

PDBBM 068

OFFICIAL PROJECT DOCUMENT

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

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE

A = Add  
 C = Change  
 D = Delete

Amendment Number

2

DOCUMENT CODE

3

COUNTRY/ENTITY BURKINA

3. PROJECT NUMBER

686-0251

4. BUREAU/OFFICE

AFR

5. PROJECT TITLE (maximum 40 characters)

Strengthening Health Planning Capacity

6. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY  
01/9/30/91/01

7. ESTIMATED DATE OF OBLIGATION

(Under 21" procedure, enter 1, 2, 3, or 4)

A. Initial FY 8121

B. Quarter 4

C. Final FY 8181

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

A. FUNDING SOURCE	FIRST FY			LIFE OF PROJECT		
	B. FX	C. L/C	D. Total	E. FX	F. L/C	G. Total
AD Appropriated Total						
(Grant)						
(Loan)				4981	969	5950
Other						
U.S.						
Host Country					682	682
Other Donors						
<b>TOTALS</b>				4981	1651	6632

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) SH	580		5750				5750	
(2) DEA	550				200		200	
(3)								
(4)								
<b>TOTALS</b>							5950	

10. SECONDARY TECHNICAL CODES (maximum 8 codes of 3 positions each)

530

11. SECONDARY PURPOSE CODE

592

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

A. Code

R/H

B. Amount

13. PROJECT PURPOSE (maximum 480 characters)

Strengthening the planning capacity of the Directorate of Studies and Planning of the Ministry of Health and Social Action to conduct systematic analysis of health needs and resources, develop health strategies and programs and provide an effective contribution to national planning efforts.

14. SCHEDULED EVALUATIONS

Interim MM YY 01/6/81/7 Final MM YY 01/4/91/0

15. SOURCE/ORIGIN OF GOODS AND SERVICES

000  91  Local  Other (Specify)

16. AMENDMENTS, NATURE OF CHANGE PROPOSED (This is page 1 of 8 page PP Amendment)

This PPS will increase life-of-project funding by \$200,000 to finance the hiring of an epidemiologist under a twenty-one-month personal services contract. In addition, the PPS will codify certain changes in the technical assistance contract and revise the GOB contribution to the project.

17. APPROVED BY

Signature

Herbert N. Miller

Title

Mission Director

Date Signed

MM DD YY  
01/6/01/01/01

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

MM DD YY

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## I. PROJECT BACKGROUND

This Project Paper Supplement (PPS) reaffirms the original project purpose and basic project design. The project is intended to strengthen the planning capacity of the Directorate of Studies and Planning (DEP) of the Ministry of Health and Social Action (MOHSA) to conduct systematic analyses of health needs and resources, develop health strategies and programs, and provide an effective contribution to national planning efforts. This is being accomplished by the training of MOHSA personnel, the provision of technical assistance (TA), the construction of a building to house the DEP, the purchase of essential commodities, the financing of local conferences and operations research studies, and the financing of certain local operating costs. The major outputs are the establishment of a health information system (HIS), the drafting and implementing of essential health planning documents, the establishment of a health documentation center, the conducting of health donors' and health directors' conferences, and the dissemination of a quarterly epidemiologic bulletin. The basic outline of the project description contained in the original Project Paper is still valid.

An interim evaluation of the project was conducted in July 1987 and had the following general conclusions:

During the first half of this project the GOB MOH, its DEP, and the current TA team have been extraordinarily successful in developing a capacity to plan the health sector. Progress in developing policies, procedures, plans, training of key personnel, and coordination has been extremely rapid as judged either by previous developments in the BF health sector, or by comparison with the speed of such developments in other developing countries.

This unusually high project impact has been due, in part, to the priority accorded by the new government to primary health care and to participative, coordinated decision-making from ministries to villages. At high levels the new government has pushed hard for rapid, widespread increases in the provision of cost-effective health services.

The new GOB's emphasis on rational planning in all sectors has drawn the MOH DEP, one of the earliest planning units created (with help of USAID and the World Bank), into a unusual and important position of influencing policies, structures and planning methods throughout the government. The MOH DEP has also been continuously active during this period in developing a national network of planning/programming/evaluating activities through direct and continuous collaboration with all the other MOH central directorates, with the provincial health services teams, and the services responsible for organizing and supporting an extensive village health workers program.

The \$200,000 amendment proposed in this PPS will finance the hiring of an epidemiologist under a twenty-one month personal services contract (PSC). In addition, the PPS will make certain

changes in the composition of the institutional contractor TA team which will not affect the overall cost of the institutional contract. Finally, the PPS will reduce the GOB contribution to the project from FCFA 280,160,000 to 204,730,000 to reflect a more realistic estimate of the cost of required GOB inputs.

## II. REVISED PROJECT DESCRIPTION

### A. Revised Project Outputs

#### 1. Health Information System:

The health information system will be made more effective in the areas of verification and feedback of information. Specifically, the following improvements will be made:

- a. the verification of quarterly HIS reports at the DEP both before and after data entry into the computer;
- b. the selected verification of HIS data by spot-checking data in the field;
- c. the compilation and analysis of HIS data during the course of the year;
- d. the revision of both the HIS epidemiologic guide and the HIS user's manual;
- e. the calculation of rates, percentages, and secular trends of HIS data on an annual basis;
- f. the revision of the HIS on an annual basis to incorporate valid suggestions collected during the year; and
- g. the reformulation of health indicators to reflect availability of data at the provincial level.

In addition, the project will improve the computer processing of HIS data by the reprogramming of data entry formats and data files and by the training of all DEP professionals in computer use and selected software packages.

#### 2. Operations Research

The project will assist the DEP to institutionalize the operations research capability which has been developed during the project. Specifically, the operations research committee will be reinforced and procedures will be developed for selecting, financing, monitoring, and implementing the results of operations research studies.

In addition, the project will further emphasize the Boulgou cost recovery operations research study. In particular, the project will oversee the development of training modules on supervision, management of drugs and supplies, diagnosis and treatment of endemic diseases, and community participation. These modules will be used to train Boulgou service providers to improve the

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quality of primary health care services delivered to the community. In this way health system utilization which has been historically low can be improved and cost recovery schemes will have a greater financial impact. The project will also develop systems of financial management to effectively administer the funds generated through the cost recovery schemes.

## B. Revised Project Inputs

### 1. Technical Assistance

The PPS will finance the hiring of an epidemiologist under an twenty-one month personal services contract. The epidemiologist will assist the DEP to improve the national HIS and to institutionalize operations research activities. In addition, the PPS will make certain changes in the composition of the institutional contractor TA team and the level of home office support (See Table I). The changes, which will have no financial impact on the institutional contract, are as follows:

- a. the health economist position will be extended from 24 to 48 person-months in order to provide additional assistance to the Boulgou cost recovery operations research study;
- b. the information management specialist who left the project in July 1986 after having served 18 months of a 36 months assignment will not be replaced;
- c. the chief of party position will be reduced from 60 to 48 person-months to reflect the period of time in which the post was vacant;
- d. a computer programmer will be added to the TA team to provide the DEP with twelve months of assistance in the area of data processing;
- e. the epidemiologist/evaluator who left the project after 31 months of a 42 month assignment will not be replaced;
- f. short-term technical assistance will be reduced from 17 to 12 person-months to reflect the under-utilization of this line item (with twenty months remaining in the TA contract only four person-months of short-term TA has been used); and
- g. home office support will be increased from 52 to 62 person-months to provide more intensive contractor backstopping of the project.

The decision to hire the epidemiologist as a PSC rather than under the existing TA contract was based on the following considerations: (a) the TA contractor was unable to identify and field a qualified replacement epidemiologist between April 1987, the date when the original epidemiologist announced his intention of leaving the project, and February 1988 when the final decision was made; (b) the period remaining on the TA contract was insufficient to hire the epidemiologist identified by the Mission for 21 months; and (c) the PSC mechanism was the most cost effective contracting approach.

TABLE I  
TECHNICAL ASSISTANCE SUMMARY

	<u>Present Plan</u>	<u>Change</u>	<u>Revised Plan</u>
A. Institutional Contract			
1. Health Manager/Chief of Party	60	(12)	48
2. Health Planner	36	-	36
3. Health Economist	24	24	48
4. Epidemiologist/Evaluator	42	(11)	31
5. Information Management Specialist	36	(18)	18
6. Computer Programmer	-	12	12
7. Short-Term TA	17	(5)	12
	<u>215</u>	<u>(10)</u>	<u>205</u>
B. PSC Epidemiologist	-	21	21
<u>Total of TA</u>	<u>215</u>	<u>11</u>	<u>226</u>
C. Contr. Home Office Support	52	10	62

2. Government of Burkina Contribution

The GOB contribution to the project will continue to include the following inputs as specified in the Grant Agreement, as amended:

- a. salaries and support for 14 professional personnel and 10 support personnel;
- b. rental of temporary facilities to house the DEP until the new building is constructed;
- c. all utilities for both the temporary facility and the new DEP building;
- d. normal operating costs of the DEP including logistical support to the Director.

However, based on an analysis conducted by the Sanel Regional Financial Management Project (SRFMP), the estimated cost to the MOHSA of providing these inputs is considerably less than the 280,160,000 FCFA specified in the Grant Agreement, as amended. Based on the SRFMP'S data, the PPS will reduce the GOB'S contribution to the project to FCFA 204,730,000 as indicated in Table II.

TABLE II

GOVERNMENT OF BURKINA INPUTS  
(000's) FCFA

Item	Expenses as of 9/30/87	Previous Budget	Change	Revised Budget
1. Salaries	54,744	100,300	0	100,300
2. Utilities	7,260	52,700	(37,700)	15,000
3. Operating Costs	3,732	28,220	(18,220)	10,000
4. Land	47,930	11,560	36,370	47,930
5. Temporary Rent	16,500	4,080	12,420	16,500
6. Contingencies	6,949	83,300	(68,300)	15,000
	113,115	280,160	(75,430)	204,730

III REVISED FINANCIAL PLAN

The revised Project Financial Plan is detailed in Table III. The table shows previous obligations under the project and proposed budgetary changes (in thousands of dollars):

TABLE III

SUMMARY FINANCIAL PLAN  
(\$'000)

AID Inputs	Previous Obligations	Obligated by Amendment	New Project Total
1. TA Contractor Team	3,913	-	3,913
2. PSC Epidemiologist	0	200	200
3. Training	330	-	330
4. Construction	420	-	420
5. Commodities	420	-	420
6. Local Operating Costs	482	-	482
7. Evaluation	150	(25)	125
8. Audit	0	25	25
9. Contingencies	35	-	35
TOTAL AID INPUTS	5,750	200	5,950

This PPS will increase the AID life-of-project funding by \$200,000 in order to finance twenty-one months of a PSC epidemiologist. The other changes proposed in the TA component are internal to the budget of the TA contractor and will have no overall effect on the project financial plan. Please note that the previous evaluation/audit line item has been divided into two separate components.

#### IV. OTHER DESIGN REQUIREMENTS

##### A. Procurement of a PSC Epidemiologist

USAID/Burkina will hire a TA epidemiologist on a twenty-one month personal services contract (PSC). After a ten month recruiting effort, the Mission identified a Belgian citizen as the best qualified candidate for the position. No qualified American or Grey Amendment designated individual applied for the position.

##### B. Assessment of Financing

The method of financing under this project, upon assessment, is consonant with agency concerns relating to Section 121(d) requirements and financial accountability thereunder. The controller, USAID/Burkina has reviewed and approved the method of implementation described above as being adequate to meet agency concerns relating to internal control vulnerability and financial management aspects of Section 121(d) accountability.

##### C. Assessment of Audit Coverage

Funds have been made available herein to provide such coverage as deemed warranted under the financial arrangements of the project. In total, \$150,000 or roughly 2.5% of project funds will be advanced directly to the GOB for project implementation. The remainder of project funds will be earmarked for direct AID contracts, participant training, and direct commodity procurement. In view of these implementation arrangements, a total of \$25,000 is considered sufficient to fund a third party audit of the local cost component of the project.

##### D. Environmental Determination

As stated in 85 STATE 19980, the environmental procedures in Handbook 3, Appendix 2-2 not only apply to new projects, programs and activities authorized or approved by A.I.D., but also to changes by revisions, amendments and extensions of ongoing projects. Specifically, when "on-going programs are revised to incorporate any of the changes envisioned above in scope, nature, funding, and completion date, a determination is required as to whether such changes may have an environmental impact not previously assessed."

The original project was given a negative environmental determination. This PPS is concerned solely with the addition of a PSC epidemiologist to the TA component of the project. As such, the Mission reaffirms the validity of the original negative determination.

## ANNEX

### SCOPE OF WORK AND BUDGET FOR PSC EPIDEMIOLOGIST

The PCS Epidemiologist will serve in Burkina for 21 months as counterpart to both the chief of the office of statistics and the DEP medical epidemiologist. The responsibilities of this person will include:

- a. Reviewing the existing health information system in order to recommend modifications of the data collection forms, the method of data tabulation, and the feedback of data.
- b. Conducting a series of field trips and meetings in order to revise the existing epidemiologic guide and user's manual for health personnel. The revised epidemiologic guide is to provide guidance to local personnel on the calculation and use of health service delivery indicators.
- c. Providing technical assistance in the implementation and analysis of ongoing operations research studies funded under the project.
- d. Assisting the operations research committee in establishing procedures for selecting, funding, and monitoring operations research studies.

The epidemiologist should hold the title of medical doctor and have at least three years experience in community medicine and epidemiology. In addition, the epidemiologist should have at least three years experience in less developed countries and be professionally proficient in French.

ILLUSTRATIVE BUDGET FOR PCS  
EPIDEMIOLOGIST FOR 21 MONTHS

<u>ITEM</u>	<u>YEAR 1</u>	<u>YEAR 2</u> (9 MOS)	<u>TOTAL</u>
1. <u>Salary</u>	51,317	40,412	91,729
2. <u>Travel and Transportation</u>	2,900	2,900	5,800
- Int'l travel (RT)	(1,250)	(1,250)	(2,500)
- Excess baggage	(250)	(250)	(500)
- In-country local travel	(1,400)	(1,400)	(2,800)
3. <u>Allowances</u>	48,829	44,603	93,432
- Post differential (25%)	(12,829)	(10,103)	(22,932)
- COLA	(7,000)	(5,500)	(12,500)
- Temporary lodging	(1,000)	(1,000)	(2,000)
- Supplemental post	(100)	(100)	(200)
- Quarters	(19,000)	(19,000)	(38,000)
- Housing maintenance	(2,500)	(2,500)	(5,000)
- Guards	(5,000)	(5,000)	(10,000)
- Perdiem, in-country	(1,400)	(1,400)	(2,800)
4. <u>Contingency</u>	4,500	4,539	9,039
GRAND TOTAL	\$107,546	\$92,454	\$200,000