KD BBH 4/82.

APPENDIX 3A, Attachment 1
Chapter 3, Handbook 3 (TM 3:43)

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE: A (A = Add, C = Change, D = Delete) — Amendment Number 1 — DOCUMENT CODE 3

2. COUNTRY/ENTITY: Africa Regional

3. PROJECT NUMBER: 698-0398

4. BUREAU/OFFICE: REDSO/WCA — 06

5. PROJECT TITLE (maximum 40 characters): Strengthening of Health Delivery Systems

6. PROJECT ASSISTANCE COMPLETION DATE (PACD): MM 12 DD 31 YY 85

7. ESTIMATED DATE OF OBLIGATION (Under 'B.' below, enter 1, 2, 3, or 4)
A. Initial FY 83 B. Quarter C. Final FY 85

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

A. FUNDING SOURCE	FIRST FY 83 B. FX	C. L/C	D. Total	LIFE OF PROJECT E. FX	F. L/C	G. Total
AID Appropriated Total	1.551	949	2.500	18.426	8.328	26.754
(Grant)	(1.551)	(949)	(2.500)	(18.426)	(8.328)	(26.754)
(Loan)	( )	( )	( )	( )	( )	( )
Other U.S. 1.						
Other U.S. 2.						
Host Country						
Other Donor(s)		1.957	1.957	1.957	2.177	4.134
TOTALS	1.551	2.906	4.457	20.383	10.505	30.888

9. SCHEDULE OF AID FUNDING ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	C. PRIMARY TECH. CODE 1. Grant	2. Loan	D. OBLIGATIONS TO DATE 1. Grant	2. Loan	E. AMOUNT APPROVED THIS ACTION 1. Grant	2. Loan	F. LIFE OF PROJECT 1. Grant	2. Loan
(1)	539	500		18.654		6.754		26.754	
(2)									
(3)									
(4)									
TOTALS				18.654		6.754		26.754	

10. SECONDARY TECHNICAL CODES (maximum 6 codes of 3 positions each): 510 | 520 | 550 | 563 | 968

11. SECONDARY PURPOSE CODE: 531

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

A. Code	R/H	PART	TNG	BR			
B. Amount							

13. PROJECT PURPOSE (maximum 480 characters)

To improve the capacity of participating African countries to plan, implement and manage effective and economical health delivery systems such that these can be maintained and further strengthened in the future using indigenous and regional resources.

14. SCHEDULED EVALUATIONS
Interim MM 10 YY 84 | MM YY | Final MM 10 YY 85

15. SOURCE/ORIGIN OF GOODS AND SERVICES
☐ 000 ☐ 941 ☐ Local ☒ Other (Specify) 935

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of a 56 page PP Amendment)

To increase the authorized level of funding by $6,754,000 to $26,754,000, extend the project assistance completion date to December 31, 1985, make minor corrections in emphasis and establish objectively verifiable indicators.

17. APPROVED BY
Signature: [signature]
Title: Laurance W. Bond, Director, REDSO/WCA
Date Signed: MM 04 DD 26 YY 84

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

ACTION MEMORANDUM TO THE DIRECTOR REDSO/WCA

From: George Jones, G.D.O.

Subject: Strengthening of Health Delivery Systems (SHDS) 698-0398

Action

Your approval is requested to amend the Project Paper, Project Grant Agreement and the Project Authorization for the subject project.

Discussion

The Assistant Admi[illegible], [illegible] for Africa, in an Action Memorandum dated March 28, 1983 (attached), gave you authority to increase the life of project funding by $6,754,000 to a total of $26,754,000 for the Strengthening of Health Delivery Systems Project, 698-0398; extend the life of project to December 31, 1985, and the fiscal year or obligation to FY85. This project which was authorized in September 1977 for a total funding of twenty million dollars ($20,000,000) was designed to improve the capacity of participating African countries to plan, implement and manage effective and economical health delivery systems.

The magnitude of the health problems as envisioned and contemplated during the initial years of the project was grossly underestimated with respect to time and resources needed to redress the problem. With the accumulation of experience gained through this project as well as through other USAID efforts in the health field, it has been shown that in order to bring member countries closer to their goal of self-sufficiency in health for all by the year 2,000, it will be necessary to continue a concentrated effort well beyond the original date of project termination. It has also been found that the need for more careful planning efforts, which entails greater time spent, has been a prerequisite for successful programming.

The four original project objectives from which the project received its direction remain germane to the strengthening of the many health delivery systems. The disparities of the 20 countries involved in the SHDS project with respect to development levels makes it important to have a focal point where one can direct resources. On the other hand, the modifications which are presented in the amended paper will allow for the individual differences in countries and thus not impede progress.

The 1983 Project Review Committee endorsed the SHDS project and pledged the support of member countries to see that project objectives are realized over the next three years. The group was particularly pleased with the technology transfer and institutional building aspects of the project. They recommended that these aspects continue to be emphasized at the regional as well as national levels.

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The Project Paper Amendment more fully describes the changes in the project and the rationale. Much of the change is derived from the project evaluation performed in April 1982.

Recommendation

It is recommended that you approve the attached Project Authorization Amendment, Project Paper Amendment and Project Grant Agreement Amendment.

Approved _____

Disapproved _____

Date 4/26/83

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PP SUPPLEMENTS:

Table IA: Consolidated Budget by Year 1983-1985
Table IB: Detailed Budget of Activities 1983-1985
Table IC: Other Donor Contributions
Table IIA: Consolidated Logframe
Table IIB: Detailed Inputs, Outputs, and EOPS
Table III: SHDS Accomplishments 1978-1982

ANNEXES:

Annex 1: Amendment Number Eight to the Agreement between the Worl Health Organization and the United States of America for Phase II of the Project for the Strengthening of Public Health Delivery Systems in Central and West Africa

Annex 2: Justification for Waiver for Vehicle Purchase

4.

PROJECT AUTHORIZATION AMENDMENT

COUNTRY : Africa Regional

PROJECT : Strengthening of Health Delivery Systems (Phase II)

PROJECT NO. : 698-0398

1. Pursuant to Part 1, Chapter 1, Section 104, of the Foreign Assistance Act of 1961, as amended, Phase II of the Strengthening of Health Delivery Systems Project was authorized on September 21, 1977. Pursuant to A.I.D. ad hoc Delegation cited in STATE 96242, the Project Authorization of said project is hereby amended as follows:

a. the AID life-of-project budget total is increased by $6,754,000, from $20,000,000 to $26,754,000;

b. based upon the justification set forth in the Project Paper Amendment (see Annex 2), the following additional waiver is approved:

A procurement source and origin waiver from AID Geographic Code 000 (U.S. only) to AID Geographic Code 935 (Special Free World) for the purchase of one utility vehicle, including spare parts, in the approximate value of $12,000;

c. I hereby certify that the exclusion of procurement of the bove-mentioned motor vehicle (including spare parts) from the equired source countries included in Code 935 would seriously npede attainment of U.S. foreign policy objectives and bjectives of the foreign assistance program, and find that pecial circumstances exist to waive the requirements of Sectior 36(i) of the Foreign Assistance Act of 1961, as amended;

d. the financing of local currency costs is increased from $5,481,000 to $8,328,000 for the project.

2. The Project Authorization cited above remains in force except as hereby amended.

3. The Project Assistance Completion Date is extended from December 31. 1983, to December 31, 1985.

Date: 26 April 1983

Laurance W. Bond, Director
REDSO/WCA

PROJECT DESCRIPTION

Summary

1. The basic conception of SHDS project program for 1983-85 period is that of a continuation of the project to achieve its original objectives. In that regard, the four principal objectives remain the same, as well as many of the subobjectives. The activities continue to focus on the establishment of institutional capabilities so that the training and research activities will become an integral component of the institution programs and the professional staff of these institutions will be capable of implementing as well as further developing these activities.

2. However, as part of the continuation to achieve original goals, there have been shifts in emphasis within each of the four objectives.

a. There is more emphasis on national activities in Objectives I and IV, on training trainers and producing Trainers' Guides. Both objectives also focus on supporting the development of networks of institutions promoting health management and applied research, respectively.

b. Objective II introduces the apprenticeship-trainee approach to training trainers, and focuses on developing general capacity to produce training materials. The nursing education programs in continuing to emphasize continuing education focus on developing institutional capabilities to manage regional continuing education and consultative outreach programs to promote primary health care in the basic schools of nursing.

c. In Objective III, there is a major shift from Expanded Program of Immunization (EPI) to training in epidemiology. The emphasis is on developing the professional manpower required to improve disease surveillance systems at national and regional levels. This aspect of Objective III had not been sufficiently developed in the previous phase, as all efforts were concentrated on promoting EPI.

d. The SHDS project continues to follow the following developmental strategy:

(i) New ideas are introduced and tested at the regional level.

(ii) Training programs are then adapted for national level implementation.

(iii) Regional activities focus on training trainers for these programs.

(iv) Programs are then institutionalized in a broad base of collaborating institutions.

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Introduction

The Strengthening of Health Delivery Systems (SHDS) Project, 698-0398, represents a collaborative effort between the U.S. Government and WHO Africa Regional Office to elevate the quality of life in West and Central Africa through the amelioration of the many organizational and management problems in the health structure as well as through the enhancement of technical skills necessary to combat the pervasive illnesses which characterize this particular region. The project, which has evolved from careful planning, experimentation and evaluation, and which accords special attention to country absorptive capacity and perceived needs, has reached a high level of population and intergovernment participation. In addition to its appeal to primary beneficiaries, the present plan embodies AID's strategy of technology transfer, institution building and management support. The many inquiries for membership from countries outside of the project's area of responsibility are indicative of the important role the project plays in assisting countries in modifying health policy and programming in pursuit of more cost-effective health systems.

Problem

In spite of notable gains over the past two decades in bringing quality and affordable health care to developing countries, many problems remain--even those for which technical knowledge and treatment skills exist. The statistics for infant mortality and morbidity continue to be inordinately high by global standards. Nearly one-third of African children die before the age of five. Those who live are constantly confronted with debilitating illnesses which, for the most part, have been rendered harmless in developing countries.

It has become evident to the SHDS project that the level of illness states is not only related to the cause and effect factors of the harsh environment which promotes parasitic and infectious diseases but is exacerbated by the many factors related to accessibility of health care. Thus, the use of available resources, including manpower, ineffective organizational and managerial systems, inhibiting national health policies, and lack of appropriate program models, become important variables of contention, and targets for the ultimate accomplishments of the SHDS project.

Progress to Date

In an evaluation report of April 1982, it was stated that the SHDS project "Did a great deal of work of high quality and produced much of value that will have residual utility for some time to come." For the most part, the SHDS project has concentrated its resources, both technical and financial, on four objectives which, when consolidated, have offered viable means towards improving the capacity of participating African countries to plan, implement and manage effective and economical health delivery systems. As a result of the accomplishments of these four objectives in the past as well as those projected into the future, it is

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assumed that upon termination of the project these systems will continue to be maintained and strengthened using indigenous and regional resources.

SHDS Organization and Program

General

The chief management responsibilities for the planning and implementation of the SHDS project continue to rest with Boston University through their field office in Abidjan and home office in Boston. Overall administrative responsibility, however, has been entrusted to the World Health Organization/Africa Region (WHO/AFRO) through a Project Grant Agreement.

Country participation and opportunity for input into the design and modification of the project is guaranteed through a Project Review Committee (PRC). The committee, composed of representatives of the ministries of health from 20 countries, has the responsibility to review the overall project plans and objectives in order to assure that they are consonant with and supportive of regional and national health goals.

The Project Coordinating Committee (PCC), a smaller representation of the PRC, meets yearly to discuss and evaluate project activities of the previous year and to approve project implementation planning for the coming year. The results of their deliberations are then reported back to the PRC.

Technical

In order to ensure maximum programmatic coverage for the 20 countries and an efficient use of available professional manpower, the SHDS Abidjan office, headed by a physician with extensive international health credentials, is divided into two areas of program concentration:

a. training and management;
b. epidemiology, information systems and research.

Each of the above technical areas is headed by a professional staff person designated Assistant Director. It is also understood that these Assistant Directors, residing in Africa, will report directly to the Project Director. In his absence, one of the Assistant Directors assumes administrative responsibility for the program. As needed, the SHDS/Abidjan office will have access to technical back-up personnel as well as logistical support from the home office in Boston.

It is assumed that other donor organizations such as FAC, UNICEF and CDA will continue to cooperate and collaborate with the project in order to use, expeditiously, available resources.

With respect to daily operations, the project will focus on the program as sanctioned by the Project Committees. The format of the SHDS program described below will follow the implementation plan covering the four objectives.

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Objective I

To improve national and regional health planning and management.

As the result of a series of training programs for ministers, technicians and trainers, it is projected that the health management skills in planning, organizing, executing and controlling functions in the delivery of primary health care services will be effectively strengthened and thus aid ministries of health to achieve broad organizational goals associated with their national health delivery system.

In the carrying out of this program, the project will concentrate its activities on:

1. the structure and development of the network of health management training institutions in conjunction with WHO/AFRO;

2. intersectorial management training program for PHC;

3. national management development training programs within ministries of health.

Specific programs will include:

1. three preparation meetings for courses in health management;

2. fourteen health management courses and the completion of the trainers' guide to health management;

3. fifteen two-day health management workshops;

4. evaluation of 1982 top level management workshops;

5. three management skills training sessions for ministry of health personnel;

6. continuing education for each management development program.

Objective II

To increase skills and improve utilization of health personnel providing generalized health services at supervisory and local levels.

In the carrying out of Objective II, there are three major areas of concern to which the project will specifically attend: curriculum development, staff development, and continuing education. The target sites for most of the planned activity will be the Lome and Lagos Regional Training Centers, Centres d'Enseignement Superieur Soins Infirmiers (CESSIs) in Dakar and Yaounde and the Anglophone Post Basic Nursing Education Program.

Specific activities for each institution include:

1. Lome/Lagos

a. refinement of apprenticeship training of trainers program and development of register of former apprentice trainers;

b. develop national level Primary Health Care (PHC) training programs by former Training of Trainers (TOT) course participants;

c. upgrade RTC's capability to create and produce high qualit training materials for PHC;

d. develop plan for use of test processing of equipment.

CESSI's (Dakar and Yaounde):

a. workshops for CESSI Directors and other appropriate staff to define the role of CESSI programs in promoting and developing PHC oriented curricula in basic schools of nursing and in the planning and management of continuing education program;

b. develop program on planning and implementing continuing education programs;

c. print and distribute quarterly newletters for CESSI graduates;

d. curriculum reformulation for CESSI Yaounde;

e. revised research course for CESSI Yaounde;

f. development of PHC practice field sites.

g. provide master's level degree fellowships in the U.S. or Canada.

SHDS will continue to promote the development and use of health and management information systems including the technical aspects of manual and microcomputer data collection, storage and analysis. More specific activities will include:

1. health services research course in the design and development of research proposals for trainers at the WHO/AFRO Lome and Lagos Regional Training Centers;

2. technical assistance to WHO sub-regional centers for applied research;

3. in-country workshops;

4. fund and give technical assistance to applied research projec

5. complete production and distribution of English and French versions of the AFRO/SHDS health services research training manuals;

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6. support first annual conference on applied and operational research technology in collaboration with Combatting Childhood Communicable Diseases (CCCD) and WHO/AFRO;

7. technical assistance to WHO/AFRO in their development of a network of African training institutions.

Objective III

To Improve Regional and National Disease Surveillance and Health Demographic Data Systems and to Integrate these Systems into National Health Planning Delivery Systems.

As a forerunner in the establishment of surveillance techniques, the project, in collaboration with WHO/AFRO, will enhance bases of operation for target groups by continuing to develop epidemiological training.

In addition, the project will assist in the development of national health information system capability.

Specific activities include:

1. continuing to collaborate with l'Organisation de Coordination pour la lutte contre les Endemies en Afrique Centrale (OCEAC) and l'Organisation de coordination et de cooperation pour la lutte contre les Grandes Endemies en Afrique de l'Ouest (OCCGE) in the training of African epidemiologists;

2. creation of two Epidemiologic Demonstration and Training Zones (EDTZ);

3. development of a model system to train health personnel to collect and utilize epidemiologic data in the planning, management and evaluation of PHC programs;

4. sponsoring disease surveillance conference in collaboration with WHO/AFRO and CCCD.

Objective IV

To Develop Training, Service and Research Demonstration Models for Low-Cost Health Delivery through Applied Research

An important element of a functional health system is its ability to perform research appropriate to the primary health care delivery system. In pursuit of these skills, the SHDS project, in collaboration with WHO/AFRO, will endeavor to strengthen institutional capacity. The principal targets will include a network of institutions within the region.

Specific activities include:

1. health services research course in design and development of research proposals for trainers at WHO/AFRO Lome and Lagos Training Centers;

2. collaborate with newly developing WHO sub-regional centers;

3. hold two in-country workshops;

4. fund and give technical support to applied research projects within the region;

5. complete production and distribution of the English and French versions of the AFRO/SHDS health services research training materials.

IMPLEMENTATION PLAN

Because of the collaborative nature of the SHDS project and the multi-faceted involvement of a host of organizations in the execution of project operations, it is important that the implementation plan be a realistic blueprint of delegated responsibility.

For the most part, the plan will strive also to get assistance moving in a timely fashion with assurance of efficient obligation.

In as much as the Regional Office of the World Health Organization, Brazzaville (WHO/AFRO), has been the signatory of the Project Grant Agreement, it will continue to assume the overall administrative responsibility for the project. WHO/AFRO will be counselled in the execution of the project through a Project Review Committee and a Project Coordination Committee. The Project Review Committee is made up of 20 country representatives, WHO officials, and donors such as USAID, FAC, and UNICEF. The PCC on the other hand is a smaller, more active representative group of the PRC.

Overall supervision of the project implementation and operations will be primarily the responsibility of Boston University through contractual arrangements with USAID. As needed, technical support and guidance to the project director, located in Abidjan, will be furnished by the University from its U.S. resources or through sub-contractual arrangements with other appropriate organizations.

The listing below represents the major range of actions anticipated by the project over the next three years in order to accomplish project objectives:

		Responsibility of		
Function	Tasks	WHO	Boston	USAID
Project Management				
	- Planning and scheduling	X	X	
	- Organizing recruiting and assigning project staff	X	X	
	- Supervising project staff		X	
	- Approving contractor international travel and job performance			X
	- Monitoring project			X
	- Liaison with U.S. Missions and USAID Washington			X
	- Providing documentation required by contractual and grant agreements	X	X	

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Function	Tasks	Responsibility of WHO	Boston	USAID
Project Management				
	- Reviewing and accepting documentation relating to satisfaction of performance			X
	- Approving consultant scope of work and travel			X
	- Coordination of project activities with other country commitments	X	X	X
	- Establishing detailed, time phased financial plan			X
	- Establishing and maintaining project accounting system	X	X	
	- Preparing requests to AID for direct disbursement or reimbursement	X	X	
	- Certifying invoices for payment			X
	- Maintaining AID's accounts			X
Contracting				
	- Contracting for services		X	
	- Purchasing commodities		X	
	- Administering contracts			X
Reporting				
	- Review reports from contractors	X		X
	- Prepare reports re project progress		X	
	- Prepare reports of information to U.S Missions			X

SUMMARY COST ESTIMATE AND FINANCIAL PLAN

(U.S. $000)

Use	USAID Contribution 1983	1984	1985	Total
Salaries	448	390	407	1245
Consultants	179	140	113	432
Fringe Benefits	85	81	82	248
Overhead	734	682	697	2113
Travel	263	329	252	844
Allowances	635	747	727	2109
Other Direct Costs	263	239	349	851
Equipment	79	77	49	205
Participant Training	47	-	-	47
Total	2733	2685	2676	8094

SUMMARY COST ESTIMATE AND FINANCIAL PLAN

(U.S. $000)

Activity	Other Donors 1983	1984	1985	Total
Health Planning and Management	100	95	95	290
Lagos and Lome Centers	932	500	300	1732
Anglophone Post Basic Nursing (Liberia)	225	175	150	550
Francophone Post Basic Nursing (CESSIs)	500	406	206	1112
Disease Surveillance an Data Collection	50	50	50	150
Applied Research	150	100	50	300
Total	1957	1326	851	4134

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facility are available to only a few special problem cases. As a result, the masses go without treatment and the fortunate few are denied follow-up services.

As a part of its mission, the Project will continue to influence the priorities of the 20 member countries toward rural intervention by offering successful models and effective training modalities for village-level health services. The path to this accomplishment, although somewhat more visible through the efforts of the past five years, still remains a challenge.

The conditions outlined in the original project paper have not changed in kind but in degree. AID input into the project seeks to eliminate the least-effective cost centers, such as curative oriented hospitals mentioned above, in favor of a preventive orientation for a number of mid-level and supervisory level personnel. Through strategic placement, it is anticipated that these personnel can give coverage to a greater percentage of the population via direct and indirect services. In other words, in advancing the primary health care approach in management training and research, the project will attempt to maximize the productivity and efficiency of existing cadres of health workers at the mid-management level. The cost effectiveness of the project becomes evident as an effort is made to offer quality services to a strengthened health system and through the encouragement of using volunteer village health workers who can provide greater coverage of simple curative and preventive medicine at a very reduced recurrent cost to the government.

In view of past records and continued trend, it is judged that the SHDS project is a desirable economic investment for the U.S. Government as well as other donors to the West and Central African health program.

As was alluded to in the earlier project paper, it is extremely difficult if not impossible to document the amount of physical discomfort that will be avoided from improved health care. It is equally as difficult to calculate the dollar amount attributed to the increased number of work weeks resulting from the effectiveness of the project. There are certain guidelines, however, which the project will attempt to quantify over the next three years which will aid in calculating some of the derived values of the project in relation to costs and benefits.

Technical Analysis

Constraints to achieving improved health care in Africa, although having abated somewhat over the past decade because of multifaceted intervention by host countries, as well as donors, nevertheless persist. Basic health issues which remain paramount to high morbidity and mortality statistics are as follows: unsatisfactory training of personnel, the limitations of resources, and the ineffectiveness of operative health systems. The emphasis on urban and curative medicine rather than preventive and rural services still predominates.

Countries at varying speeds and levels of effort are beginning to set priorities for health programming in order to provide economically feasible basic health services. Whereas in Phase II of the SHDS project, emphasis was placed on regional building with respect to strengthening

institutions, the present extension will modify this approach somewhat and be more responsive to individual country needs. The modification is seen as an orderly add-on to the previous five-year experience.

The objective of each of the major components of the project will remain the same. Emphasis will be placed on the networking concept of information and skills transfer currently being advanced by WHO/AFRO as well as the development of health management training competency among faculty members of member institutions.

Basic approaches to disease surveillance using institutions such as OCCGE and OCEAC remain the same.

Because of the simple training specifications being advanced and perfected through the formal training institutions involved in the SHDS project the replicability and diffusion of the principles of primary health care are no longer a major issue. Concerns center around the need to develop a viable administrative, logistic, and supervisory system in order to support these sound patterns for delivery.

It is the concensus of the countries involved that at the termination of the project the wherewithal will exist in all regions to continue the program with available manpower, management and material resources. The project is seen as a force to help strengthen health systems rather than to replace that which exists.

EVALUATION ARRANGEMENTS

Introduction

The evaluation of the SHDS project is seen as an integral part of the overall project design. It is the part of the schema which analyzes and assesses the performance and results of the project to date with respect to program and procedures. It is anticipated that the evaluation process will allow the project authorities as well as host country personnel to take an orderly look towards ascertaining whether planned results are being achieved and to what degree the project is having an impact on identified targets. On the other hand, if the project is not performing at the intended level the evaluation will assist in discerning those constraints and/or erroneous assumptions upon which the project rests.

Assessment of Achievement of Project

Purpose

At the end of 14 months, the project purpose will be assessed by measuring the degree to which the end of project status indicators have been accomplished. (In the interim months records and reports will be amassed and used as a source of information regarding project inputs with special attention being paid to quality, quantity and timeliness).

The chief reference document for the evaluation will be the PP supplement log frame and detailed inputs, outputs and EOPS located in Tables IB and IIB. The evaluation using these indicators will require site visits, interviews and examination of institutional and Ministries of Health records. The actual format of this presentation will be made a part of the scope of work of a designated team.

At the end of the evaluation period, it is anticipated that the information at hand will allow decisions to be made regarding the continuing validity and relevance of the project with suggestions of how to improve effort; the effects, if any, of those unanticipated forces which have impacted on the project; and finally, whether all procedures have been carried out according to the plan and what additional actions are needed to insure project success.

Final Evaluation

At the end of the project, or within an ample time to profit from the presence of those actively involved in the project, a modified evaluation of the results achieved will be undertaken. In addition to assessing the level of accomplishment, this procedure will also be used to identify follow-up actions which will be necessary for future undertakings to serve as logical extensions or follow-ups to commitments of the past.

All evaluations will emanate from joint planning between WHO/AFRO and USAID, represented by REDSO/WCA. Whenever possible, countries involved in the SHDS project as well as project staff will be called upon to participate in the process. The results of each of the evaluations will be widely distributed among participants and made available to those countries and/or specific programs desiring copies.

PP SUPPLEMENT: TABLE I A

Consolidated Budget by Year 1983-1985

SHDS BOSTON UNIVERSITY BUDGET - 1983

	OBJECTIVE I	OBJECTIVE II			OBJECTIVE III	OBJECTIVE IV	ABIDJAN	BOSTON	TOTAL
		LOME/LAGOS	CESSIs	LIB. NRSNG					
Salaries	17,500	8,750	45,701	56,927	10,000	10,000	181,514	117,266	447,658
Consultants	42,075	6,750	6,600	----	58,220	24,540	----	----	138,185
Fringe Benefits	6,334	2,806	8,619	10,191	5,886	5,293	25,909	19,563	84,601
Overhead	73,012	17,508	53,390	90,194	71,503	73,155	213,341	141,526	733,628
Travel	31,100	4,300	13,100	13,600	24,600	23,000	35,050	3,640	148,390
Allowances	35,290	12,980	24,146	54,477	39,675	31,570	62,614	5,280	266,032
Other Direct Costs	13,500	---	6,850	29,976	6,950	60,400	84,532	29,647	231,855
Equipment, Etc.	2,600	---	3,500	16,900	---	---	44,000	2,400	69,400
Participant Training	---	---	37,178	1,250	---	---	---	---	38,428
TOTAL	221,411	53,094	199,084	273,515	216,834	227,957	646,739	319,322	2,157,956

SHDS AFRO BUDGET - 1983

	OBJECTIVE I	OBJECTIVE II			OBJECTIVE III	OBJECTIVE IV	ABIDJAN	BOSTON	TOTAL
		LOME/LAGOS	CESSIs	LIB. NRSNG					
Salaries									
Consultants				38,000	2,500				40,500
Fringe Benefits									
Overhead									
Travel	42,800	12,600	10,000	10,700	27,500	10,800			114,400
Allowances	112,050	81,900	13,100	39,420	77,010	45,775			369,255
Other Direct Costs	7,000	8,000	4,495	1,000	6,800	4,000			31,295
Equipment, Etc.	3,000	5,000		1,500					9,500
Participant Training				9,000					9,000
TOTAL	164,850	107,500	27,595	99,620	113,810	60,575			

SHDS BOSTON UNIVERSITY BUDGET - 1984

	OBJECTIVE I	OBJECTIVE II			OBJECTIVE III	OBJECTIVE IV	ABIDJAN	-BOSTON-	TOTAL
		LOME/LAGOS	CESSIs	LIB. NRSNG					
Salaries	19,250	9,625	20,942	62,620	22,000	22,000	168,645	65,357	390,439
Consultants	30,500	6,750	13,500		51,570	20,900			123,220
Fringe Benefits	6,170	2,215	6,234	12,432	7,592	5,285	30,275	10,687	80,890
Overhead	63,292	30,550	29,841	100,031	75,904	63,551	226,515	92,208	681,892
Travel	32,120	8,060	5,330	34,630	25,800	29,210	37,790	4,004	176,944
Allowances	23,585	9,450	11,475	57,875	45,785	39,530	85,525		273,225
Other Direct Costs	12,150		2,000	32,900	770	14,150	91,950	32,612	186,532
Equipment, Etc.	2,860	25,000					38,845	2,600	69,305
Participant Training									
TOTAL	189,927	91,650	89,322	300,488	229,421	194,626	672,400	207,468	1,975,382

SHDS AFRO BUDGET - 1984

	OBJECTIVE I	OBJECTIVE II			OBJECTIVE III	OBJECTIVE IV	ABIDJAN	BOSTON	TOTAL
		LOME/LAGOS	CESSIs	LIB. NRSNC					
Salaries									
Consultants		13,860			2,750				16,610
Fringe Benefits									
Overhead									
Travel	45,540		1,000	50,400	31,900	22,820			151,660
Allowances	106,380	90,090	9,000	37,950	119,990	110,005			473,415
Other Direct Costs	3,850	8,000	11,500	4,000	10,080	15,000			52,430
Equipment, Etc.	2,200	5,000							7,200
Participant Training									
TOTAL	157,970	116,950	21,500	92,350	164,720	147,825			701,315

SHDS BOSTON UNIVERSITY BUDGET - 1985

	OBJECTIVE	OBJECTIVE II			OBJECTIVE III	OBJECTIVE IV	ABIDJAN	BOSTON	TOTAL
		LOME/LAGOS	CESSIs	LIB. NRSNG					
Salaries	21,175	10,588	23,036	68,874	24,200	24,200	185,509	48,952	406,534
Consultants	17,215	6,750	14,850		40,893	15,040		-	94,748
Fringe Benefits	5,805	2,389	6,857	13,678	7,247	5,020	33,302	7,604	81,902
Overhead	51,333	18,831	32,360	95,437	71,442	65,263	280,332	82,190	697,188
Travel	29,280	8,565	5,783	19,353	21,660	25,760	30,679	4,404	145,484
Allowances	12,591	6,480	9,990	58,562	43,164	35,756	94,038		260,581
Other Direct Costs	15,380	3,125	3,763	30,579	7,100	27,780	174,406	38,873	301,006
Equipment, Etc.	730						42,730	2,904	46,364
Participant Training									
TOTAL	153,509	56,728	96,639	286,483	215,706	198,819	826,913	184,927	2,019,724

SHDS AFRO BUDGET - 1985

	OBJECTIVE I	OBJECTIVE II			OBJECTIVE III	OBJECTIVE IV	ABIDJAN	BOSTON	TOTAL
		LOME/LAGOS	CESSIs	LIB. NRSNG					
Salaries									18,271
Consultants		15,246			3,025				
Fringe Benefits									
Overhead									106,207
Travel	33,580		1,000	12,800	34,255	24,572			
Allowances	93,720	99,099	14,800	15,600	127,675	115,240			466,134
Other Direct Costs	4,240		12,050	5,000	10,835	16,000			48,125
Equipment, Etc.	2,420								2,420
Participant Training									
TOTAL	133,960	114,345	27,850	33,400	175,790	155,812			641,157

PP SUPPLEMENT: TABLE I B

Detailed Budget of Activities 1983-1985

STRENGTHENING HEALTH DELIVERY SYSTEMS (SHDS)

OBJECTIVES I - IV
1983 - 1985

OBJECTIVE I - MANAGEMENT AND PLANNING 1983 - 1985

SCHEDULED ACTIVITY	COSTS			OUTPUT
1. Identify training competencies (1983).	None identified			Training needs identified necessary to develop and implement health management courses.
2. Plan courses in health management for PHC (1983).	None identified			Theme, site & dates for course will have been selected as well as site & date for preparatory meeting.
3. Conduct 5-day Preparatory meetings for course in HLTH. MNGT.(1 meeting per year) 1983-1985.	[illegible] 10,450	[illegible] 15,324	TOTAL 25,774	Course objectives & descriptions developed.
4. Organise & conduct HLTH. MNGT. TRNG. Course (1983-1985).	SHDS/AFRO 291,750	SHDS/EU 147,514	TOTAL 439,264	6 Courses completed, 30 staff persons at MNGT. Network institutions have received 3 semesters of training in health managem pedagogical competencies.
5. Trainers Guide to HLTH. MNGT. developed & distributed (1983-1985).	SHDS/AFRO -	SHDS/EU 5,388	TOTAL 5,388	3 Health Management Development Trainers Guides completed for use by Network institutions.
6. Continuing Education for HLTH. MNGT. development (1983-1985).	SHDS/AFRO 67,750	SHDS/EU 64,750	TOTAL 132,500	Health Management Development Continuing Education programs started and institutionalized in 3 countries with approximately 600 per days of training given.
7. Evaluate impact of 1982 National top level MNGT. Workshops (1983).	SHDS/AFRO -	SHDS/EU 12,340	TOTAL 12,340	Completed 1983.
8. Conduct National-Level Country intersectoral ministerial MNGT. follow-up Workshops (1983-1985).	SHDS/AFRO 21,200	SHDS/EU 26,443	TOTAL 47,643	Top-level management workshops held for 40 officials in 2 countries to start 2 additional health management development continuing education programs.
9. Conduct Top Level Intersectoral PHC MNGT. Team Workshops (1983-1985).	SHDS/AFRO 65,630	SHDS/EU 90,292	TOTAL 155,922	10 Ministers of HLTH. and o other sectors and 10 direct of health and other sectors ceived mngt. skills trng; to create intersectoral PHC mgt. teams in 6 countries, 1 workshop in 1983 and 1 workshop in
10. Field [illegible] tion	SHDS/AFRO	SHDS/EU 202,796	TOTAL 202,796	
	SHDS/AFRO TOTAL $456,780	SHDS/EU TOTAL $564,847		

SHDS/AFRO TOTAL + SHDS/EU TOTAL = $1,021,627

OBJECTIVE II - TRAINING ANGLOPHONE NURSING PROGRAM 1983 - 1985

SCHEDULED ACTIVITY	COSTS			OUTPUT
1. Collaborate w/ faculty to plan a regional continuing education program for graduates & to reformulate curricula of basic schools of nursing - 1983.				
1a. Conduct 2 3-day Planning meetings w/ 5 country schools of nursing (1983).	SHDS/AFRO 12,520	SHDS/BU 7,699	TOTAL 20,219	A draft proposal for organis tional & technical requirements for a regional system formal and continuing education will have been develope Report will have been prepar & ready to distribute to schools & WHO/AFRO & WACH fo review, discussion & recomme dations.
1b. Conduct one 5-day Workshop (1984).	SHDS/AFRO 40,650	SHDS/BU 17,550	TOTAL 58,200	20 nurses will have attended workshop to develop a progra of continuing education.
1c. Conduct 2 3-day planning meetings for collaboration between anglophone & francophone nursing (1984).	SHDS/AFRO 32,200	SHDS/BU 12,234	TOTAL 44,434	Will have identified organis tional & technical requirements for francophone nursin collaboration w/ WACH.
1d. Conduct seminar on recent development in PHC Nursing (20 participants, 1985)	SHDS/AFRO 19,500	SHDS/BU 24,469	TOTAL 43,969	20 nurses will have participated in 1 annual 3-day seminar on recent developments in PHC nursing.
1e. Conduct 1 workshop between anglophone & francophone basic nursing programs, 5 days, 15 participants, (1985).	SHDS/AFRO 29,600	SHDS/BU 7,460	TOTAL 37,060	A draft plan will have been developed for cooperation between anglophone & francophon nursing programs & 1 worksho for 15 francophone & anglophone nurses will have been held.
2. General support costs for SHDS/BU field consultant and 2 SHDS/AFRO consultants at CUC including evaluation of CUC reformulated post-basic nursing education program and development of PHC sites.	SHDS/AFRO 75,000	SHDS/BU 724,271	TOTAL 799,271	Consultants will have developed & implemented evaluatio plan, established field practice site, organized continuing education programs with basic schools of nursing revised curricula to emphasi PHC, etc. and develop plan fo anglophone and francophone nursing cooperation.
3a. Evaluate CUC reformulated curriculum (1983-1985)	SHDS/AFRO 8,000	SHDS/B 14,865	TOTAL 22,865	Evaluation completed. Revisions will have been st - 1984. Revisions will be com pleted - 1985.
3c. Provide funds to complete 1981 fellowships (1983).	SHDS/AFRO 9,000	SHDS/B -	TOTAL 9,000	4 Fellows have graduated from CUC post-basic nursing.
3d. Complete masters level fellowship.	SHDS/AFRO -	SHDS/B 1,250	TOTAL 1,250	1 masters level fellow will have completed studies (1983)
4. Field Program direction	SHDS/AFRO -	SHDS/B 49,588	TOTAL 49,588	
	SHDS/AFRO TOTAL $225,370	SHDS/BU TOTAL $860,486		

SHDS/AFRO TOTAL + SHDS/BU TOTAL = $1,085,856

OBJECTIVE II - TRAINING - CESSIS (Dakar & Yaounde) 1983 - 1985

SCHEDULED ACTIVITY	COSTS			OUTPUT
1. Plan a consultative outreach program.				
1a. Conduct 3-day planning meeting w/CESSI directors to organize continuing education workshop (1983).	SHDS/AFRO 1,325	SHDS/BU -	TOTAL 1,325	5-day workshop will have be developed.
1b. Conduct a 5-day planning meeting for facilitators for continuing education workshop in Abidjan (1983).	SHDS/AFRO 3,900	SHDS/BU 10,989	TOTAL 14,889	6 facilitators will have planned 5-day workshop on how to plan & implement continuing education workshops.
1c. Conduct the 5-day continuing education workshop for staff of both CESSIs in one of the CESSIs (1983).	SHDS/AFRO 18,730	SHDS/BU 14,634	TOTAL 33,364	15 CESSI staff from Dakar & Yaounde have been trained t plan & implement a continui education workshop.
2. Plan & conduct 1 2-day workshop on the role of the nurse in PHC (1983).	SHDS/AFRO 2,040	SHDS/BU -	TOTAL 2,040	19 nurses will have attende workshop on role of nurse i PHC.
3. Prepare & distribute newsletter. 4 issues/year (1984-1985).	SHDS/AFRO 9,600	SHDS/BU -	TOTAL 9,600	Newsletter prepared & distr buted to 200-300 graduates others in 1983. 4 issues per year produced 1984 and 1985.
4. Plan and conduct one 2-day workshop (one in 1985) at each CESSI.	SHDS/AFRO 3,000	SHDS/BU -	TOTAL 3,000	120 nurses will have attend workshop on role of nurse i PHC.
5. Conduct 10 day National level continuing education workshops for graduates of CESSI and basic schools of nursing (1984-85) in 2 other CESSI countries.	SHDS/AFRO 28,350	SHDS/BU 6,620	TOTAL [illegible]	120 CESSI graduates will ha attended national-level con tinuing education workshops
6. Complete process of curricula reformulation in CESSI/Yaounde (1983).	SHDS/AFRO -	SHDS/BU 120,110	TOTAL 120,110	Nursing curriculum will hav been reformulated w/ empha on PHC & presented to the University Curriculum Refor Committee at the University Yaounde & Ministry of Educa tion. Field practice site c pleted. Survey of continui education needs will have been made in countries serv by CESSI graduates
7. Continue development of short-term consultation on continuing education.	SHDS/AFRO -	SHDS/BU 145,925	TOTAL 145,925	
8. Provide funds to fellows completing masters degree training in Boston & Montreal (1983).	SHDS/AFRO -	SHDS/BU 37,178	TOTAL 37,178	4 fellows will have complet masters level training in nursing.
9. Develop 4 modules in PHC nursing (Dakar & Yaounde) 1984-85.	SHDS/AFRO 3,000	SHDS/BU -	TOTAL 3,000	Development of 4 modules in PHC nursing.
10. Conduct special workshop on PHC for anglophone Bamenda Basic Nursing School	SHDS/AFRO 3,000	SHDS/BU -	TOTAL 3,000	
11. Field Program Direction.	SHDS/AFRO -	SHDS/BU 49,589	TOTAL 49,589	
	SHDS/AFRO TOTAL $76,945	SHDS/BU TOTAL $385,045		

SHDS/AFRO TOTAL + SHDS/BU TOTAL = $461,990

OBJECTIVE II - TRAINING (Lagos & Lome) 1983 -1985

SCHEDULED ACTIVITY	COSTS SHDS/AFRO	SHDS/BU	TOTAL	OUTPUT
1. Conduct RTC apprenticeship trainer program (1983-1985).	234,208	-	234,208	36 apprentice-trainers will have been trained & available to serve at RTCs. A T consultant register of for apprentice-trainers will h developed.
2. Assist TOT participants to develop training programs for PHC delivery in their countries (1983-1985).	58,587	-	58,587	Plans to develop 6 nationa level PHC training program 6 former TOT course partic pants in association w/ RT staff will have been draft Terms of reference prepare
3a. Estimate current status of capabilities of RTC to create, update & reproduce high quality training materials for PHC delivery systems (1983).	SHDS/AFRO	SHDS/BU	TOTAL	A report assessing current training materials production capacity at each RTC will be completed & submitted to WHO/AFRO & MOHs.
3b. Plan PHC Training materials production program for RTCs (1983).	26,000	80,334	106,334	A plan for upgrading RTCs c pacity to produce training materials will have been de veloped.
3c. Develop plan to upgrade RTCs capacity to produce training materials (1984-1985).	-	-	-	Plan will be developed including computerized materials production.
3d. Train RTC staff in computerised processing methods (1985)		21,967	21,967	RTC staff will have acquire capability in computerised text processing methods.
4. Field Program Direction	-	99,171	99,171	
	SHDS/AFRO TOTAL $338,795	SHDS/BU TOTAL $201,472		

SHDS/AFRO TOTAL + SHDS/BU TOTAL = $540,267

OBJECTIVE III - DISEASE SURVEILLANCE 1983 - 1985

SCHEDULED ACTIVITY	COST$ SHDS/AFRO	SHDS/BU	TOTAL	OU
1. Review & edit course materials developed for 1982 OCEAC intensive-field epidemiology course (1983).	-	9,262	9,262	OCEAC epidemiology trainin course training manual wil have been produced.
1a. Conduct 3 6-wk. epidemiology training courses (1983-1985).	162,330	171,730	TAL 4,06	30 medical epidemiologists will receive equivalent 1 semester (45 hrs.) of training in field epidemiol
1b. Facilitator revises course materials based on recommendation of final report done by U.S. facilitator (1983).	-	23,140	TAL ,140	OCEAC epidemiology trainin course is revised & edited.
1c. Select & train 3 African health professionals as medical epidemiologists for OCCGE, 1/year (1983-1985).	23,170	18,521	TAL ,691	3 African health professionals will have been trained at OCCGE as Regional Medical Epidemiologists.
2. Collaborate w/ WHO/AFRO & the MOH of 3 Demonstration Training Areas (DTAs) in training of health workers in field epidemiology (1983-1985).	165,870	-	TOTAL 165,870	14 health workers will have received 3 month training i field epidemiology interver tions in PHC.
3. Develop a plan for the use of resources such as IESP & the SHDS/Abidjan office for collection, storage and analysis (1983).	-	36,320	TOTAL 36,320	A plan will have been devel oped for a model system to train health personnel in collection, storage and ana sis of data useful... of PH programs.
3a. Operationalisation of MIS (Management Information Systems) w/ MOHs (1984-1985).	-	115,152	TOTAL 115,152	The plan (see this page #3) will have been introduced a tested in one country in th region.
4. Conduct 3 Disease Surveillance Conferences in collaboration w/ WHO/AFRO & CCCD (1983-1985).	102,950	61,308	TOTAL 164,258	3 Disease Surveillance Conf ences will have been held t review disease problems of current interest in Africa reports will have been dist buted to MOHs & others interested.
5. Field Program Direction	-	224,528	TOTAL 224,528	
	DS/AFRO TOTAL $454,320	SHDS/BU TOTAL $661,961		

SHDS/AFRO TOTAL + SHDS/BU TOTAL = $1,116,281

OBJECTIVE IV APPLIED RESEARCH 1983 - 1985

SCHEDULED ACTIVITY	COSTS			OUTPUT
	SHDS/AFRO	SHDS/BU	TOTAL	
1. Conduct the WHO/SHDS health services research course in collaboration w/ RTCs (1983-1985).	137,930	15,686	153,61[illegible]	64 trainers will have been trained in applied research methodology.
	SHDS/AFRO	SHDS/BU	TOTAL	
1a. Collaborate with staff of WHO center for applied res. to plan the centers' program related to applied research training (1983).	4,000	33,895	37,895	A program plan will be developed at one WHO/AFRO sub-regional center for applied research, limited support assistance provided.
1b. Conduct 3 program development workshops w/ center staff (1983-1985).	15,390	44,956	60,346	24 associated staff of WHO sub-regional centers for Applied Research will have been trained for strengthening applied research capability.
1c. Provide training material & consultant support for 6 in-country workshops in applied research (1983-1985).	21,192	11,803	32,995	90 participants will have been trained in applied research.
2. Distribute WHO/AFRO SHDS applied research guidelines and packet of materials concerning research funds available under project (1983-1985).	-	4,492	4,492	Guidelines will have been distributed.
2a. Work w/ 12 WHO/AFRO SHDS research course graduates within the region (1983-1985).	3,900	10,742	14,642	12 applied research graduates will have been assisted to develop new projects for funding under WHO/AFRO SHDS project.
2b. Technically support & supervise applied research projects already underway (1983-1985).	10,200	17,457	27,657	12 applied research projects will have been supported & supervised.
2b1. Fund 12 approved research projects (1983-1985).	100,000	74,600	174,600	12 applied research projects will have been funded.
3. Complete production of final copy of English & French version of WHO/AFRO SHDS Health Services Research & distribute (1983-1985).	-	16,476	16,476	250 English & 200 French copies of Health Services Research will have been produced & distributed.
3a. Prepare, revise & distribute document describing lessons learned from research project & guidelines for developing training & research activities (1983-1985).	-	17,456	17,456	Interested Hlth. personnel will have received a final copy of document.
3b. Disseminate results from research project supported by the program of applied research (1983-1985).	-	8,952	8,952	Results disseminated.
4. Collaborate w/ WHO/AFRO to develop Regional Inventory on current & planned Applied Research Activities (1983-1985).	-	26,356	26,356	Regional Inventory developed.
4a. Conduct 2 annual conferences on Applied Operational research in Africa in collaboration w/ CCCD (1984-1985).	58,800	68,647	127,447	20 participants will have participated in conference, 10 per year.
4b. Develop network of training institutions in collaboration w/ WHO/AFRO (1983-1985).	12,800	45,356	58,157	Plan will have been developed & implemented on strategies to develop a network of institutions to promote Applied Research within region, as well as to promote exchange of Applied Research training material & strategies on an inter-regional basis.
5. Field Program Direction	SHDS/AFRO	SHDS/BU	TOTAL	
		224,528	224,528	
	SHDS/AFRO TOTAL	SHDS/BU TOTAL		
	$364,212	$621,402		

SHDS/AFRO TOTAL + SHDS/BU TOTAL = $985,615

PP SUPPLEMENT: TABLE I C

Other Donor Contributions

ESTIMATE OF OTHER DONOR CONTRIBUTIONS TO THE SHDS PROGRAM 1983-1985

	WHO	OTHERS (GOVTS)
Health Planning and Management	$ 100,000	$ 190,00(
Lagos and Lome Centers	$1,432,000	$ 300,00(
Anglophone Post-basic Nursing (Liberia)	$ 150,000	$ 400,00(
Francophone Post-basic Nursing (CESSIS)	$ 300,000	$ 812,00(
Disease Surveillance and data collection	$ 50,000	$ 100,00(
Applied Research	$ 100,000	$ 200,00(
Total	$2,132,000	$2,002,000

Total of all other donors: $4,134,000

Total of all donors (including AID): $12,254,000

AID 1020-2011-72

PROJECT DESIGN SUMMARY
LOGICAL FRAMEWORK

Project Title & Number: Strengthening Health Delivery Systems (698-0398) Extension CY 1983-85

Life of Project: From FY 83 to FY 85
Total U. S. Funding $8,12 m
Date Prepared: 3/17/83

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
Program or Sector Goal: The broader objective to which this project contributes: To increase the health and productivity of the populations of participating African countries through improved government delivery of basic health services.	Measures of Goal Achievement: Declining rates of infant mortality, disease incidence and malnutrition.	National and international statistics.	Assumptions for achieving goal targets: Participating countries continue rui health services priorities. The conditions (end of project status/ results) will indeed improve the delivery of basic health services resulting in improved health and be self-sustaining.
Project Purpose: To improve the capacity of participating African countries to plan, implement and manage effective and economical health delivery systems such that these can be maintained and further strengthened in the future using indigenous and regional resources.	Conditions that will indicate purpose has been achieved: End of project status. See EOPs column on attached table	Feedback from countries, reports of WHO/AFRO End of Project Evaluation by REDSO/WCA.	Assumptions for achieving purpose: Ministries of Health receive expecte support. Country participants participate and return to designated governmental and other positions and are used appropriately. Materials are in continuous use.
Outputs: See Outputs column on attached table	Magnitude of Outputs:	Monitoring reports by WHO/AFRO and B.U.	Assumptions for achieving outputs: Participants are available to take training. Cooperating institutions assist as planned. Communications are effective.
Inputs: See Inputs columns on attached table and Financial Plan table	Implementation Target (Type and Quantity)	Monitoring reports by WHO/AFRO and B.U.	Assumptions for providing inputs: Agreement with WHO/AFRO and contract with B.U. are amended on time. Financial management and monitoring by B.U. and REDSO/WCA are effective.

APP 3E (TM 3:...)

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PP SUPPLEMENT: TABLE II A

Consolidated Logframe

PP SUPPLEMENT: TABLE II B

Detailed Inputs, Outputs, and EOPS

OBJECTIVE I: MANAGEMENT AND PLANNING

EOPS	OUTPUTS	INPUTS: Inputs	INPUTS: Costs ($)
Competency in Health MNGT. at 6 network institutions, Guide in use 20 countries	30 training staff received 3 semesters of training, Guides ready for use	3 preparation meetings for courses in health MNGT.	25,774
		6 Health MNGT. courses	139,264
		Complete trainers guide to HLTH. MNGT.	5,388
Trainees at work in 15 countries	300 trained personnel	15 2-day HLTH. MNGT. Workshops	32,500
		Evaluation of 1982 top level MNGT. Workshops	12,340
Trained officials at work in 3 countries	Continuing Education program started and institutionalized	Continuing Education for HLTH. MNGT. development programs	47,643
Intermanagement teams at work in 6 countries	20 trained Ministers of Health	3 MNGT. skills training sessions for Ministry of Health	155,922
		Technical Assistance in directing activities	202,796

Total = $1,021,627

OBJECTIVE II: TRAINING

A. Lome/Lagos

Travel apprentice-trainers in place in RTCs, Register in use	36 apprentice-trainers trained RTC Apprenticeship project register	Register of former apprentice-trainers compiled
Training programs/TORS available in 6 countries	6 national level PHC trainers programs	TA to develop national level PHC training programs by former TOT course participants
Knowle[illegible] materials production capacity at RTCs	Report	Assistance to do report on RTC's production copy for training materials

EOPS	OUTPUTS	INPUTS: Inputs	INPUTS: Costs ($)
Plans in plac in all RTC's	Plan	TA for planning RTC upgrading on training materials development	106,334
Course in computerization materials production tested and ready for broad application	Course trainers prepare course materials	Training assistance for course in computerized materials production.	31,967
		Assistance in directing activities	99,171
		Subtotal =	$540,367
B. CESSIS (Dakar & Yaounde			
CESSIS have a consultative outreach program	5-day workshop developed Continuing education workshop planned.	TA & 3-day planning meeting	1,325
Plan for workshop in use in 3 countries	5 - day workshop planned	5-day planning meeting for facilitators	14,889
CESSI staff can plan and impl ment continuing education wor shops	15 CESSI staff from Dakar & Yaounde trained	Training in planning & implementing a continuing education workshop	13,364
Trained nurses at work on PHC in 5 countries	19 nurses trained	Workshop on role of nurse in PHC	2,040
200-300 graduates & others receive newsletter	Newsletter prepared and distributed, 8 issues per year	TA/materials	9,600
Trained nurses in place	120 nurses trained on role of nurse in PHC.	1 workshop	5,000
Trained CESSI graduates in place in 15 countries	120 CESSI graduates trained	2 national-level continuing education workshops	14,970
Reformulated curriculum in use in CESSI/Yaounde	Reformed curriculum field practice site survey of continuing education needs in countries served by CESSI graduates	TA to reformulate nursing curriculum in CESSI/Yaounde	0

EOPS	OUTPUTS	INPUTS: Inputs	INPUTS: Costs ($)
Continuing education, as improved, proceeding in at least 3 institutions	Continuing education improved	Consultation on continuing education	145,925
4 fellows returned and work	4 fellows complete Masters in nursing in Boston & Montreal	Masters training support	37,178
Modules in use in 4 countries	4 Modules in PHC	TA	3,000
Trained nurses in place	Nurses trained in PHC	Workshop on PHC	5,000
		Technical assistance in directing activities	49,589
		Subtotal =	$461,990

C. Training - Anglophone Nursing Program

Regional continuing education program in place and reformulated curricula of basic schools of nursing in use	proposal for regional requirements	TA	20,219
	20 nurses trained to develop program	One 5-day workshop	58,200
Francophone nursing collaboration with WACN in in practice concerning at least 3 francophone countries	Identification of organizational and technical requirements for francophone nursing collaboration with WACN	Two 3-day planning meetings	44,434
Trained nurses in place	20 nurses trained in recent developments in PHC nursing	One 3-day seminar	3,969
Draft plan for cooperation between anglophone and francophone nursing programs	15 participants consider anglophone and francophone basic nursing programs	One 5-day Workshop	17,060
Evaluation plan approved and submitted to WAO/AFRO Field site at CUC in use	Plan for evaluation of CUC reformulated post-basic nursing education program developed & implemented, field practice site established	TA consultations Develop PHC sites	19,271
Evaluation approved and submitted to WHO/AFRO	Evaluation of CUC reformulated post-basic nursing education program	TA consultations	2,865

EOPS	OUTPUTS	INPUTS: Inputs	INPUTS: Costs ($)
Graduates in place at work	4 fellows graduate from CUC post-basic nursing course	fellowships	9,000
Graduate in place at work	1 masters level fellow completed studies	fellowship	1,250
		Technical assistance in directing activities	49,581
		Subtotal =	$1,085,115
		Total Obj. II =	$2,088,21[illegible]

OBJECTIVE III: Disease Surveillance

Training manual produced and in use in region	OCEAC Epidemiology training courses materials	TA	9,262
Trainees at work	30 people trained	3-6 week Epidemiology training courses	134,060
Training course materials in use	OCEAC Epidemiology training course revised and edited	TA	[illegible]
Trained Regional medical Epidemiologist at work	3 African health professionals trained as Regional Medical Epidemiologists	Training at OCCGE	41,691
Trained health workers at work as field epidemiologists	14 health workers trained for 3 months in 3 demonstration training areas in field-epidemiology	Training	65,87[illegible]
Plan adopted	Plan developed for a model system to train health personnel in collection, storage, and analysis of data useful to PHC programs	TA	36,32[illegible]
Decision on utility and further use of tested plan	Above plan introduced and tested in one country	TA	115,15[illegible]
Reports of conferences distributed to MOHS and other interested parties	Disease problems of current interest in Africa reviewed yearly	3 yearly conferences	164,25[illegible]
		Technical Assistance in directing activities	224,52[illegible]
		Total =	$1,116,281

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IV: APPLIED RESEARCH

EOPS	OUTPUTS	INPUTS	
		Inputs	Costs ($)
Trainers at work	64 trainers trained in applied research methodology	Health Services research course	153,616
Plan adopted	Program Plan at one WHO/AFRO center completed for applied research training		37,895
Trainers at work at centers	24 associated staff of WHO sub-regional centers trained for strengthening applied research capability	3 program d[illegible]nt workshops	60,346
Trainees working on applied research in 3[illegible] countries	90 participants trained in applied research	Provide training material & consultantant support for 6 in-country workshops in applied research	32,993
Materials, Guidelines, etc. received	Guidelines concerning research funding distributed	Admin. Support	4,492
12 research proposals considered	12 applied research graduates assisted to develop new projects for funding under project	TA	14,642
Research results reviewed and disseminated	12 applied research projects already underway are completed	Research support supervision	27,657
Research results reviewed and disseminated	12 new applied research projects initiated	Research funds	174,600
Wide dissemination of conclusions of research in Africa and beyond	250 English and 200 French language copies of selected HLTH. Services Research conclusions produced and distributed	Production suppor	16,476

EOPS	OUTPUTS	INPUTS	
		Inputs	Costs ($)
Interested health personnel have received documents	Revised document describing lessons learned from research projects and guidelines for developing training & research activities	TA, Mailing	17,456
Further receipt of research results	Further dissemination of results of research project.	Mailing	8,952
Inventory distributed to interested parties	Development of regional inventory of current & planned applied research activities	TA	26,356
Views of conferences disseminated	20 participants give views	2 annual conferences on Applied Operational Research in collaboration with CCCD	127,447
Plan adopted and implemented	Plan developed on strategies to develop a network of institutions to promote applied research in the region and exchange of information	TA	58,157
		Technical assistance in directing activities	224,528
		Total =	$985,615

GRAND TOTAL
All Activities
Objectives I-IV = $5,211,636

PP SUPPLEMENT: TABLE III

SHDS Accomplishments 1978-1982

SHDS ACCOMPLISHMENT: 1978-1982

Objective I - Management and Planning:

OUTPUTS	INPUTS
6.* 106 mid-level HLTH. personnel trained	7 - MNGT. of HLTH. Se: vices Workshops
6. 47 senior HLTH. officers trained	2 - HLTH. Planning & Programming Workshops
8. 34 senior HLTH. officers trained	1 - Country Health Pr(gramming Workshop
9. 56 senior HLTH. officials/ministers trained	3 - Top-level MNGT. Workshops
9. 78 senior level HLTH. personnel trained	3 - HLTH. Officers MNGT. of HLTH. services Workshop
11. 37 medical doctors trained	2 - Advanced Public Health Workshops
12. 22 MED. SEC'S/ trained 27 PH Nurses/Midwives trained	2 - ADMIN/Supervision Workshops
13. 43 mid-level supervisors trained 25 nurses trained	3 - PHC Orientation Workshops
14. 40 mid-level HLTH. personnel trained	2 - Community Health Workshops
15. 19 supervisors trained	1 - Intercountry Workshop on Role & Functions of PHC Supervision
16. 33 TOT were trained	2 - TOT MNGT. Workshops
17. Exact # financed not known	Fellowships financed to workshops and short-term courses held at Dakar WHO Center for Regional Programs in Programming, Planning and Management

*Activity number keyed to detailed financial plan table.

Objective II - Training:

A. Lome and Lagos

OUTPUTS	INPUTS
2. 142 trainers of PHC workers were trained	6 - Training of Trainers (TOT) VHWs Workshops
3a. 48 Lagos RTC staff & MOH faculty were trained	2 - Systematic Course design Workshop
5. 80 HLTH. inspectors were trained 25 mid-level HLTH. personnel were trained	5 - Recyclage Workshops
6. 18 Senior HLTH. Officers were trained	1 - Orientation to PHC Workshop
7. 20 mid-level HLTH. personnel were trained	1 - HLTH. ED. Workshop
8. 16 Lab Technicians were trained	1 - Teaching Methodology Workshop
9. 27 nurses & mid-wives were trained	1 - Public Health Workshop
10. 28 nurses & mid-wives were trained	1 - Primary HLTH. Care (PHC)for Nurses Worksho
11. 38 mid-level per-sonnel were trained	2 - Enviornmental HLTH. Courses
12. 335 students attended short-term courses/workshops	Fellowships to attend short-term courses & workshops, Lagos/Lome 1979-81
13. 5 fellows (3 Senegalese, 2 Cameroonians) attended University of Montreal for Master's level training	Fellowships for SHDS-sponsored students

Objective II - Training (cont.):

B. Anglophone Nursing

OUTPUTS	INPUTS
1b. 40 Post-basic personnel/sub-regional were trained	3 - Post-basic Nursing Curriculum Workshop
1d. 31 senior level personnel (inter-country) were trained	2 - Nursing PHC Worksho
2c. 8 fellows from Liberia and 2 fellows from The Gambia were able to attend post-basic nursing course at Cuttington College	Fellowships for 10 SHDS-sponsored students at Cl
2d. 4 fellows (3 Liberians, 1 Cameroonian) attended Boston University for Master's level education	Fellowships for SHDS-sponsored students

Objective II - Training (cont.):

C. CESSI (Dakar and Yaounde)

OUTPUTS	INPUTS
1c. 63 teaching staff of basic nursing and students were trained	3 - 1-day continuing education workshops, one in Dakar, one in Yaounde (CESSIs)
2. 29 CESSI faculty and CESSI graduates were trained	1 - 10-day PHC and Rol of the Nurse Workshop
12. 19 nurses/midwives were trained	1 - Workshop on Rural Training of nurse midwives
13. Exact # financed not known	Fellowships financed for 2 workshops at 2 CESSIs

Objective III. - Disease Surveillance:

OUTPUTS	INPUTS
1a. 103 Epidemiologist trainees were trained	6 - Epidemiology Work-Workshops
3. 138 NAT'L. EPI Planners (inter-country) were trained	4 - Planning & MNGT of EPI Workshops
6. 233 mid-level managers/supervisors were trained	8 - Management of EPI Workshops
7. 24 mid-level PHC personnel were trained	1 - ENV. HLTH. & CD Control Workshop
8. 24 mid-level PHC personnel were trained	1 - Malaria Control technology Workshop
9. 15 were trained	1 - Meningitis Workshop
10. 14 were trained	1 - Disease Surveillance Workshop

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Objective IV. - Applied Research:

OUTPUTS	NPUTS
1. 28 senior level HLTH. officers (inter-country) were trained	- Training & Research n PHC Workshop
1b. 22 upper level HLTH. professionals were trained 10 mid-level, SR. level HLTH. personnel were trained	- Applied Research-HC Workshops
6. 17 senior level officers (inter-country) were trained	- Practical organiza-lon of PHC Workshop
7. 34 TOT trained	- TOT Research Courses
8. 15 trained	- Regional Anglo. Re-:arch Course

Total SHDS Region Participants trained: 1,453

Total Participants trained: 1,868

Total Fellows sent to graduate nursing programs: 9

Total Fellows at masters level completed studies: 5

Total B.S. Fellows completed studies: 6

Total Workshops: 89

ANNEX 2

JUSTIFICATION FOR WAIVER FOR VEHICLE PURCHASE

Waiver Control No: 698-RWA-C-12-83

Problem

It is requested that a Procurement Source/Origin Waiver from Geographic Code 000 (U.S. only) to Geographic Code 935 (Special Free World) be granted.

a)	Cooperating Country:	Regional
b)	Authorizing Document:	Project No. 698-0398
c)	Project:	Strengthening Health Delivery Systems (SHDS)
d)	Nature of Funding:	Grant
e)	Description of Goods:	Station Wagon Peugeot equivalent
f)	Approximate Value:	$12,000
g)	Probable Origin:	Code 899 Countries
h)	Probable Source:	Ivory Coast
i)	Waivers Previously: Granted by REDSO/WCA	None - for this phase

Discussion

The SHDS Abidjan office has requested a source/origin procurement waiver to purchase a station wagon in Abidjan for official use for the project. The cost of this vehicle is included in their current budget. The SHDS office gives the following reasons for wanting to purchase a Peugeot or equivalent station wagon:

"We have found it necessary to purchase a Peugeot 504 instead of an American-made vehicle for the following reasons:

1. Spare parts for American-made vehicles are not available on the local market. If we were to buy an American made vehicle it would mean importing spare parts from the U.S. with attendant high freight costs. On the other hand, spare parts for the Peugeot 504 are readily available at reasonable prices in Abidjan.

2. Service for the Peugeot 504 is available in Abidjan. Although some facilities exist in Abidjan for servicing American cars, through experience we have found their service inefficient and highly unreliable. Therefore, purchase of an American-made vehicle will be a liability.

3. Maintenance and running costs for a Peugeot 504 are more economical.

4. The Peugeot 504 is being bought to replace two vehicles which are no longer serviceable (see attached letter from Dr. French to Dr. Jones)."

A fifth reason could have been that the only Abidjan dealership for American manufactured vehicles, Chevrolet, has recently closed shop. The RSMO has reviewed this request and is in agreement with the reasons presented, especially because the vehicle will replace two which have been donated to the government. However, vehicle makes other than Peugeot will be considered and "proformas" obtained from dealers in order to obtain the best possible price as well as a vehicle that will serve SHDS's purposes in Abidjan.

Since a station wagon for which spare parts can be obtained locally and serviced effectively is not available from the U.S. or from Code 941 countries, a source/origin waiver from AID geographic Code 000 to Code 935 is justified under AID Handbook 1, Supp. B, Chapter 5, Paragraph B4a(2) ("The commodity is not available from countries or areas included in the authorized geographic code.")

Section 636 (i) of the Foreign Assistance Act (FAA) of 1961, as amended, provides that none of the funds made available to carry out the Act shall be used to procure motor vehicles unless they are manufactured in the United States. However, when special circumstances exist, AID Handbook 1, Supp. B, Chapter 4, Paragraph C2d provides that the provisions of Section 636 (i) may be waived "when necessary top carry out the purposes of the Act." Such circumstances include, inter alia, the "inability of U.S. manufacturers to provide a particular type of needed vehicle", and/or a "present or projected lack of adequate service facilities and supply of spare parts for U.S. manufactured vehicles". Special circumstances exist because spare parts and adequate service facilities for U.S. made vehicles are not available locally. Moreover, no Code 941 vehicles of the type required are sold in the Ivory Coast.

Recommendation

For the above reasons and under the authorities granted to you by AA/AFR Delegation of Authority No. 140, Revised, it is recommended that you:

1. approve a vehicle procurement source/origin waiver from AID Geographic Code 000 to Code 935;

2. certify that exclusion of procurement from Free World countries other than the cooperating country and countries included in Code 941 would seriously impede attainment of U.S. foreign policy objectives and objectives of the foreign assistance program; and

3. find that special circumstances exist which justify a waiver of the provisions of Section 636 (i) of the FAA.

ANNEX 1

A.I.D. Project No. 698-0398
Amendment No. 8

AMENDMENT NUMBER EIGHT
TO THE AGREEMENT BETWEEN THE
WORLD HEALTH ORGANIZATION
AND THE
UNITED STATES OF AMERICA
FOR
PHASE II OF THE PROJECT FOR THE STRENGTHENING OF
PUBLIC HEALTH DELIVERY SYSTEMS IN CENTRAL AND WEST AFICA

Date:

Appropriation:
Allotment :
Obligation Amount:

A.I.D. Project No. 698-0398
Amendment No. 8

The Agreement between the World Health Organization (WHO) and the United States of America, acting through the Agency for International Development (A.I.D.), dated September 28, 1978, is hereby amended as follows:

1. Paragraph D of Section II is deleted in its entirety, and the following is substituted in lieu thereof:

> "D. Funds provided pursuant to this Agreement will be utilized in two ways. A protion will be utilized by WHO/AFRO to cover costs for technical services, training, commodities and other budget items procured in Africa. Another portion will be implemented directly by A.I.D., with the approval of WHO/AFRO for technical services, training, commodities and other budget items procured primarily in the United States from a U.S. contractor."

2. Paragraph A of Section III is deleted in its entirety, and the following is substituted in lieu thereof:

> "A. For purpose of collaborating with WHO and the Participating African States in carrying out the project, there is hereby granted by A.I.D. to WHO an amount not to exceed NINETEEN MILLION FIVE HUNDRED AND FORTY-THREE THOUSAND UNITED STATES DOLLARS ($19,543,000)."

3. Paragraph G of Section VIII is deleted in its entirety, and the following is substituted in lieu thereof:

> "G. No portion of the funds granted by A.I.D. under this agreement shall be dispursed after December 31, 1985, unless such date is extended by A.I.D. in writing, and any funds granted hereunder by A.I.D. which remain undisbursed on that date shall revert to A.I.D.."

4. The address given for A.I.D. in paragraph R of Section VIII is deleted in its entirety, and the following is substituted in lieu thereof:

> "Director, REDSO/WCA
> Abidjan, Ivory Coast
> Agency for International Development
> Department of State
> Washington, D.C., 20520"

5. Paragraph S of Section VIII is deleted in its entirety and the following is substituted in lieu thereof:

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"S. For all purposes relevant to this Agreement, WHO will be represented by the individual holding or acting in the office of Regional Director, Regional Office for Africa, World Health Organization, and A.I.D. will be represented by the individual holding or acting in the office of Director, Regional Economic Development Services Office for West and Central Africa (REDSO/WCA), A.I.D., each of whom, by written notice, may designate additional representatives for all purposes other than exercising the power under Article II B to revise elements of the amplified description in Annex 1."

6. All other provisions of the original Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, WHO and the United States of America, each acting through its duly authorized representative, have caused this Agreement to be signed in their names and delivered as of the _____ day of _____, 1983.

By: _____	By: _____
Comlan A.A. Quenum, M.D. Title: Regional Director Regional Office for Africa	Laurance W. Bond Title: Director, REDSO/WCA Agency for International Development
Date: _____	Date: _____