still adequate but will also be rescheduled for either PY 3 or PY 4 depending on the each participants' case, e.g., training school/university schedules, working time with AMREF specialists, completion of previous training, etc.

C. Commodities

No replacement project team vehicle was budgeted in the original PP (p 51-53 and p. 69), Since the life of a vehicle operating in the Southern Sudan is approximately 3 years, a replacement 4-wheel drive vehicle will be required.

No administrative 'town' vehicle was included in the original project. One is required since it is not economical to use a landrover in Juba with the scarcity of petrol that exists.

Equipment and instruments for the two training dispensaries in Liriya and Akot (p. 54 original PP) were budgeted for PY 1 (78/79). The dispensaries are not yet constructed so \$2,000 is requested to cover the 2 year inflationary increases in the cost of the equipment/instruments (p. 70, original PP). The similar amount budgeted for drugs is still considered adequate.

Requested is office equipment for the project manager, the information/evaluation officer and the building supervisor/community development officer. Furniture for the additional staff house for the project manager, Juba is also required.

Approximately \$3,000 has already been expended on office supplies and materials (p. 73, original PP). for the AMREF Juba office. This item was under budgeted and requires supplemental funding. The additional evaluation input also contributes to the need for additional funding.

A supplementary budget amount of \$10,000 has been included for teaching equipment, furniture and supplies for the two new project CHW training schools at Liriya and Akot. This amount will be supplementary to the RMOH contribution which was not included in the original PP. However, in the event that the latter contribution is not forthcoming, this amount will enable the schools to, at least, commence operation.

4. Construction

The Project Manager, James Paton, requires accommodation and \$65,000 has been allocated for a 2-bedroom house similar in design to the other two 2-bedroom houses built as part of the project (pp. 55-56 and p. 71 in original PP). The construction work will be carried out by Phil Perry, the project constructor, at a plot allocated by the Regional authorities in collaboration with RMOH. The land donated through RMOH for this house is an additional RMOH contribution.

5. Other Direct Costs

A total of \$21,000 has been budgeted for PY 4 (\$10,000) and PY 5 (\$11,000) to cover increased fuel costs. Fuel must be brought into Southern Sudan from Kenya. The cost of fuel in Kenya has nearly doubled during the period 1978 - 1980 and is now Kenya Shillings 5.35 (~~\$1.40~~) per litre.

The sum of \$35,640 for supplementing the flying costs represents an underestimate of the overall increase in costs. The present actual flying cost in Kenya Shillings is 3,500 or \$480 per hour, including aircraft depreciation--a 35% increase per year. For 120 hours during PY 3 the cost will be \$57,600. This is \$23,760 in excess of the original budgeted amount (p. 72 in PP). The supplemental request is for \$10,800 for PY 3 and the balance of \$12,960 will be an increased AMREF contribution. If the same rate of increase continues over the next two years the cost per flying hour could approach \$875 by PY 5. The amount of the supplemental request for PY 4 and PY 5, however, has been calculated using the standard 10% inflation factor. The flying costs in excess of this will be an AMREF contribution to project support, an estimated \$71,300.

The additional technical assistance personnel requested previously will require additional support for their fieldwork activities, i.e. for travel and per diem, \$16,500.

Project accounting in Juba has been carried out by the Medical Secretary and Project Manager. There is now a need to engage a local hire accountant to maintain accurately the project accounts and assist the specialist evaluation officer in the cost effectiveness studies mentioned above.

This request for funding has been reviewed in detail in comparison with the forthcoming Rural Health Support Project. Whereas the two projects are complementary, the activities for which supplemental funding is requested are not included in the new Rural Health Support Project.

COMPREHENSIVE PROJECT BUDGET OF USAID FUNDS

	PY 1 (78-79)	PY 2 (79-80)	PY 3 (80-81)	PY 4 (81-82)	PY 5 (82-83)	O T A L
I. Technical Assistance	74,520	80,395	154,270	148,540	212,465	670,190
II. Training	24,200	86,940	54,200	67,240	47,890	280,470
III. Commodities	379,390	98,550	78,625	25,700	27,460	609,725
IV. Construction	971,200		65,000			1,036,200
V. Other Costs	178,025	188,830	221,935	245,100	255,855	1,089,745
T O T A L	1,627,335	454,715	574,030	466,580	543,670	3,686,330

* See p. 63 Original Project Document

Additional AMREF contribution

\$12,960

\$23,000

\$35,340

\$71,300

Additional RMOH contribution

Land for
construction



AFRICAN
MEDICAL
&
RESEARCH
FOUNDATION

A.G.I.E.X. 1

BY COURTESY

EAST
AFRICAN
FLYING
DOCTOR
SERVICES

TELEPHONE: NAIROBI 801301, CABLES: 'AFRIFOUN', NAIROBI
POSTAL ADDRESS: WILSON AIRPORT, PO BOX 30126, NAIROBI, KENYA

7606

5 September 1980

Dr. Mary Ann Micka
Health Officer
USAID/Sudan
P.O. Box 899
KHARTOUM
Sudan

Dear Mary Ann,

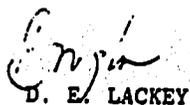
Enclosed please find a Memorandum regarding the justification for the \$500,000 supplemental budget amount for the Southern Sudan Primary Health Care Project, 650-0019. The budget that Chris gave you has since been revised to include 3 person months of support for IMRF to administer the supplemental grant with AID Washington.

I talked to Mike Gerber two days ago and he said that the new project has been approved by the Executive Committee. The non-competitive waiver must still be approved by another committee before IMRF and AID/W can start drawing up the agreement. I believe another step required in the meantime is for the AID/Sudan to draw up a PIO/T.

Jim Paton and I are dealing with the bicycle waiver and will get it to you as soon as possible.

Wish best wishes. Hope you had a good session(s) with Chris in Khartoum.

Yours sincerely


D. E. LACKEY

c.c. Jim Paton
Mike Gerber

P.S. Mary Ann, the top copy of the Memorandum somehow has been misplaced when sent for photocopy, so please excuse having the carbon copy.

AFRICAN MEDICAL & RESEARCH FOUNDATION
MEMORANDUM

TO: Dr. Mary Ann Micka

SUBJECT: \$500,000 Supplemental Budget
Request for Southern Sudan Primary
Health Care Project, 650-0019.
2 September, 1980

FROM: D. E. Lackey

DATE:

A. Summary

AMREF was informed that resulting from the evaluation of the Southern Sudan Primary Health Care Project carried out by USAID/Sudan from February 28 through March 7, 1980, the sum of \$500,000 was recommended as the supplemental funding amount to the project, as stated in the Project Evaluation Summary, point 1. 'Request new funding approval to provide for a ten percent project contingency fund; 42 person months of additional technical assistance; end of project evaluation and increased costs for participant training and one staff house.'

AMREF was requested to submit a detailed line item budget reflecting the general headings mentioned in PES point 1. This memorandum describes the requested amounts totalling \$ 491,015 shown in the Supplemental Budget Request (see annex) which was presented to you during the week of 1st September by Dr. Chris Wood.* The summary budget headings were as follows:

	<u>PY3</u> <u>80/81</u>	<u>PY4</u> <u>81/82</u>	<u>PY5</u> <u>82/83</u>	<u>TOTAL</u>
Personnel	72,950	72,845	129,840	275,635
Training		16,000		16,000
Commodities	54,000	2,200	2,400	58,600
Construction	65,000			65,000
Other Direct Costs	<u>19,300</u>	<u>31,230</u>	<u>34,160</u>	<u>84,690</u>
Totals	211,250	122,275	166,400	499,925

* Since revised to \$499,925

B. Personnel

1. Long-term Technical Assistance

CUSA has informed AHEF that it can only financially support of the three technical assistance positions that were originally agreed to. AHEF has decided that one position for sponsorship by CUSA should be the Medical Secretary position which is presently filled by Ms Sharon Wilcox.

During project year 2 with USALD approval project savings were utilized to support the three CUSA positions: Survey and Evaluation Officer, Self-help Building Supervisor and Medical Secretary. AHEF now requests that \$120,000 of supplemental budget funds be allocated for sponsoring the Survey and Evaluation Officer (36 person months) and the Self-help Building Supervisor/Community Development Officer (36 pm) positions. Both positions are deemed vital to overall project implementation as they are concerned with project evaluation, development of a health information system, training of statistical staff at regional and provincial levels and community participation in the primary health care programs. The job descriptions appearing in the Project Paper are still valid but with much more emphasis on the community motivation and development aspects of the Self-help Building Officer position and input on the health information system for the Survey and Evaluation Officer.

2. Short-term Technical Assistance

A total of \$120,025 (33 pm) is requested for short-term technical assistance of which, 14 pm are for evaluation purposes: 1/AHEF (9 pm), Bureau of Census advisors (2 pm) and 3 pm for the external evaluation. The 1/AHEF support for evaluation is to enable AHEF to deploy a specialist evaluation officer to carry out health economic and cost-effectiveness studies regarding PEP costs at the following levels: village/Community, CMA training school, referral/supervisory facilities including retraining, provincial and regional ministry. Considerable time will be devoted in assessing the ways and means whereby the communities can start supporting their respective CMAs and the PEP in general.

A total of 9 pm for 1/AHEF specialists is required for assistance in assessing and modifying the CMA curriculum and training programme schedule, refresher training of CMA training school tutors, input at provincial health department level with PEP inspection regarding supervision, management, logistics, etc.

assistance with the sanitary overseers training programme including curriculum design, development of teaching materials and methods, etc. A total of 3 pms are allocated for project coordination at AMREF Nairobi headquarters to facilitate and organise the various AMREF technical and logistical inputs. This function has been carried out by AMREF technical staff assigned to the project and therefore has detracted them from their technical project support responsibilities.

In the Supplemental Budget Request presented to you by Dr. Wood, we failed to include any person months for UNFPA New York to administer the supplemental grant, therefore, a total of \$ 8,910 (3 pms) is allocated accordingly for UNFPA.

The remaining line item for Personnel is for recruitment of staff which was inadvertently omitted in the original PP budget.

3. Training

A total of \$12,000 was originally budgeted for MPH degree participant training. The amount now recommended for MPH degree training is between \$18-20,000. Since the training is being rescheduled for FY4 (81/82) a sum of \$8,000 per MPH trainee is required to supplement the \$12,000 cost per MPH trainee in the PP budget.

The budgeted amounts for Sudanese counterpart training are still adequate but will also be rescheduled for either FY3 or FY4 depending on the each participants' case, e.g., training school/university schedules, working time with AMREF specialists, completion of previous training, etc.

4. Commodities

No replacement project team vehicle was budgeted for in the PP and the life of a vehicle operating in the Southern Sudan is approximately 3 years. A replacement 4-wheel drive vehicle will be required and is requested from this supplemental grant. No administrative 'town' vehicle was included in the original project and is required since it is not economical to use a landrover in Juba. These vehicles can be supplied by General Motors, Kenya.

Equipment and instruments for the two training dispensaries in Liriya and Akot were budgeted for FY1 (78/79). The dispensaries are not yet constructed.

so \$2,000 has been budgeted to cover the 2 year inflationary increases in the cost of the equipment/instruments. The similar amount budgeted for drugs is still considered adequate.

Furniture for the additional staff house for the project manager Juba is required.

Approximately \$6,000 will be expended on office supplies and materials for the Juba office. This item was under-budgeted and requires supplemental funding. The additional evaluation input will also affect this line item.

A supplementary budget amount of \$10,000 has been included for teaching equipment, furniture and supplies for the two new project G.M. training schools at Idiro and Alot. This amount will be complementary to the UNO contribution, and if that is not forthcoming, the \$10,000 will enable the schools to at least commence operation.

5. Construction:

The position of AIEF Project Manager Juba was approved by USAID to be financed by F11 and F12 savings. The Project Manager, Julius Paton, requires accommodation and \$65,000, has been allocated for a 2-bedroom house similar in design to the other two 2-bedroom houses built as part of the project. The construction work will be carried out by Paul Parry, the project constructor, at a plot allocated by the local authorities in collaboration with UNO.

G. Other Direct Costs

A total of \$21,000 has been budgeted for F13 (\$10,000) and F14 (\$11,000) to cover increased fuel costs. The cost of fuel in Kenya has nearly doubled during the period 1978-1980 and is currently Kenya Shillings 5.00 (1.40) per liter.

The sum of \$35,640 for supplementing the flying costs represents a contribution to the overall projected increase in costs. The figures previously

previously presented to you (\$225 per hour current cost, less \$225 per hour budgeted cost) should be revised. Since a 10% inflation factor was built into the original budget, the budgeted flying cost per hour for F13 is \$225 per hour. The current actual cost is Kenya Shillings 3,500 (\$400) per hour including aircraft depreciation. Due to limitations in the amount available for the supplemental budget (\$200,000), no adjustment will be made to the requested amount of \$33,000. Therefore, it should be viewed as a contribution to the amount required to reflect actual versus budgeted costs. ($3,500 - 225 \times 120$ hours per annum in F13 = 400 or \$71,200).

\$10,500 is required to support the fieldwork activities of the additional technical assistance personnel identified in the above mentioned Personnel section.

Project accounting in July has been carried out by the Medical Secretary and Project Manager, therefore there is a need to engage a local hire accountant to prepare the project accounts and assist the specialist evaluation officer in the cost effectiveness studies mentioned above.

If any additional information is required regarding the justification of the supplemental budget request please feel free to contact me.

ANNEX

**SUPPLEMENTAL BUDGET REQUEST
HUMAN DEVELOPMENT PROJECT HEALTH CARE PROJECT (650-0019)**

	<u>FY3</u> <u>80/81</u>	<u>FY4</u> <u>81/82</u>	<u>FY5</u> <u>82/83</u>	<u>Total</u>
Personnel*	\$	\$	\$	\$
Survey and Evaluation Officer 13 yrs @ \$2,000	24,000	28,400	28,000	79,200
Community Development Officer 24 yrs @ \$1,500	18,000	19,800	21,000	58,400
HEW Management Evaluation & Training Staff support 21 yrs @ \$2,750	12,250	21,175	23,100	63,525
HEW Office Support 3 yrs @ \$2,700	3,700	2,970	3,240	8,910
HOCH Evaluation Advisors 3 yrs @ \$5,500	5,500		6,600	12,100
External evaluation 3 yrs @ \$15,000			45,000	45,000
Recruitment of staff	3,800	2,800	1,800	7,500
Sub-Total Personnel	72,850	72,845	129,840	275,635

2. Training

a) Business Counterpart training				
Medical Training Officer for MPH degree		8,000		8,000
Vital Statistician for MPH degree		8,000		8,000
Sub-Total Training		16,000		16,000

3. Commodities

a) Transport				
1 replacement 4-wheel drive vehicles (GM Kenya)	15,000			15,000
1 sedan proj. vehicle (GM Kenya)	7,800			7,800

Same budget headings as in the original
Project Budget; inflation (10%) calculated
as in original budget.

	<u>FY3</u> <u>80/81</u>	<u>FY4</u> <u>81/82</u>	<u>FY5</u> <u>82/83</u>	<u>Total</u>
	\$	\$	\$	\$
c) Equipment				
1) equipment/instruments for 2 training dispensaries	2,000			2,000
v) office equipment for Project Manager	2,500			2,500
e) furniture for additional staff houses	5,000			5,000
f) office supplies/materials Juba	2,000	2,500	7,000	6,500
g) teaching equipment, furniture, supplies for Liriy. a.ilot CTR Training schools (6 \$10,000)	20,000			20,000
Sub-Total, <u>Equipment</u>	54,000	2,200	2,400	58,600
4. <u>Construction</u>				
e) One 2-bedroom house for Project Manager Juba	65,000			65,000
	65,000			65,000
5. <u>Other Direct Costs</u>				
a) <u>Transportation Costs</u>				
i) Fuel - project vehicles		10,000	11,000	21,000
ii) Aircraft flying costs	10,800	11,800	12,800	35,400
iii) Travel/subsistence for project management, supervision, evaluation (local & international)	5,000	5,500	6,000	16,500
c) Additional bookkeeping, cost analysis Juba	3,500	3,500	4,200	11,200
Sub-Total, <u>Other Direct Costs</u>	19,300	31,300	34,100	84,700
Totals	211,250	33,270	107,400	351,920

1. PROJECT TITLE

Southern Sudan Primary Health Care Project

USAID/Sudan
 Mission Decision No. 80-001-001
 Date: October 1978
 Revised: February 1980
 Approved: March 7, 1980

2. PROJECT IMPLEMENTATION DATES

A. From: FY 77
 B. From: October 1978
 C. To: FY 83

A. Title: \$2,400,000
 B. Cost: \$2,400,000

3. ACTION DECISIONS APPROVED BY MISSION

A. List decisions and/or unresolved issues, cite those items pending further action.
 (NOTE: Mission decisions which anticipate AID W or regional office action should specify type of document, e.g., program, SPAR, PIO, which will present details.)

1. Request new funding approval to provide for a two percent project contingency fund; 42 person months of additional technical assistance; end of project evaluation and increased costs for participant training and one staff house.
2. Review possible additional construction costs which presented by building contractor.
3. Resolve issue concerning funding for construction of an additional staff house.
4. Revise the design for the construction of two training dispensaries to make them more simple and appropriate.
5. Resolve issue concerning which one of two project positions AID will be requested to fund due to the withdrawal of funding support from the Canadian University Service Organization (CUSO).
6. Employ short-term consultant to review methodology for baseline studies.
7. Begin preparation for a mid-term EOPS evaluation.
8. Revise job descriptions and prepare work plans for all project personnel.
9. Revise implementation plan and output target dates.
10. Advise OPS to change the AID technical office and grantee reports from AMREF/EAP to USAID/Sudan. Prepare for next evaluation, particularly EOPS assessment.

USAID	5/15/80
AMREF, USAID	Indefinite future
AMREF, USAID	4/30/80
AMREF, RMOH	
REDSO/EA	6/30/80
AMREF, CUSO	
USAID	4/30/80
AMREF	6/30/80
AMREF, USAID	1/1/81
AMREF	4/30/80
AMREF	5/30/80
USAID	5/30/80
AMREF, RMOH	1/1/81

4. UNRESOLVED DECISIONS - REVIEWED/REAPPROVED

<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []
<input type="checkbox"/> []	<input type="checkbox"/> []	<input type="checkbox"/> []

APPROVED BY OPER AND HOST COUNTRY OR OTHER BANK OR PARTICIPATING AGENCY (Name and Title)
 Thomas Chapman, General Development Officer, USAID, Sudan
 Robert McCandless, USAID Area Coordinator, Cuba
 Noel Warille, Director, Regional Ministry of Health (RMOH)
 Oliver Duku, Deputy Director, RMOH
 S. Singh, WHO Representative to RMOH

Approved by:
 Gordon K. Pierson
 Date: May 24, 1980

13. SUMMARY

1. Achievements

In spite of a number of problems the project has moved forward during its first year of operation in most of the four major areas: training, self-help building, information/evaluation systems and medical logistics/supply. The End of Project Status (EOPS) indicators were not assessed due to the lack of time the evaluation team had to arrange and conduct sample village surveys. For this reason, the team could not determine objectively the prospects of achieving the purpose and goal of the project.

a. Training

- First year output targets for the training component, which is the most important activity and requires the most technical assistance inputs, have been met satisfactorily. One week refresher training courses were completed for 40 community health workers (CHWs), 30 medical assistants (MAs), 25 nurses and 27 sanitary overseers (SOs).
- One community health worker training school and affiliated training dispensary is almost completed and the foundation has been laid for the second school. According to the project implementation plan this construction should have been completed by the end of the first year.
- A CHW training manual has been revised and is in the process of being tested.

b. Self-help Building

- Nothing of significance was accomplished in this area. Because the performance of the Canadian University Service Organization (CUSO)-funded volunteer proved to be less than effective, he was removed from the project and a replacement is being recruited. The self-help construction of ten primary health care units (PHCUs) affiliated with two CHW training schools and two training dispensaries would have been postponed anyway because of the delay in the construction of the training schools and dispensaries.

c. Information/Evaluation Systems

- The CIW monthly reporting form was revised and instructions prepared for its use.
- Forms for the evaluation of CIWs have been developed and are being pretested.
- One baseline study was completed and the data from another is being analyzed. According to the project implementation plan four studies should have been completed by the end of the first year.

d. Logistics/Supply System

- Since the long-term position of logistics/supply advisor was unfilled during the period of the evaluation, the following limited achievements occurred through the efforts of short-term assistance:
- The regional Primary Health Care Program (PHCP) medical store in Juba was reorganized and better procedures instituted.

The PHCP drug list was revised.

2. Problems:

a. A given problem is having to implement a project in the remote and isolated area of Southern Sudan which occupies a territory larger than Kenya and is very often cut off from the North and the rest of the world in terms of transportation, communication and supplies.

b. The closing of the Uganda border for approximately six months caused a delay in the implementation of activities, particularly construction, due to an acute shortage of project commodities (i.e., fuel and construction materials) which are transported from Kenya to Southern Sudan through Uganda.

c. The grantee has had difficulty during the first year of project operations in staffing fully the project with long-term personnel which has meant that first year output targets with the exception of training have not been met fully. Had it not been for the technical support from the grantee's major office in Nairobi, the implementation of the project would not have progressed as much as it has.

d. The key technician in the project, the medical training officer, was responsible for supervising the work of other staff members in addition to managing all the logistical and support aspects of the project. These responsibilities proved to be too much for any one person and the position of project manager had to be added in January 1980.

14. EVALUATION METHODOLOGY

The reason for the evaluation was to measure project progress after the first year of operation. Since there was no project logical framework matrix upon which to base the evaluation design, the evaluation team had to prepare one in conjunction with the grantee, the African Medical Research Foundation (AMREF) and the Regional Ministry of Health (RMOH). In developing the logframe it was recognized that the verification of most of the EOPS indicators would require extensive field trips to sample villages. Because of the lack of time to conduct such a sample, the evaluation team decided to postpone measuring the EOPS until the next evaluation.

The USAID evaluation team spent seven days in the Southern Region conducting the evaluation with short field trips to Lakes, Bahr El Gazal and Eastern Equatoria provinces to discuss the project with provincial and village health personnel. Agencies involved in the evaluation were the RMOH, Southern Regional Ministry of Finance and Economic Planning, AMREF, CUSO, International Voluntary Service (IVS), Maryknoll Fathers and USAID.

Data sources for the evaluation included grantee, RMOH and other donor reports and financial statements as well as discussions with relevant grantee, RMOH and other donor personnel.

15. EXTERNAL FACTORS

Some project activities were curtailed for approximately six months due to a shortage of commodities such as petrol and construction materials. This was caused by the closing of the Uganda border which stopped the normal route from Kenya through Uganda of donor commodities into the Southern Region.

Another critical external factor is the crisis situation with respect to the GOS balance of payments. Debt service obligations have climbed dramatically since the inception of the project with external payments arrears accumulating at the present time to \$1,200 million. This has meant a severe reduction in foreign exchange available for the

purchase of primary health care drugs and for the necessary fuel to transport these commodities to primary health care units in the rural areas. With the resulting shortage of drugs, the question is raised as to whether CHWs can be effective in implementing the preventative and promotive aspects of the PHCP when they are not able to provide adequate curative care which, according to the villagers, is the most important part of the PHCP. This question will be assessed during the next evaluation.

16. INPUTS

1. AMREF Staffing

The grantee has had difficulty during the first year of project operations in staffing fully the project with long-term personnel. Of the four original AID-funded positions (the fifth position of project manager was added in January 1980), two were not filled during the first year of project operations. This problem has caused a delay in the implementation of some activities. Had it not been for the technical support from the grantee's major office in Nairobi, the implementation of the project would not have progressed as much as it has.

Part of the problem resulted from the delay in the construction of three staff houses due to a shortage of materials caused by the closing of the Uganda border. AMREF could not fill positions if there was not adequate housing. At the time the evaluation team departed Juba, word was received that a replacement for the medical training officer, who left the project in September 1979 for advanced study leave, had been hired. This leaves only a replacement to be recruited for the CUSC self-help building supervisor who recently was removed from the project.

2. Project Management

The OPG tasks the project medical training officer with project management responsibilities. These duties involve supervising the work of other staff members in addition to managing all the logistical and support aspects of the project.

Due to the extreme difficulty in implementing development projects in the Southern Region because of support problems, the medical training officer had to spend an inordinate amount of his time dealing with these problems. Since training is the most important component of the project, the position of project manager

was added in January 1980 to the OPG so that the medical training officer could devote his full time to training.

Before the arrival in February 1980 of the project manager, these duties were being carried out by the information systems/evaluation advisor because of the departure in September 1979 of the medical training officer. The acute shortage of project staff during this interim period slowed considerably project implementation. Had it not been for the technical support of the AMREF Nairobi office, particularly in the area of training, progress would have been severely limited.

3. CUSO Staffing

CUSO supports three project staff members - the information systems/evaluation officer, self-help building supervisor and a medical secretary. Because of CUSO funding difficulties this past year the project has had to contribute \$13,500 for their support. The continuation of these difficulties has resulted in CUSO having to withdraw complete support from two of its three volunteers as of March 30, 1980. AMREF states that it is likely that it can obtain funding for one of these positions from another donor. The USAID evaluation team recommends that USAID request new funding for the remaining position.

Because the CUSO Director was out of country during the evaluation, discussions could not be held concerning which donor will fund what position and the corresponding level of funding. However, this matter will be addressed when he returns in April.

4. Staff Housing

The position of project manager was added to the OPG in January 1980. However, there are no funds in the project to provide housing for this position. It is hoped that sufficient savings will result from modifying the design of two training dispensaries to build a house for the project manager. This determination will be made by the construction subcontractor by the end of April. If there are not sufficient funds for this purpose, the USAID evaluation team recommends that USAID request new funds for this purpose.

5. Contingency Funds

No contingency funds were included in the OPG. Because of the many uncertainties of implementing development projects in the Southern Region, funds for unforeseen expenditures are essential. For this reason, the USAID evaluation team recommends that USAID request new funds be added to the project to provide for a ten percent contingency fund.

6. Possible Increased Construction Costs

Because of the closure of the Uganda border for approximately six months, arrival of essential materials was delayed in Juba, thereby delaying the construction component of the project (three staff houses, two CHW training schools and two affiliated training dispensaries). For this reason contractor insurance coverage has had to be extended thereby increasing total insurance costs.

The continued unstable political situation in Uganda has caused shippers to place a 20 percent surcharge on commodities going to Juba through Uganda. These increased costs naturally have affected the costs of contractor construction commodities.

This issue will not be addressed by AMREF until the construction subcontractor formally presents a request for additional funds.

17. OUTPUTS

The outputs will be discussed by major project components as follows:

1. PHCP Training (T.A. inputs by AMREF - medical training officer, public health nurse, public health officer and CUSO self-help building supervisor)

a. Construction of two community health worker training schools and two affiliated training dispensaries

Construction is behind schedule due to the past closing of the Sudan/Uganda border which prevented essential materials from reaching Juba. The school at Liria is approximately six months behind schedule and will be completed in June 1980 in time for a beginning class of CHWs. The foundations for the school buildings at Akat are in the process of being laid. Completion of construction should have occurred by the end of the first year. The design for two training dispensaries affiliated with the two CHW schools is being modified and made more simple. (See Attachment 6, Executive Review, page 2.)

b. Self-help construction of ten PHCUs affiliated with two training dispensaries and two CHW training schools

Since the two training schools and two dispensaries have not been completed, this activity has not begun. An inventory of the

physical condition of PHCP facilities was started by the CUSO-funded self-help building supervisor but has not been completed. Because his overall performance proved to be less than satisfactory, according to AMREF, he was removed from the project and a replacement is being recruited.

c. CHW manual revised

The grantee has produced two draft revisions. The final version is expected to be approved and adopted for use this year.

d. Training program developed for sanitary overseers

The AMREF public health officer has been hired only recently and has not as yet begun to assist in this activity.

e. Retrained PHCP health personnel

First year training targets have been met with the assistance of AMREF's Nairobi technical staff. Four one-week reorientation courses have been held for a total of 30 medical assistants, 25 dispensary nurses and 27 sanitary overseers. Four one-week refresher courses have been held for a total of 40 CHWs.

f. Participant training

This activity is targeted for the second project year.

2. Information/Evaluation System (T.A. inputs by CUSO information systems/evaluation advisor. Progress has been made in this area despite the fact that this advisor had to assume the additional responsibility of serving as interim project manager for the past six months.)

a. Improved data collection and reporting system for PHCP

Assistance has been given in the revision of the CHW monthly reporting forms and in the preparation of instructions for their use. In addition, forms for the evaluation of CHWs have been developed and are being pretested. Now that the baseline studies are under way, AMREF is expected to render greater assistance during the second year of the project in this most important area.

b. In-service training for PHCP data collection personnel

This output was added by the evaluation team and with the concurrence of AMREF and the RMOH during the preparation of the logframe and will be addressed during the second year of the project.

c. Six baseline and follow-up surveys

Four studies should have been completed during the first year; however, only one has been completed and the data from a second study is being analyzed currently. The delay in achieving the first-year target can be attributed in part to an outbreak of Green Monkey disease in one study area and to a lack of petrol due to the closing of the Sudan/Uganda border.

3. Logistic/Supply System (T.A. inputs by AMREF logistic/supply advisor)

a. Upgraded reporting and accountability system for drugs

Since the AMREF logistic/supply position was not filled during the first year, project activities in this area were delayed. AMREF, however, provided four months of short-term technical assistance which was used primarily to assist the RMOH in organizing better the PHCP warehouse in Juba and in revising the drug list. TDY assistance also was used to set up a store for supplies in Juba. AMREF

b. Upgraded drug and supply distribution system

Progress as noted above in 3.a.

c. In-service training of medical supply/logistics personnel

The training of regional office personnel in Juba has not been accomplished due to the lack of a long-term advisor. The evaluation team, with the concurrence of AMREF and the RMOH, added the output of in-service training of provincial medical supply/logistics personnel during the preparation of the logframe.

18. PURPOSE

"To strengthen the delivery of Primary Health Care Services to the rural population of Southern Sudan with special emphasis on community participation."

The evaluation team did not assess progress toward achieving each EOPS indicator. There was no logical framework matrix with EOPS in the DPG. Once these were developed by the USAID evaluation team in conjunction with the grantee and government, it was determined that for assessment purposes on-site sample surveys of villages would be required. Unfortunately, there was not sufficient time at this point to conduct a sample survey of villages. Such surveys will be accomplished during the next evaluation.

19. GOAL

"To improve significantly the health status of rural poor"

Since the EOPS were not evaluated, the evaluation team could not assess fully the progress toward goal achievement. In addition, the means of verification (baseline studies) are not yet in place. It can be stated, however, that other donor support of the PHCP is increasing which should contribute to the achievement of the goal.

20. BENEFICIARIES

Adequate health care is a basic human need. This project is designed to improve the health conditions of the vast majority of rural Sudanese in the Southern Region.

Experience of developing countries has shown the relationship between economic development and increased health care is highly variable. Some countries have improved their health status despite limited economic development. Others have shown only limited improvements in health status despite rapid overall economic growth. A substantial body of evidence has been compiled which indicates that specific measures to improve health care for the vast majority of a population can have a major developmental impact. However, the lack of good baseline data on morbidity, mortality and productivity in rural Sudan precludes at this time detailed calculations of the benefits from improved health that can be expected from this project.

It is therefore difficult to predict in advance the amount of suffering that will be avoided from improved health status or the increased person years of work that will become available as a result of this project. Even if this could be done, conceptual difficulties in putting a dollar value on suffering preclude calculation of benefits that could be compared with costs. In turn, the economic benefits from an increased supply of healthy labor will depend on the macro-economic development of Sudan and of the world economy.

In spite of the difficulties in estimating the benefits to accrue from this project, the nature of benefits expected are well defined: among other things,

decreased morbidity and mortality for infants, mothers and the rural population as a whole;

better nutrition habits;

prevention and control of communicable diseases;

decrease in the level of various water and sanitation associated diseases.

Although the benefits cannot at this time be quantified in full, by comparison with the experience in other countries with similar programs for preventive health care in rural areas, we believe they are more than sufficient to justify AID's continued support of this project.

21. UNPLANNED EFFECTS

Not pertinent at this time.

22. LESSONS LEARNED

The implementation of development projects in remote areas with special logistical and support requirements necessitates a full-time project manager. These responsibilities should not be added to the duties of one of the technical members of the project team.

23. SPECIAL COMMENTS OR REMARKS

Attachment 4: Issues

Attachment 6: Minutes of the Executive Review

ISSUES

1. New AID funds for Canadian University Service Organization
(CUSO project position (\$125,000 estimate - 42 person months))

The OPG calls for CUSO support of three project staff members: a. information systems/evaluation officer; b. self-help building supervisor; c. medical secretary. Because of funding difficulties CUSO has withdrawn support for two of these positions as of March 30, 1980. The project grantee, AMREF, states that it is likely that funding can be obtained for one of the two unfunded CUSO positions from another donor. This leaves one position not funded.

Recommendation: Following the resolution of which donor will fund what position, AID will fund one of the CUSO positions from which financial support has been withdrawn for an estimated 42 person months of technical assistance at an estimated cost of \$125,000.

2. New AID funds for Contingencies (\$217,000 estimate)

No contingency funds were included in the OPG. Because of the many uncertainties of implementing development projects in the Southern Region, funds for unforeseen expenditures are essential.

Recommendation: That a ten percent contingency fund be established for the remaining three and one-half years of the project at an estimated cost of \$217,000.

3. New AID Funds for End of Project Evaluation (\$45,000 estimate)

There are no funds in the OPG for an end of project evaluation. This project is of sufficient importance and magnitude to warrant an independent evaluation.

Recommendation: That \$45,000 be added to the project to conduct a six-weeks final evaluation by two rural health delivery consultants.

4. New Funds for Participant Training (\$20,000 estimate)

Since the OPG was prepared in 1978 participant training costs have increased dramatically. For this reason, costs for U.S. training should be raised to new AID/W authorized levels and third country training should be increased to reflect inflation.

Recommendation:

a. That the cost of one year of U.S. training for two participants be increased from a total of \$24,000 to \$38,000, and b. that following a grantee determination of the increased costs of one year of third country training for two participants, these additional costs be funded by AID.

5. Possible Increased Construction Costs

Because of the closure of the Uganda border for approximately six months, arrival of essential materials was delayed in Juba, thereby delaying the construction component of the project (three staff houses, two CHW training schools and two affiliated training dispensaries). For this reason, contractor insurance coverage has had to be extended thereby increasing total insurance costs.

Secondly, the political situation in Uganda has caused shippers to place a twenty percent surcharge on commodities going to Juba through Uganda. These increased costs naturally have affected the costs of contractor construction materials which were shipped through Uganda.

Lastly, since the construction subcontract was signed, the GOS has officially increased all wages, thereby increasing labor costs.

Recommendation:

That AID will review possible additional construction costs when presented by the building contractor.

6. Possible New AID Funds for Additional Staff House (\$65,000 estimate)

On USAID/Sudan's recommendation, the position of project manager was added to the OPG in January 1980. However, there are no funds in the project to provide housing for this new technician. It is hoped that sufficient savings will result from modifying the design of two training dispensaries to build a house for the project manager. This determination will be made by the building contractor by the end of April.

Recommendation: That AID provide new funds to build an additional staff house at an estimated cost of \$65,000 if it is determined by the building contractor that sufficient savings have not resulted from the modification of two training dispensaries to cover the cost of a house.

7. Modification of the Design for the Project Training Dispensary at Liria

The OPG calls for the use of the official GOS design in constructing the training dispensary at Liria.

The evaluation team determined that the two medical personnel stationed at the dispensary could not begin to utilize effectively the six rooms within the two separate buildings called for in the design.

Recommendation: That the design of the training dispensary at Liria be modified to reduce the amount of floor space and to accommodate all activities within one building.

8. Modification of the Design for the Project Training Dispensary at Akot

A CHW training school and training dispensary are supposed to be built under the project at Akot. However, an ACROSS-built dispensary and accompanying house for the medical assistant already exist at this location.

Recommendation:

The existing dispensary at Akot be utilized as a training dispensary and that any modifications be in keeping with recommendation number 7.

TECHNICAL REVIEW
Southern Primary Health Care Project

March 6, 1980

This evaluation requested by USAID was intended to clarify design, assess progress and improve project operation.

Participants included:

Emmanuel Laita Daniel, Acting Director, Primary Health Care Department (PHCP)
Regional Ministry of Health (RMOH)
Mark Taban Arnold, Supplies Officer, PHCP Department, RMOH
Benaiah Pitia Lasuk, Community Health Worker (CHW) tutor, PHCP Department, RMOH
Lupo Ucin Mbalo, CHW tutor, PHCP Department, RMOH
Alice Gideon, Maternal/Child Health Specialist, PHCP Department, RMOH
Jim Patton, Project Manager, African Medical Research Foundation (AMREF)
Margie McDonald, Information Systems/Evaluation Advisor, AMREF
Joyce Naisho, MCH advisor, AMREF
Tom Ateka, Public Health Officer Advisor, AMREF
Father Bill Knipe, Training Officer, Maryknoll Fathers
Robert McCandliss, USAID Area Coordinator, Juba Office
Arlene O'Reilly, Evaluation Officer, USAID Office in Khartoum
E. Thomas Chapman, General Development Officer, USAID Office in Khartoum
David Chell, Canadian University Service Organization representative in
Juba, was out of the country

A four-hour project review was held which basically assessed output achievements under the four major project components: 1) training of PHCP personnel; 2) self-help building; 3) information system; 4) logistics/supply system. The results of this assessment are detailed in the Project Evaluation Summary and will not be repeated here. Since the RMOH was represented at the meeting by an acting director of the Primary Health Care Department, it was determined that issues would have to be resolved during the executive level review by the Director of the RMOH. For this reason, they are not discussed here.

EXECUTIVE REVIEW
Southern Primary Health Care Project
650-0019

March 7, 1980

This evaluation requested by USAID was intended to clarify design, assess progress and improve project operation.

Participants included:

Dr. Noel Warille, Director, Regional Ministry of Health (RMOH)
Dr. Oliver Duku, Deputy Director, RMOH
Emmanuel Laita Danul, Acting Director, Primary Health Care Department, RMOH
Representative from External Assistance Office, Regional Ministry of Planning
K. C. Cheriyan, UNDP Economic Policy and Planning Advisor
Dr. S. Singh, World Health Organization Representative to the RMOH
Jim Patton, Project Manager, African Medical Research Foundation (AMREF)
Margie McDonald, Information Systems/Evaluation Advisor, AMREF
Robert McCandliss, USAID Area Coordinator, Juba Office
Arlene O'Reilly, Evaluation Officer, USAID Office in Khartoum
E. Thomas Chapman, General Development Officer, USAID Office in Khartoum

A three-hour project review was held during which the USAID evaluation team discussed its findings concerning project progress (see output section of PES) and presented the following issues and questions, which are grouped by activity, for resolution:

1. Training of PHCP Personnel

a. Construction plans for two project-funded training dispensaries which are affiliated with two CHW training schools are overdesigned for the purposes of a dispensary. A total of six rooms is not necessary for the functions of a dispensary. The dispensary design, which consists of two PHCUs joined together, should be reduced to only one structure.

The Director of the RMOH agreed that one structure would be sufficient instead of two and noted that a one-structure facility was his preference at the time that the official dispensary design was included in the six-year national PHCP. AMREF also agreed to the simplified one-structure concept and the construction subcontractor was notified to make the change.

b. One of the locations for constructing a project-funded CHW training school and affiliated training dispensary is at Akat where an African Committee for Rehabilitation of Southern Sudan (ACROSS)-constructed dispensary already exists. A duplicate dispensary and

3. Information/Evaluation System

a. Approximately 85 percent of the information requested of the CHW on the monthly reporting form relates to his curative duties. How can his role in preventative and promotive health be strengthened if he knows that his superiors are primarily interested in his curative activities?

The Director of the RMOH responded that he was aware of this problem and that it would be addressed during the evaluation of the reporting system which will take place this year.

b. Is the methodology used in conducting the baseline studies adequate to produce the intended purpose?

The WHO Representative to the RMOH contended that the methodology was faulty and as a result change in the health status of the targeted experimental villages could not be measured correctly. He argued that it was a waste of project and RMOH resources to continue the studies.

The UNDP advisor to the Regional Ministry of Planning and Finance responded that the methodology of the baseline studies basically was acceptable but that perhaps the number of villages in the sample should be increased.

The Director of the RMOH agreed with the UNDP advisor and stated that he supports the baseline studies and believes that resources devoted to this activity are not misallocated.

It was recommended by the evaluation team, and supported by AMREF and the RMOH, that some of the TDY resources under the project be used to have an expert in methods of survey research examine the methodology used in the baseline studies.

4. Logistic/Supply System for PHCP

a. The evaluation team raised the question as to why the regional PHCP warehouse in Juba had received no PHCP drugs for the past several years from the central medical stores in Khartoum.

The Director of the RMOH responded that the PHCP Department has not ordered any drugs and he requested the Acting Director of the Department to correct this situation.

5. General Issues

a. The evaluation team noted that the success of the project depended heavily upon a fully-staffed PHC Department and asked when the

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR FOR AFRICA

FROM: AAA/AFR/DR, John W. Koehring

SUBJECT: Sudan - Southern Primary Health Care (650-0019);
Request for Vehicle Waiver

Problem: Approval is requested to use funds from the subject project to procure two (2) utility vehicles of non-U.S. manufacture. This procurement necessitates a source/origin waiver from AID Geographic Code 000 (U.S. only) to Geographic Code 935 (Special Free World).

- A. Cooperating Country : Sudan
- B. Authorizing Document : Project Paper
- C. Project : Sudan - Southern Primary Health Care 650-0019
- D. Nature of Funding : Grant
- E. Description of Commodities : 2 vehicle (1 4WD)/spare parts
- F. Approximate Value : \$25,000
- G. Probable Source : Kenya
- H. Probable Origin : England/Japan

Discussion: Section 636(i) of the Foreign Assistance Act of 1961, as amended, prohibits AID from purchasing motor vehicles unless such vehicles are manufactured in the United States. Section 636(i) does provide, however, that ". . . where special circumstances exist, the President is authorized to waive the provisions of this Act in order to carry out the purposes of this Act." The authority to grant such waiver has been delegated to you by Delegation of Authority No. 40. Circumstances which may merit waiving the requirements of section 636(i) are set out in Handbook 1, Supplement B, Chapter 4.c.2.d. and include: (a) inability of U.S. manufacturers to provide a particular type of vehicle, and (b) present or projected lack of adequate facilities and supply of spare parts for U.S. manufactured vehicles.

The project location concerns the entire Southern Region of the Sudan. Extremely high seasonal rainfall lasting 6-7 months plus sandy terrain exacerbates the difficult, sandy terrain. The internal road system varies greatly among the six provinces in the Southern Region; in some areas, most of the roads are subject to serious flooding. The above factors dictate the need for particularly rugged vehicles. In addition, remote

locations of the project training schools, dispensaries, primary health care units, and rural provincial centers require that the vehicles be maintained by local mechanics utilizing spare parts which can be obtained in the rural project areas.

Justification: First, on August 16, 1978, you approved the attached waiver, in the amount of \$487,500, for the purchase of 24 Land Rover vehicles for the subject project. These vehicles have been procured and are in use. For vehicle maintenance reasons, it makes sense that the additional 4-wheel drive vehicle needed for the project be a Land Rover. Second, there continues to be a complete lack of spare parts and maintenance support for U.S. manufactured vehicles in Southern Sudan. In fact, to USAID's knowledge, there are no U.S. manufactured vehicles in Southern Sudan. The only reasonable supply of spare parts available locally are for Land Rovers and Toyotas, and local mechanics familiar with these types of vehicles are capable of maintaining them.

Third, the Regional Ministry of Health and Social Welfare as well as other government agencies have attempted to standardize vehicles in order to facilitate maintenance operations and minimize costs. Government repair facilities for Land Rovers already exist in the project area. Given other demands on GOS funds and its extremely limited manpower base, costs of developing maintenance facilities for relatively few U.S. manufactured vehicles located in the remote project areas would not be consistent with overall development objectives.

Recently, donors in the Southern Sudan have joined to form a pooled vehicle maintenance facility in Juba known as JAWS (Joint Administrative Workshop Services). Presently, JAWS has spare parts and maintenance facilities for only Land Rovers and Toyotas. No comparable maintenance facility exists in the area.

Recommendation: For the above reasons, it is recommended (1) that you conclude that special circumstances exist at this time which warrant the waiver of the requirements of section 636(1); (2) that you waive the source/origin requirements set forth in Handbook 1, Supplement B to allow procurement of these vehicles from countries included in Code 935; and (c) that you certify that exclusion of procurement of project vehicles from free world sources other than the cooperating country and countries included in Code 941 would seriously impede attainment of U.S. foreign policy objectives and the objectives of the foreign assistance program.

Approved: _____

Disapproved: _____

Date: _____