

1. SUBJECT
CLASSI-
FICATION

A. PRIMARY

Development and economics

DC00-0000-0000

B. SECONDARY

Development assistance

2. TITLE AND SUBTITLE

Patterns in health delivery projects; an analysis of AID's automated data

3. AUTHOR(S)

(101) Practical Concepts, Inc., Washington, D. C.

4. DOCUMENT DATE

1979

5. NUMBER OF PAGES

156p.

6. ARC NUMBER

ARC 614.P895

7. REFERENCE ORGANIZATION NAME AND ADDRESS

PCI

8. SUPPLEMENTARY NOTES (*Sponsoring Organization, Publishers, Availability*)

9. ABSTRACT

10. CONTROL NUMBER

PN-AAG-698

11. PRICE OF DOCUMENT

12. DESCRIPTORS

Information systems

Health services

13. PROJECT NUMBER

AID

Projects

Health delivery

Delivery systems

14. CONTRACT NUMBER

AID/otr-C-1377 GTS

15. TYPE OF DOCUMENT

614
PB95

YN- AAG 698
22

PATTERNS IN HEALTH DELIVERY PROJECTS
An Analysis of AID's Automated Data

IQC No. AID/otr-C-1377

Work Order #20

Prepared for:

Studies Division
Bureau for Program and Policy Coordination
Agency for International Development
Washington, D.C.

April 18, 1979

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SECTION ONE

OVERVIEW

This sectoral mapping report examines health delivery projects financed by AID.* Our search of AID's automated data bases located 208 health delivery projects.** Twenty-eight of these projects are in the planning stage, 140 are active, and 40 have been completed or terminated. The data bases contain a total of 107 formal evaluation studies for these 208 projects: 92 Project Appraisal Reports and 15 Special or Scheduled Evaluation Reports.

PCI's analysis of the automated data shows that:

- AID is assisting in a large number and a wide variety of health delivery projects.
- Latin America and Africa have been the most active Bureaus in this field in terms of number of projects. The Latin America Bureau has financed the most projects overall, while the Africa Bureau has been most active in recent years.
- Total absolute AID funding allocation to health delivery has been greatest in the Asia Bureau as a result of substantially larger projects in that Bureau.

*/ This is the fourth in a series of brief analyses that are being undertaken by PCI for the Special Studies Division (AID/PPC/E/S). The first three reports examined notable water, irrigation, and rural electrification projects.

**/ Our survey accessed data from four automated AID files: TEXT, BREF, PBAR, and ACCT. AID's automated files contain data on all projects that were active as of October 1974 and have been planned and/or have become active since that time. These files exclude some AID-financed projects. Therefore, a search is now being made of AID's archive file (PAISHIST) to retrieve other AID-financed projects. The data from this file are scant, but if a project title contains a key term it will be counted, and included in the final version of this report.

- Relative to their total obligations, the Africa and Latin America Bureaus have placed higher priority on health delivery projects than have the Asia or Near East Bureaus.
- The universe of health delivery projects was much larger than those of previous sectoral mapping studies. Health delivery projects also tend to be smaller than those projects covered in the previous reports.
- Health delivery projects focus most frequently on rural primary health care delivery and family planning: the most common Purpose found in these projects is the "provision of health services".

Table I-1 displays health projects by Bureau and Status. Latin America (32% of all projects) and Africa (28%) have the largest number of projects, while the Near East (17%) has the smallest number. Planned projects indicate an increasing concentration of health projects in Africa (42% of planned projects).

TABLE I-1

DISTRIBUTION OF PROJECTS BY BUREAU AND STATUS

BUREAU	PROJECT STATUS			
	PLANNED	ACTIVE	COMPLETED OR TERMINATED	TOTAL
AFRICA	12	39	6	57
ASIA	6	19	11	36
LATIN AMERICA	9	43	16	68
NEAR EAST	1	16	2	19
CENTRALLY FUNDED	0	23	5	28
TOTAL	28	140	40	208

The chronology of AID project activity in the health sector is shown in Table I-2. The number of health projects has increased dramatically in recent years. During each of the last two trienniums, the number of projects has roughly doubled the number implemented in the previous triennium, i.e. a four-fold increase from 1970-1972 to 1976-78. Over half of the health delivery projects reviewed by us either begin after 1/76 or are in the planning stage. This expansion has been concentrated in Africa, Latin America and the Near East.

TABLE I-2

PROJECTS BY BUREAU AND START DATE

BUREAU	BEFORE 1960	1961-1963	1964-1966	1967-1969	1970-1972	1973-1975	1976-1978	PLANNED	TOTAL
AFRICA	2	-	-	2	7	10	24	12	57
ASIA	3	2	1	6	1	9	8	6	36
LATIN AMERICA	1	1	5	8	5	13	26	9	68
NEAR EAST	-	-	1	1	-	2	14	1	19
CENTRALLY FUNDED	-	-	1	3	5	10	8	-	28
TOTAL	6	3	8	20	19	44	80	28	208

It should be noted that a portion of what we call "health delivery" projects are actually multi-sectoral efforts. The data discussed above do not discriminate between projects which are solely health delivery efforts and those which cross into other sectors. Since our automated searches identified a variety of activities as "health delivery," a relatively small number were labeled "part of a larger project."* As

*/ This information is recorded on the raw data tables in Appendix B in response to the question: Is the project part of a larger project? That is, are there any major outputs not directly related to the subject area in question?

Table I-3 shows, less than 9% of the 208 projects in the study contain major outputs not related to health delivery (e.g., housing). These projects are more prevalent in Latin America and the Near East, but the total number of projects in this category does not exceed 7 in any region. For the purpose of this study, we have adopted the definition of health delivery used in the automated data bases and therefore have included the 18 projects in Table I-3.

TABLE I-3
NUMBER OF PROJECTS LISTED AS
"PART OF A LARGER PROJECT"

BUREAU	NUMBER OF PROJECTS	% OF TOTAL PROJECTS (IN BUREAU)
ASIA	4	26.7
LATIN AMERICA	1	9.1
TOTAL	5	15.6

AID's automated files contained cost data for 191 of the 208 health delivery projects.* Table I-4 shows that the Agency has obligated approximately \$850 million to health delivery projects. Thirty-two percent of these funds were obligated for Asia Bureau projects, 29% for Latin America Bureau projects, and 20% for Africa Bureau projects.

*/ Planned obligations were chosen as indicators of size because they are the most consistently available cost data for projects at all stages.

TABLE I-4

DISTRIBUTION OF PROJECTS BY BUREAU AND SIZE

BUREAU	NUMBER OF PROJECTS*	TOTAL PLANNED OBLIGATIONS (THOUSANDS)	% OF ALL PLANNED OBLIGATIONS	AVERAGE PROJECT SIZE (THOUSANDS)
AFRICA	52	172,861	20.4%	3,324
ASIA	31	272,570	32.1%	8,793
LATIN AMERICA	63	244,646	28.8%	3,883
NEAR EAST	19	107,643	12.7%	5,665
CENTRALLY FUNDED	26	50,747	6.0%	1,952
TOTAL	191	848,467	100%	4,419

* Excludes projects for which financial data unavailable:
 Africa - 5 projects
 Asia - 5 projects
 Latin America - 5 projects
 Centrally Funded - 2 projects

While only 17% of all the projects implemented or planned are located in the Asia Bureau, these account for more than 32% of planned obligations. This difference is accounted for by the substantially larger size of health projects in that Bureau. Asia Bureau projects average \$8.8 million--twice the average amount obligated to health projects for the Agency as a whole. Africa, on the other hand, has an average project size considerably smaller than that of the Agency as a whole; and hence its 28% of health projects account for only 20% of total allocations to health.

In summary, health delivery projects have been concentrated in Latin America and, especially in recent years, in Africa. Due to disparities in average project size, health funds have been concentrated in Asia and Latin America.

Figures I-1 and I-2 present graphic representations of cumulative obligations by Bureau and of the phasing and composition of this expenditure. They have been limited mainly to projects active in October 1974 and subsequent projects. Table I-5 presents additional data on the frequency distribution of projects by size.

TABLE I-5

DISTRIBUTION OF PLANNED OBLIGATIONS BY PROJECT SIZE

PLANNED OBLIGATIONS	NUMBER OF PROJECTS*	% OF TOTAL PROJECTS	PLANNED OBLIGATIONS (THOUSANDS)*	% OF ALL PLANNED OBLIGATIONS
Over \$40M	0	0	0	0
\$20M-\$40M	5	2.6%	151,035	17.8%
\$10M-\$20M	19	10%	270,637	31.9%
\$5M-\$10M	33	17.3%	230,367	27.1%
\$1M-\$5M	66	34.5%	170,387	20.1%
Under \$1M	68	35.6%	26,041	3.1%
Total	191	100%	848,467	100%

* Excludes projects for which financial data unavailable:
 Africa - 5 projects
 Asia - 5 projects
 Latin America - 5 projects
 Centrally Funded - 2 projects

PLANNED OBLIGATIONS
(IN MILLIONS OF \$)

I-7

682

AID
Total

HEALTH PROJECTS

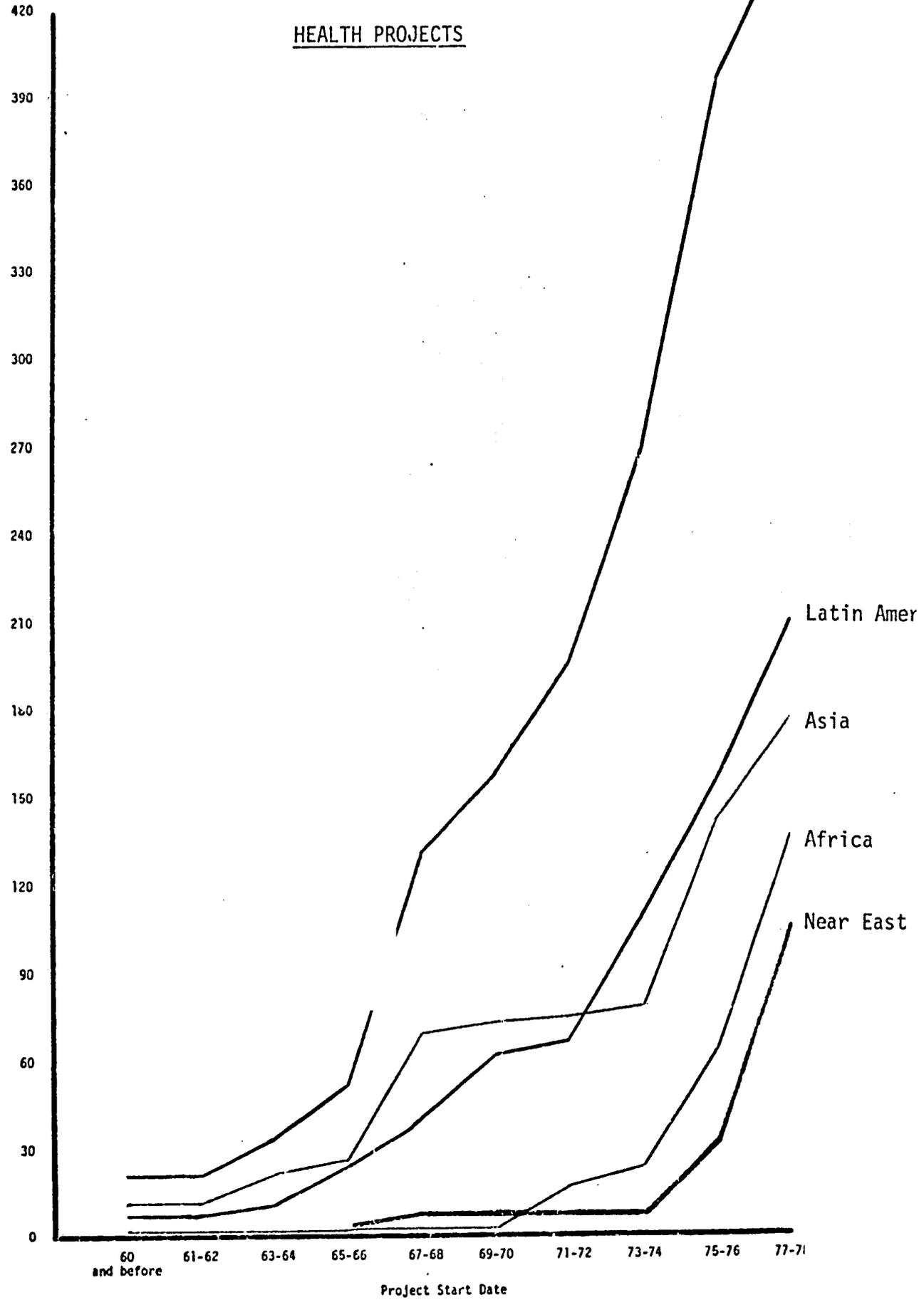


Figure I-1: CUMULATIVE PLANNED OBLIGATIONS

PLANNED OBLIGATIONS
(IN MILLIONS OF \$)

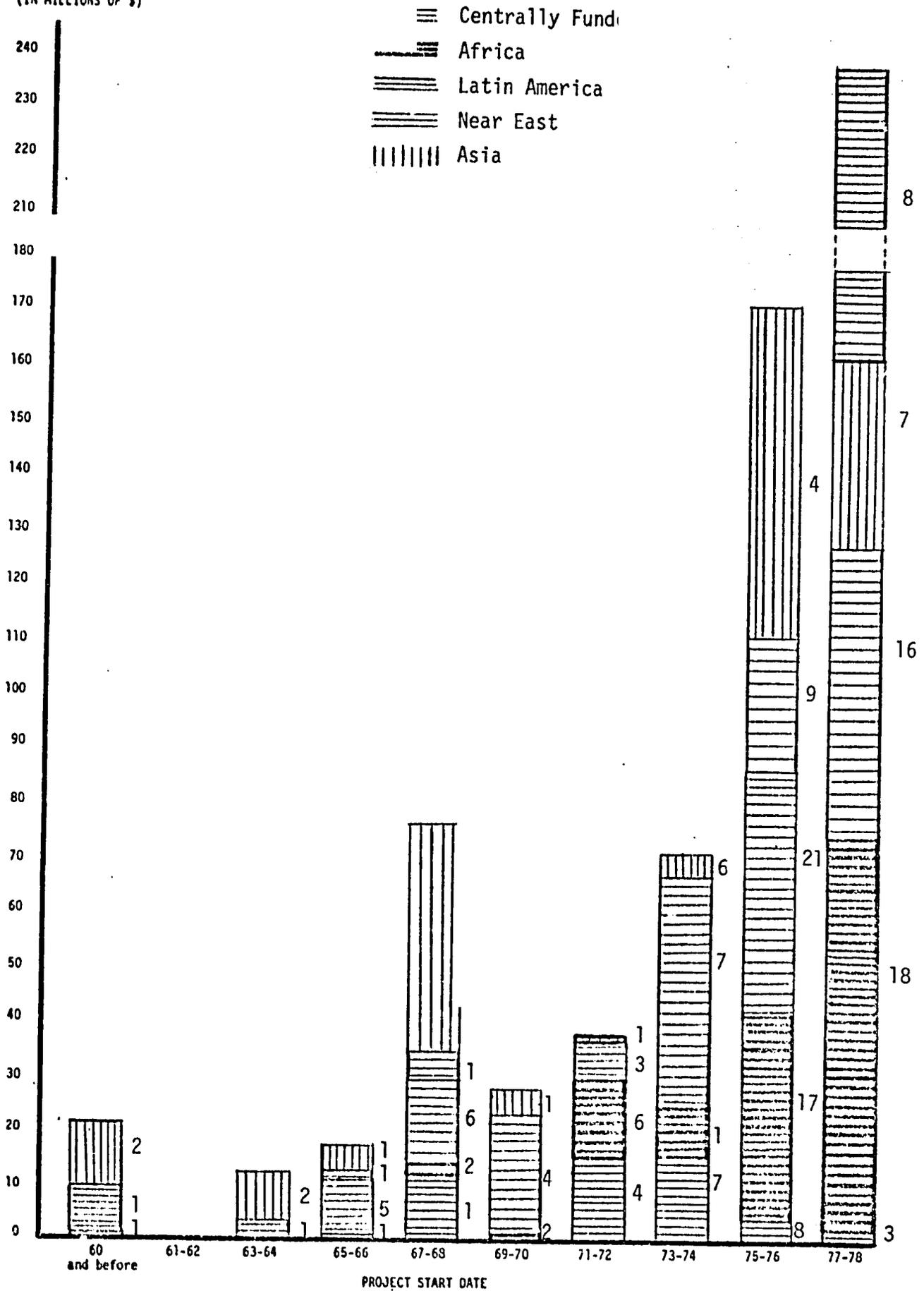


Figure I-2: PLANNED OBLIGATIONS FOR HEALTH PROJECTS AND NUMBER OF NEW PROJECTS* BY BUREAU BY YEAR

*/ Exclude projects for which data on obligations were not available.

Of the 191 projects with available planned obligation data, the 24 (approximately 13%) largest projects account for almost 50% of planned obligations. On the other hand, the 134 (approximately 70%) smallest projects account for only 23% of planned obligations. Over one-third of the projects have planned obligations of less than \$1 million. As Table A-1 (in Appendix A), a frequency distribution by Bureau, shows, the five projects with the largest planned obligations are financed by either the Asia or the Near East Bureau.

The priority accorded to health delivery, as measured by the proportion of total AID funds allocated to that sector, also differs significantly by Bureau. Available data make this comparison possible only for the period 1960-1977. Over that period, Asia devoted approximately 1% of their AID funds (excluding SSA) to health delivery, the Near East devoted 1.2%, while Latin America and Africa devoted 2.2% and 3.1% respectively.* These data are presented in Table I-6.

It is important to remember the possible bias in our study caused by the inclusion of multi-sectoral projects. Table I-7 shows that 10.9% of the total planned obligations for health delivery projects are not exclusively spent on health delivery activities. This is most prevalent in the Latin America Bureau, where 26.4% of planned obligations are for multi-sectoral projects. With the available data we can only conclude that our financial data is biased upward. We cannot estimate the magnitude of the distortion. Since these projects devote substantial resources toward health delivery, their exclusion from this study would bias our data in the opposite direction.

PCI also examined the automated data bases for information on project objectives. Project goals and purposes were categorized and their

*/ Given difficulties of retrieval, these percentages are systematically biased downwards. They are best used as relative, rather than absolute, measures of effort.

The calculations are based only on those allocations made between 1960 and 1977.

TABLE I-6

PROPORTION OF TOTAL AID ALLOCATIONS SPENT ON HEALTH PROJECTS

BUREAU	TOTAL AID ALLOCATION*	TOTAL PLANNED OBLIGATIONS FOR HEALTH PROJECTS (1960-1977)*	HEALTH ALLOCATION AS % OF TOTAL
AFRICA	2,833.7	88.3	3.1
ASIA	15,989.4	151.4	1.0
LATIN AMERICA	7,048.3	156.2	2.2
NEAR EAST	7,311.2	84.2	1.2
TOTAL	33,182.6	480.1	1.4

*/ Millions of dollars

frequencies were noted. Given the breadth of the health sector, these operational objectives were cross-classified according to the sub-sector of health towards which they were principally directed. For example, a project might be classified as having the Purpose of improving capabilities of health sector institutions and the sub-sectoral concentration of communicable diseases. In Tables I-8 and I-9, the Purpose and Goal Statements comprise the rows while the sub-sectors of concentration make up the columns.

TABLE I-7
PLANNED OBLIGATIONS FOR PROJECTS LISTED AS
"PART OF A LARGER PROJECT"

BUREAU	PLANNED OBLIGATIONS (IN THOUSANDS)	% OF TOTAL PLANNED OBLIGATIONS (FOR BUREAU)
AFRICA	8,707*	5.0
ASIA	11,442	4.2
LATIN AMERICA	64,717	26.4
NEAR EAST	4,752	4.4
CENTRALLY FUNDED	2,881	5.7
TOTAL	92,499	10.9

* Missing planned obligations data for 1 project.

TABLE I-8

AGENCY HEALTH DELIVERY PURPOSE STATEMENTS

AREAS OF CONCENTRATION PURPOSE STATEMENTS	ENVIRON- MENTAL SANITATION	MINISTRY OF HEALTH ADMINISTRA- TION	GENERAL POPULATION	MCH	PRIMARY HEALTH CARE DELIVERY (RURAL)	VECTOR- BORNE AND COMMUNI- CABLE DISEASES	FAMILY PLANNING	NUTRITION	HEALTH EDUCATION	DENTAL	EYES	SCHOOL HEALTH	MISC.	TOTAL
1. PROVIDE NEW/INTEGRATED/ IMPROVED EXPANDED/ MODIFIED HEALTH SERVICES/PROGRAMS	1	1	6	10	17	4	22	4	1		2	1		69
2. IMPROVED CAPABILITIES AND CAPACITIES OF HEALTH SECTOR INSTITUTIONS		7	1		6	2	9	3	1					29
3. CHANGE OR FORMULATE POLICY		2			1		1	1						
4. IMPROVE/PROVIDE PLANNING AND/OR EVALUATION AND/OR ADMINISTRATION TECHNIQUES/PROCESSES		21			4	1	1	3						30
5. INSTALL/IMPROVE/ OPERATIONALIZE PUBLIC HEALTH DELIVERY SYSTEM		3	3	1	9	1	5	1						23
6. REDUCE GROWTH RATES/ FERTILITY						1	3							4
7. WATER AND SEWAGE FACILITIES IMPROVED/ DEVELOPED/EXPANDED	1		3											4
8. NUTRITION EDUCATION/ NUTRITIONAL STATUS IMPROVED/REDUCED MALNUTRITION				4				2				1		7
9. MANPOWER DEVELOPMENT		2	2	1	12		8	2	2					29
10. MISCELLANEOUS		2	1	1	4		3	5					7	23
TOTAL	2	38	16	17	53	9	52	21	4	0	2	2	7	223

TABLE I-9

AGENCY HEALTH DELIVERY GOAL STATEMENTS

AREAS OF CONCENTRATION GOAL STATEMENTS	ENVIRON- MENTAL SANITATION	MINISTRY OF HEALTH ADMINISTRA- TION	GENERAL POPULATION	MCH	PRIMARY HEALTH CARE DELIVERY (RURAL)	VECTOR- BORNE AND COMMUNI- CABLE DISEASES	FAMILY PLANNING	NUTRITION	HEALTH EDUCATION	DENTAL	EYES	SCHOOL HEALTH	MISC.	TOTAL
1. TO REDUCE FERTILITY		1	1	1			4							7
2. TO REDUCE GROWTH RATES			4				16							20
3. TO REDUCE BIRTH RATE							5							5
4. IMPROVE ABORTION CON- TROL PROGRAMS							1							1
5. CHANGE POLICY POSITIONS		2												2
6. REDUCE MALNUTRITION				2	1			1						4
7. IMPROVE NUTRITIONAL STATUS			1	4				4						9
8. IMPROVE HEALTH STATUS (PHYSICAL, MENTAL & SOCIAL WELL BEING)			15	3	17		2					1		38
9. INCREASE THE USE OF GOOD HEALTH PRACTICES	1				1		1	1						4
10. TO REDUCE MORDIBITY & MORTALITY	1	1	3	6	1	1	1							14
11. TO IMPROVE QUALITY OF LIFE (SOCIAL-ECONOMIC)		1	4	1	4		3				1			14
12. TO IMPROVE, EXPAND, MODIFY DELIVERY OF HEALTH SERVICES	1		5	5	18		10	4		1				44
13. IMPROVE PLANNING AND/OR EVALUATION AND/OR ADMINISTRATION TECHNIQUES/PROCESSES		5		1			3	1						10
14. IMPROVE CAPABILITIES & CAPACITIES OF HEALTH SECTOR INSTITUTIONS		5	2		1	1	1							10
15. TO UPGRADE AND TRAIN HEALTH SECTOR MANPOWER		1					2							3
16. DEV. & INSTALLATION OF HEALTH CARE SYSTEMS	1	1	5		7									14
17. MISCELLANEOUS	1	5	4				1	1			1			13
TOTAL	5	22	44	23	50	2	49	12	6	1	2	1		212

"The provision of health services and/or programs" was the most frequently noted Purpose with 69 citations, almost one-third of the total.

The most prevalent sub-sectors of concentration were rural primary health care delivery and family planning, followed by Ministry of Health administration. These three categories accounted for over half of total health delivery Purpose statements.

The most frequently cited Goal was to "improve, expand, and/or modify the delivery of health services", followed by to "improve health status (physical, mental, and social well-being)". These two categories account for over one-third of the Agency's health delivery objectives at the Goal level. Tables C-1 through C-10 contain breakdowns by Bureau of Goals and Purposes.

The automated data bases in the Office of Development Information were also searched for project evaluation data. These files yielded 107 formal evaluation studies: 92 Project Appraisal Reports, 1 Scheduled Evaluation Report, and 14 Special Evaluation Reports.* Table I-10 categorizes sources of formal and potential evaluation data by source and Bureau.

*/ Of all the studies cited in Table I-9, we considered the 3 types of reports mentioned above to be "formal" evaluation studies-- that is, studies with the explicit purpose of gathering evaluative data. We regard the other studies in Table I-10 as potential sources of evaluative data.

TABLE I-10

POTENTIAL AND ACTUAL SOURCES OF EVALUATIVE DATA

	AFRICA	ASIA	LATIN AMERICA	NEAR EAST	CENTRALLY FUNDED	TOTAL
Annual Report	1	-	-	-	-	1
Bibliography	-	-	-	1	-	1
End-of-Tour Report	-	1	-	-	-	1
Feasibility Study	1	-	-	-	-	1
Final Report	1	-	-	1	-	2
Progress Report/Interim Report	-	2	1	-	-	3
Project Appraisal Report*	10	48	22	1	11	92
Research Study	-	-	-	2	-	2
Scheduled Evaluation Report*	1	-	-	-	-	1
Sector Assessment	-	-	4	-	-	4
Special Evaluation Report*	6	-	5	1	2	14
Task Force Report	1	1	-	-	-	2
Undifferentiated Report	2	-	4	2	1	9
Working Paper	-	-	1	-	-	1
TOTAL	23	52	37	8	14	134

SECTION TWO

REGIONAL SUMMARIES

Tables A-2 through A-7 in Appendix A provide financial and chronological information at the project level. Data for specific projects may be drawn from those tables. The summary tables which appear in this report are taken from the more detailed presentations in Appendix A.

A. AFRICA BUREAU PROJECT PATTERNS

A total of 57 projects sponsored by the Africa Bureau were located in our search. Twelve of these projects are in the planning stage, 39 are active, and 6 are completed or terminated. The 12 projects in the planning stage are the most for any Bureau in that category. Twenty-four of the 57 projects began in the period 1976-78, and 62.8% of the Bureau's total planned obligations for health delivery projects are for projects which began after 1/77 or are now in the planning stage (see Table II-1).

Fifty-two of the 57 projects financed by the Africa Bureau contain cost data (planned obligations). These 52 projects account for \$172,861,000 in planned obligations (20.4% of Agency total planned obligations for health delivery projects). Most of the Bureau's health delivery efforts are made up of projects with planned obligations of less than \$5 million.* As Table A-1 shows, 13 of the 52 Bureau-sponsored obligations are used as obligations of under \$1 million. The highest concentration of projects occurs in the \$1 to \$5 million range (28 projects). The range of planned obligations is large--a minimum of \$67,000 and a high of \$15 million.

*/ As was the case in Section One, planned obligations are used as indicators of project size.

TABLE II-1

REGIONAL BREAKDOWN OF PROJECTS BEGINNING AFTER 1/77 (INCLUDING PROJECTS IN PLANNING STAGE)

BUREAU	TOTAL NUMBER OF PROJECTS	TOTAL PLANNED OBLIGATIONS*	NUMBER OF PROJECTS BEGINNING AFTER 1/77	AS % OF ALL PROJECTS BEGINNING AFTER 1/77	AS % OF COLUMN ONE	TOTAL PLANNED OBLIGATIONS FOR PROJECTS BEGINNING AFTER 1/77	AS % OF ALL PLANNED OBLIGATIONS FOR PROJECTS BEGINNING AFTER 1/77	AS % OF COLUMN TWO
AFRICA	57	172,861	28	38.9	49.1	108,509	26.9	62.8
ASIA	36	272,570	13	18.1	36.1	131,156	32.5	48.1
LATIN AMERICA	68	244,646	20	27.8	29.4	87,054	21.5	35.6
NEAR EAST	19	107,643	8	11.1	42.1	75,437	18.7	70.1
CENTRALLY FUNDED	28	50,747	3	4.2	10.7	1,954	.5	3.8
TOTAL	208	848,467	72	100	34.6	404,110	100	47.6

*/ Planned Obligation Data missing for:
 Africa - 5 projects
 Asia - 5 projects
 Latin America - 5 projects
 Near East - 0 projects
 Centrally Funded - 17 projects

Project activity is widely dispersed among the regional offices and Missions. A minimum of 4 projects are assisted by the following: Africa Regional, Central and West Africa Regional, Ghana, Kenya, Liberia, Southern Africa Regional, and Zaire. Our search uncovered 7 projects each in Liberia and Zaire.

A total of 45 Goal statements were categorized for projects financed by the Africa Bureau (Table C-1). The most frequent Goal statement was to improve, modify, and/or expand the delivery of health services (12 occurrences). Breaking this Goal down by subject area reveals a concentration in primary health care delivery (6 of the 12 occurrences). The remaining distribution of Goal statements is fairly even: 6 other Goal categories contain either 4 or 5 occurrences.

Purpose statements are grouped into 5 major categories, with 13 occurrences under manpower development (Table C-6). The other 3 Purpose categories are: provide health services/programs (10 occurrences), improve capabilities and capacities of health sector institutions (8 occurrences), and improve/provide planning, evaluation and/or administration techniques/processes (10 occurrences). Ministry of Health administration, primary health care delivery, and family planning are the most common areas of concentration.

Our automated search located a total of 17 formal evaluation reports for projects funded by the Africa Bureau.

B. ASIA BUREAU PROJECT PATTERNS

PCI's automated search for health delivery projects uncovered 36 projects assisted by the Asia Bureau. This number places the Bureau between the Africa and Latin America Bureaus (more active) and the Near East Bureau (less active). Unlike the Africa Bureau, where project starts increased dramatically from 1976-78, there is a steady pattern of Asia

Bureau assistance to health delivery projects in recent years. As Table I-2 shows, 9 projects began in the period 1973-75, 8 began between 1976 and 1978, and 6 are in the planning stage. Projects which began in 1/77 or later or are now in the planning stage account for 48.1% of the Bureau's total planned obligations for health delivery projects. Compared to the Africa and Near East Bureaus, this percentage implies relatively substantial project funding in earlier years.

Data on planned obligations are available for 31 of the 36 Bureau-assisted projects. Total planned obligation for these 31 projects is \$272,570,000, the highest amount of any Bureau. The average project size of a health delivery project in Asia is \$8,793,000. Total planned obligations make up 32.1% of total planned obligations for health delivery projects in the Agency.

As Table II-1 displays, the Asia Bureau's share of total planned obligations for more recent projects (1/77 or later and planned projects) is only slightly different than the overall figure (32.5% rather than 32.1%). However, the average size of a "recent" project financed by the Asia Bureau is \$10,088,000, almost \$1.5 million more than the average size of all projects sponsored by the Bureau. This is not surprising in light of the fact that 3 of the 4 Bureau-funded projects with planned obligations in the \$20-40 million range occur after 1/77 (Tables A-1 and A-4). In the frequency distribution of planned obligations depicted in Table A-1, the mode for projects financed by the Asia Bureau is between \$5 and \$10 million. The modes for health projects in other Bureaus are lower. These measures indicate that the Asia Bureau has allocated more resources to health delivery projects in absolute terms (total planned obligations and average project size) than any of the Bureaus.

Twenty of the 36 projects assisted by the Asia Bureau are concentrated in 3 countries--Indonesia (7 projects), Nepal (6 projects), and Thailand

(7 projects). Planned obligations for all Bureau-financed efforts range from \$42,000 for a completed project in Thailand to \$35,000,000 for an Indonesia project in the planning stage.

Eight of the 29 Goal statements cited for the Bureau fall under the category of Improve health status (Table C-7), the most frequent occurrence. Five other projects aim to Improve, expand, and/or modify delivery of health services. Both of these Goal statement categories are concentrated in two subject areas: general population coverage and primary health care delivery.

PCI's automated search for evaluation documents yielded 48 references for the Asia Bureau.

C. LATIN AMERICA BUREAU PROJECT PATTERNS

Sixty-eight projects, the most of any Bureau, were found in our search for health delivery projects financed by the Latin America Bureau. Nine of these projects are in the planning stage, 43 are active, and 16 have been completed or terminated. The Latin America Bureau resembles the Africa Bureau in the sense that there has been a very large increase in number of projects in recent years. Thirty-five of the 68 projects began after 1/76 or are now in the planning stage (Table I-2). On the other hand, the Latin America Bureau devoted the greatest proportion of effort of any of the regional Bureaus to earlier projects. As Table II-1 shows, only 35.6% of the total planned obligations for health delivery projects financed by the Bureau occur after 1/77. This percentage is the smallest of the regional Bureaus--the Asia Bureau is next with 48.1%. The Latin America Bureau, therefore, devoted the greatest amount of relative effort to "earlier" projects (those with start dates before 1/77) while maintaining a large amount of activity in recent years.

Health delivery projects assisted by the Latin America Bureau have an average size of \$3,883,000 in planned obligations, placing the Bureau between the Asia and Near East Bureaus, which have higher averages, and the Africa Bureau, which has a slightly lower average. The frequency distribution of project size depicted in Table A-1 reflects the relatively low average size for projects funded in the Latin America Bureau. In this frequency distribution, the Latin America Bureau has the lowest mode of any of the regional Bureaus, with 27 projects having planned obligations of less than \$1 million. Nineteen other projects have planned obligations between \$1 and \$5 million. Over two-thirds of the projects sponsored by the Latin America Bureau therefore have planned obligations of less than \$5 million, making it very similar to the Africa Bureau in this respect.

The Latin America Bureau also resembles the Africa Bureau in that the projects it finances are concentrated in a substantial number of countries. A minimum of 7 projects can be found in the following countries: Bolivia, El Salvador, Guatemala, Haiti, Nicaragua.

The most frequently cited Goal statement in the Latin America Bureau is Improve health status (physical, mental, and social well-being). This statement occurs 19 times among a population of 74. The only other Goal to occur at least 10 times is Improve, expand, and/or modify the delivery of health services. All of the Bureau Goal statements are concentrated in three subject areas: general population (23 occurrences), primary health care delivery (16 occurrences) and family planning (15 occurrences).

Twenty-seven formal evaluation studies were uncovered in an automated search for evaluation data.

D. NEAR EAST BUREAU PROJECT PATTERNS

The search for health delivery projects uncovered 19 projects financed by the Near East Bureau. One project is in the planning stage, 16 are active, and 2 have been completed or terminated. The Near East Bureau has the smallest number of projects of any Bureau. However, a large portion of the Bureau's health delivery activity is recent. Fifteen of the 19 projects funded by the Bureau have start dates on or after 1/76 (Table I-2), and 70.1% of the Bureau's planned obligations for health delivery projects are for projects which started after 1/77 (Table II-1).

Data on planned obligations is available for all 19 Near East efforts. Health delivery projects assisted by the Near East Bureau average \$5,665,000, placing the Bureau next to the Asia Bureau in the size category. The average size of projects occurring after 1/77 jumps to \$9,430,000. As Table A-6 displays, the reason for the jump is that 4 of the 5 Bureau-sponsored efforts with planned obligations over \$10 million occur after the 1/77 date.

Seven of the 19 projects have planned obligations of under \$1 million. Table A-1 shows that there is an even distribution of projects with planned obligations between \$1 million and \$20 million. The Near East Bureau is the only other Bureau besides the Asia Bureau to be financing a project with planned obligations greater than or equal to \$20 million. The Bureau follows the patterns for the entire Agency in accounting for a wide range of project sizes. Planned obligations from \$40,000 for a project in Morocco to \$20,000,000 for one in Egypt.

Half of the 14 Goal statements cited for Bureau-financed projects fall under 2 categories: Improve nutritional status (3 occurrences) and Improve health status (4). A subject area breakdown shows a slight concentration in primary health care delivery, with 5 citations

(Table C-4). Over half of the 27 Purpose statements categorized for the Near East Bureau also are concentrated in two categories: Provide health services and/or programs (8 citations) and Manpower development (6). Tabulation of the Purpose statements by subject area reveals that 13 of the 27 can be found under Ministry of Health administration (6) or primary health care delivery (7--see Appendix C-9).

Two formal evaluation studies were located in our automated search for such documents.

E. CENTRALLY FUNDED PROJECT PATTERNS

Our automated search yielded 28 Centrally Funded health delivery projects. There were no projects in the planning stage, 23 active projects, and 5 completed or terminated projects. Centrally Funded projects total over \$50 million in planned obligations and have an average size of \$1,952,000. Twenty-six of the 28 projects contain data on planned obligations. Fifteen of these have planned obligations of under \$1 million.

Of the 49 Goal statements cited for Centrally Funded projects, 16 aim to Improve, expand, and/or modify the delivery of health services. The most common subject area is family planning (18 occurrences--see Table C-5). Two Purpose categories were cited 10 times each. These categories are Provide health services and/or programs and Improve/provide planning, evaluation, and/or administration techniques/processes. Nineteen of the 47 Purpose statements concentrate on family planning (Table C-10).

The query for formal evaluation studies yielded 13 references for Centrally Funded projects.

APPENDIX A: SUPPLEMENTARY ANALYSIS

The tables which constitute Appendix A are more specific versions of most of the summary tables found in the body of the report. The majority of tables in the Appendix report data at the project level.

TABLE A-1
DISTRIBUTION OF PROJECTS BY BUREAU AND SIZE OF PROJECT

BUREAU	<u>PROJECT SIZE*</u>						
	Under \$1M	\$1M-\$5M	\$5M-\$10M	\$10M-\$20M	\$20M-\$40M	over \$40M	Total**
Africa	13	28	8	3	0	0	52
Asia	6	7	11	3	4	0	31
Latin America	27	19	10	7	0	0	63
Near East	7	4	3	4	1	0	19
Centrally Funded	15	8	1	2	0	0	26
TOTAL	68	66	33	19	5	0	191

* / Project size assessed in terms of planned obligations

** / Excludes projects for which financial data unavailable: Africa - 5 projects
Asia - 5 projects
Latin America - 5 projects
Centrally Funded - 2 projects

TABLE A-2

SUMMARY TABLE OF HEALTH PROJECTS BY BUREAU, START DATE, AND PLANNED OBLIGATIONS

BUREAU	1954	1955	1959	1960	1963	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	FY77	FY78	FY79	FY80	TOTAL
AFRICA	Number			1	1				2		1	2	4	1		9	8	10	5	2	4	6		57
	Planned Obligation			225	*				2357*		*	1020*	9725*	9253		19173	12564	24194	22150	6200	20367	35598		172861
ASIA	Number	1		1	1	2		1	2	3	1		1	1	5	3	1	3	4			4	2	35
	Planned Obligation	6592		*	5163	9966*		4923	92715*	9356*	4206			911	42	4210*	22429	39536	16478	18570			65424	30684
LATIN AMERICA	Number		1		1	2	3	2	4	2	2	2	1	5	2	6	15	5	6	2	3	4		68
	Planned Obligation		8628			3295	3445*	7578*	4811*	10057*	7350	15697	2340*	4930	32477	10701	23407	21807	8266	23010	3950	18395	33433	
NEAR EAST	Number						1		1							2	7	5	2		1			19
	Planned Obligation							2059		5453						14525	10009	51952	8485		15000			
CENTRALLY FUNDED	Number						1	1	2		2	4		2	5	3	5	3						28
	Planned Obligation						10	12208	*		1079	15610		6979	8203	1734	2290	1654						
TOTAL PROJECTS	1	1	2	2	3	2	6	5	12	3	5	8	6	9	12	23	35	26	18	4	8	14	2	208
TOTAL PLANNED OBLIGATIONS	6592	9698	225*	5163*	1216*	3445*	14470	49314	27823	11506	16776	22970	14566	42786	23714	81269	92366	102844	72215	10150	53762	134455	30684	848467

*/ Missing Data for Planned Obligations

TABLE A-3

AFRICA BUREAU BY START DATE AND PLANNED OBLIGATIONS

COUNTRY	PROJECT NO.	1959	1960	1968	1970	1971	1972	1973	1974	1975	1976	1977	1978	FY77	FY78	FY79	FY80
AFRICA REGIONAL	6900355										1112(A)						
	6900373									210(C)							
	6900392									415(A)							
	6900390									6003(A)							
	6900408																
	6900409									232(A)					8600(P)		
CAMEROON	6310016																
	6310201									469(A)						14993(P)	
CENTRAL AFRICAN EMPIRE	6760002											1700(A)					
	6760009															438(P)	
CENTRAL AND WEST AFRICA REGIONAL	6250510			2357(A)													
	6250531						4596(A)										
	6250502					X(C)											
	6250904									2308(A)							
CHAD	6770001											8640(A)					
ETHIOPIA	6600103														3170(P)		
	6600195															2500(P)	
GHANA	6410055																
	6410064										6160(A)						
	6410060										1773(A)						
	6410083										2153(A)						
KENYA	6150101		X(C)														1167(P)
	6150141						X(A)										
	6150161									3580(A)							
	6150165										1976(A)						
	6150173										1214(T)						
	6150177																
LIBERIA	6690110			X(C)												15000(P)	

cont.

TABLE A-3 (cont.)
AFRICA BUREAU BY START DATE AND PLANNED OBLIGATIONS

COUNTRY	PROJECT NO.	1959	1960	1968	1970	1971	1972	1973	1974	1975	1976	1977	1978	FY77	FY78	FY79	FY80
LIBERIA (cont.)	6690125									2679(A)							
	6690126										1950(A)						
	6690129															7927(P)	
	6690140																
	6690141													2500(P)			
	6690157											67(A)					
MALI	6820203												267(A)				
MAURITANIA	6820202											3890(A)					
NIGER	6820208														670(P)		
	6820214												13541(A)				
NIGERIA	6200214	225(A)															
POPULATION AND HUMAN-ITARIAN ASSISTANCE	9320352					6020(A)											
SENEGAL	6850710																
SOUTHERN AFRICA REGION	6200032						2292(A)						1194(A)				
	6920058																
	6920062												1042(A)				
	6920076												4300(A)				
SUDAN	6520011															1600(P)	
	6520019												5900(A)				
TANZANIA	6210121								9208(A)								
	6210136																
UGANDA	6170057					X(C)											
ZAIRE	6600049																
	6600055																
	6600057																
	6600057																
	6600057																
	6600057																
	6600081																
6600092																	
TOTAL PLANNED OBLIGATIONS		225		2257		6020	6725	9208			19173	18564	24194	22150	6200	20367	35598
TOTAL NUMBER		1	1	2	1	2	4	1		9	7	10	6	2	4	6	

TABLE A-4

ASIA BUREAU HEALTH PROJECTS BY START DATE AND PLANNED OBLIGATIONS

COUNTRY	PROJECT NUMBER	1954	1959	1960	1963	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	FY77	FY78	FY79	FY80	
Bangladesh	4960037																					7000 ^P	
Burma	4970900		x ^C																				
India	3860281				8805 ^A																		
	3860280							1350 ^A															
Indonesia	4970189															39636 ^A							
	4970230													956 ^A									
	4970240													6800 ^A									
	4970273																	3000 ^A					
	4970208																					35000 ^P	
	4970289																					16000 ^P	
	4970301																						7000 ^P
Korea	4890648					4823 ^A																	
	4890708													704 ^A									
	4890710														5000 ^A								
Laos	4390066				x ^C																		
	4390031								4205 ^C														
Nepal	3670014	6552 ^C																					
	3670196																						5451 ^A
	3670115																		228 ^A				
	3670126																		1250 ^A				
	3670135																						23584 ^P
	3670477												911 ^A										
Pakistan	3910400													376 ^C									
	3910415																			15000 ^A			
Philippines	4920285							x ^C															
	4920220						32715 ^A																
	4920252														2172 ^A								

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TABLE A-4 (CONTINUED)

ASIA BUREAU HEALTH PROJECTS BY START DATE AND PLANNED OBLIGATIONS

COUNTRY	PROJECT NUMBER	1954	1959	1960	1963	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	FY77	FY78	FY79	FY80	
Thailand	4930179			6169 ^C																			
	4930209							2498 ^C															
	4930248												42 ^C										
	4930272																						
	4930283																						
	4930291														10629 ^A								
	4930305																						
Vietnam	7300348																					7424 ^P	
	7300417																						
TOTAL PLANNED OBLIGATIONS		6552		6168	9866	4003	32715	9856	4205			277	42	4210	22429	38526	15478	18570				55424	22604
TOTAL NUMBER		1	1	1	2	1	2	3	1			1	1	5	3	1	3	4				4	2

TABLE A-5

LATIN AMERICA HEALTH PROJECTS BY START DATE AND PLANNED OBLIGATIONS

COUNTRY	PROJECT NUMBER	1955	1963	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	FY77	FY78	FY79	FY80
Bolivia	5110000	9588 ^A																			
	5110439						3347 ^A														
	5110453													914 ^A							
	5110459														110 ^A						
	5110479															450 ^A					
	5110483																				13300 ^P
	5110499																				15600 ^A
Brazil	5120174		2295 ^C																		
	5120265			x ^C																	
	5120280								15246 ^C												
	5120320											6100 ^A									
Chile	5130203					x ^C															
	5130237						x ^C														
	5130271													602 ^A							
Colombia	5140173											18811 ^C									
	5140182													15292 ^A							
	5140210														300 ^A						
Costa Rica	5150132																1009 ^A				
Dominican Republic	5170085							342 ^C													
	5170100							7017 ^C													
	5170107												5487 ^A								
	5170120																				11018 ^P
Ecuador	5180002																123 ^A				
	5190004						4510 ^C														

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TABLE A-5 CONTINUED (2)

LATIN AMERICA HEALTH PROJECTS BY START DATE AND PLANNED OBLIGATIONS

COUNTRY	PROJECT NUMBER	1955	1963	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	FY77	FY78	FY79	FY80	
El Salvador	5190169				2310 ^A																	
	5190167											266 ^A										
	5190173																					
	5190178														29 ^A							
	5190179														176 ^A							
	5190180																1173 ^A					
	5190193															57 ^A						
Guatemala	5200189					4911 ^A															9000 ^P	
	5200206									2340 ^C												
	5200218											2400 ^A										
	5200230																					
	5200231																					
	5200251																					
	5200253																					115 ^P
Guyana	5040066																					450 ^P
Haiti	5210051										4600 ^P											
	5210070																					
	5210075																					
	5210081																					
	5210086																					
	5210087																					
	5210091																					16000 ^P
Honduras	5220055			3445																		
	5220130																					
	5220177																					450 ^P
Jamaica	5320030				3209 ^A																	
	5320210																					
	5320241																					

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TABLE A-5 CONTINUED (3)

LATIN AMERICA HEALTH PROJECTS BY START DATE AND PLANNED OBLIGATIONS

COUNTRY	PROJECT NUMBER	1955	1963	1965	1966	1967	1968	1969	1970	1971	1972	1973	1974	1975	1976	1977	1978	FY77	FY78	FY79	FY80
Nicaragua	5240080						2200 ^C														
	5240102													132 ^T							
	5240110														363 ^A						
	5240114														662 ^A						
	5240126														5000 ^A						
	5240139														7631 ^A						
	5240140													6000 ^A							
	5240143																130 ^A				
Panama	5250115								451 ^C												
	5250142																	4625 ^A			
	5250170											2200 ^C									
	5250191														9500 ^A						
Peru	5270145														768 ^A						
	5270160																			1945 ^P	
Uruguay	5290094									x ^C											
Venezuela	5290034				x ^C																
TOTAL PLANNED OBLIGATIONS		9698	3295	2445	7573	4311	10057	7359	15697	2340	4390	32477	10701	23407	21805	9266	7410	3950	33995	33433	
TOTAL NUMBER		1	1	2	3	2	4	2	2	2	1	5	2	6	15	5	5	2	4	4	

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TABLE A-6

NEAR EAST BUREAU HEALTH PROJECTS BY START DATE AND PLANNED OBLIGATION

COUNTRY	PROJECT NUMBER	1966	1976	1975	1976	1977	1978	FY77	FY78	FY79	FY80
Afghanistan	2660110		553(A)								
	2760144						7110(A)				
Egypt	2630015				700(A)						
	2630029					6000(A)					
	2630025								15000(P)		
Jordan	2780180			14485(A)							
	2780008						1275(A)				
Morocco	6000102			40(A)							
	6000141				152(A)						
N.E. Regional	2000144					952(A)					
Portugal	1500011					17000(A)					
Syria	2780006				1025(A)						
Tunisia	6640039				75(A)						
	6640096								4000(P)		
	6640003			297(A)							
Turkey	2770100	2000(C)									
Yemen Arab Republic	2780034				800(A)						
	2780035				400(A)						
	2780039										10000(A)
TOTAL PLANNED OBLIGATIONS		2059	5553	14525	10049	51952	8495		15000		
TOTAL NUMBER		1	1	2	7	5	2		1		

TABLE A-7

CENTRALLY FUNDED HEALTH PROJECTS BY START DATE AND PLANNED OBLIGATIONS

COUNTRY	PROJECT NUMBER	1966	1967	1968	1970	1971	1972	1973	1974	1975	1976	1977
Other--Food for Peace	9040310							1430(A)				
Technical Assistance	9310023							5594(A)				
	9310055								1176(A)			
	9310057								169(A)			
	9310070								4389(A)			
	9310076									190(A)		
	9310080										100(A)	
	9310101										105(A)	
	9310211				521(A)				2614(T)			
	9310235										1105(A)	
	9310239										529(A)	
	9310250										291(A)	
	9310456	10(A)										
	9310590						100(A)					
	9310597								455(T)			
	9310611									190(A)		
	9310735				X(C)							
	9310690					558(C)						
	9310957						1159(C)					
	9310977						1152(A)					
	9311016											769(A)
9311295											250(A)	
Population and Humanitarian Assistance	9320013									1345(A)		
	9320109											935(A)
	9320430			12208(A)								
	9320912				X(A)							
	9320918						2737(A)					
TOTAL PLANNED OBLIGATIONS		10	12208		1079	15510		7024	6803	1734	2290	1954
TOTAL NUMBER		1	1	2	2	4		2	5	3	5	5

TABLE A-8

REGIONAL BREAKDOWN OF PROJECTS IN "PLANNING" STAGE AND THEIR PLANNED OBLIGATIONS

BUREAU	TOTAL NUMBER OF PROJECTS	TOTAL PLANNED OBLIGATIONS	NUMBER OF PROJECTS IN ACTIVE STAGE	AS % OF ALL ACTIVE STAGE PROJECTS	AS % OF COLUMN ONE	AS % OF ALL PLANNED OBLIGATIONS FOR ACTIVE PROJECTS	TOTAL PLANNED OBLIGATIONS FOR "ACTIVE" STAGE PROJECTS	AS % OF COLUMN TWO
AFRICA	57	172,861	12	42.9%	21.1%	27.1%	62,165	36%
ASIA	36	272,570	6	21.4%	16.7%	41.9%	96,108	35.3%
LATIN AMERICA	68	244,646	9	32.1%	13.2%	24.4%	55,778	22.8%
NEAR EAST	19	107,643	1	3.6%	5.3%	6.6%	15,000	13.9%
CENTRALLY FUNDED	28	50,747	0	0	0	0	0	0
TOTAL	208	848,647	28	100%	13.5%	100%	229,051	27%

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TABLE A-9

REGIONAL BREAKDOWN OF PROJECTS IN ACTIVE STAGE AND THEIR PLANNED OBLIGATIONS

BUREAU	TOTAL NUMBER OF PROJECTS	TOTAL PLANNED OBLIGATIONS	NUMBER OF PROJECTS IN ACTIVE STAGE	AS % OF ALL ACTIVE STAGE PROJECTS	AS % OF COLUMN ONE	AS % OF ALL PLANNED OBLIGATIONS FOR ACTIVE PROJECTS	TOTAL PLANNED OBLIGATIONS FOR "ACTIVE" STAGE PROJECTS	AS % OF COLUMN TWO
AFRICA	57*	172,861	**39	27.9%	68.4%	20.9%	108,192	62.6%
ASIA	36	272,570	19	13.6%	52.8%	29.1%	150,620	55.3%
LATIN AMERICA	68	244,646	43	30.7%	63.2%	25.3%	130,724	53.4%
NEAR EAST	19	107,643	16	11.4%	84.2%	16.4%	85,031	79.0%
CENTRALLY FUNDED	28	50,747	23	16.4%	82.1%	8.3%	42,703	84.1%
TOTAL	208	848,467	140	100%	67.3%	100%	517,270	61.0%

* /Number of projects in each Bureau that don't have planned obligations data: Africa (5); Asia (5); Latin America (5); Near East (0); Centrally Funded (2) TOTAL 17.

** /Number of "Active" Projects in each Bureau that do not have planned obligations data: Africa (1); Asia (0); Latin America (0); Near East (0); Centrally Funded (1) TOTAL 2.

APPENDIX B: RAW DATA

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
AFRICA REGIONAL	6980358 7E0601 781231	31	<ul style="list-style-type: none"> Basic MCH services in African countries limited to urban populations and emphasize curative more than preventive measures. include minimal nutrition and little or no child spacing activity Projected budget allocations provide limited expansion of basic MCH services 	<ul style="list-style-type: none"> Improve health and well-being of African mothers and children 	<ul style="list-style-type: none"> Demonstrate effective method of expanding government maternal and child health/child spacing services in several African countries 	Yes	Active	No		1112	899 - U.S. Personnel • 899 - Other Costs • 0	No
	6980373 751201 770630	19	<ul style="list-style-type: none"> Shortage of qualified health personnel in MCH/FP fields in Africa U.S. and African manpower inadequate to meet increasing demands for technical assistance and services in this area 	<ul style="list-style-type: none"> Develop integrated MCH/FP services in African countries 	<ul style="list-style-type: none"> Provide professional and paramedical personnel from Africa and U.S. to work on MCP/FP and related programs in Africa 	No	Completed	No		210	210 - Other Costs • 210	Yes Scheduled Evaluation Report 04/29/75

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
CENTRAL AND WEST AFRICA REGIONAL	6250510 681201 780630	115	<ul style="list-style-type: none"> Central African governments unable to expand health staffs rapidly Current health workers lack training in preventive medicine, public health, health education methodology Popular understanding of environmental factors underlying common health problems is absent 	<ul style="list-style-type: none"> Improve, extend health services available to rural African populations in member countries of OCEAC (Organization for Control of Endemic Diseases in Central Africa) 	<ul style="list-style-type: none"> Introduce public health concepts by health education into OCEAC hdqtrs. health training programs, and into 3 demonstration zones to render extension of project-type activities 	Yes	Active	No		2357	2339 <ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 1608 - Local and TCN Personnel <ul style="list-style-type: none"> • 181 - Participants <ul style="list-style-type: none"> • 48 - Commodities <ul style="list-style-type: none"> • 105 - Other Costs <ul style="list-style-type: none"> • 397 	Yes Special Evaluation Report (2) 12/01/73 08/27/75
	6250531 720101 780630	78	<ul style="list-style-type: none"> Health services system impaired Shortage of trained motivated health manpower in Central Africa 	<ul style="list-style-type: none"> Improve health services in Central Africa 	<ul style="list-style-type: none"> Develop health manpower in Central Africa 	No	Active	No		4596	3667 <ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 1699 - Commodities <ul style="list-style-type: none"> • 41 - Other Costs <ul style="list-style-type: none"> • 1937 	Yes Special Evaluation Report 01/04/77

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
LIBERIA	6690125 750101 791231	60	<ul style="list-style-type: none"> Available basic health services stress curative rather than preventive measures are concentrated in urban areas and in rural areas, are inferior in terms of numbers of trained personnel, facilities, drugs and medical supplies 	<ul style="list-style-type: none"> Institutionalize and systematize a rural health delivery program for Lofa county in 2 yrs. 	<ul style="list-style-type: none"> Deliver improved health services to Lofa county residents through utilization of trained paramedical personnel Develop, test, institutionalize network of health posts, health centers, county hospitals and JFK National Medical Center 	No	Active	No		2679	1923 <ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 969 - Participants <ul style="list-style-type: none"> • 58 - Commodities <ul style="list-style-type: none"> • 735 - Other Costs <ul style="list-style-type: none"> • 151 - Uncommitted <ul style="list-style-type: none"> • 0 	<ul style="list-style-type: none"> Yes Feasibility Study 05/11/73 Project Appraisal report 02/77

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
MALI	6830205 770501 910530	49	<ul style="list-style-type: none"> • Little possibility offered of improving community health status of bulk of Mali's people <ul style="list-style-type: none"> • MOH system offers little hope of increasing coverage to village level • System is predominantly curative <ul style="list-style-type: none"> • MOH is centralized and operates through fixed facilities • Lack of appropriate financial, material resources, limited planning and management capabilities, inadequate physical infrastructure and personnel 	<ul style="list-style-type: none"> • Provide improved health services to rural poor 	<ul style="list-style-type: none"> • Achieve national adoption of tested rural health delivery program and assure adequate preparation for implementation 	No	Active	No		3890	312 <ul style="list-style-type: none"> - Contract <ul style="list-style-type: none"> • 258 - Commodities <ul style="list-style-type: none"> • 51 - Other Costs <ul style="list-style-type: none"> • 3 - Unearmarked <ul style="list-style-type: none"> • 0 	No
MAURITANIA	6820202 FY'78						Planned			670		No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TV, E., AND DATE
NIGER	6830208 786630 821231	54					Active			13541		No
	6830214 760791 800930	51					Active			2218		No
NIGERIA	6200214 590101 770930	225	<ul style="list-style-type: none"> • Need to monitor population growth and conduct related activities and services needed as result of population growth • Lack of trained personnel in family planning and demography 	<ul style="list-style-type: none"> • Implement national population policy and program 	<ul style="list-style-type: none"> • Develop capability to conduct family planning/demographic services and activities 	No	Active	No		2687	2501 - U.S. Personnel • 1059 - Local and TCI Personnel • 3 - Participants • 1318 - Commodities • 35 - Other Costs • 86	Yes Project Appraisal Report 05/75

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YLS, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
SENEGAL	6950210 770322 790331	19	<ul style="list-style-type: none"> • Villagers suffer high morbidity, mortality ▲ • Villagers don't have sufficient knowledge about health, lack basic sanitation; unable to take preventive measures against disease ▲ • Rural areas lack health posts ▲ • Essential drugs in short supply ▲ • Logistical infrastructure weak, health sector funding inadequate ▲ • Inadequate supervision along health delivery chain ▲ • Lack of trained personnel 	<ul style="list-style-type: none"> • Improve level of health among rural population ▲ • Establish model national health care delivery system for preventive and curative medicine 	<ul style="list-style-type: none"> • Create in Sine-Saloum region a network of staffed village health posts supported by local communities ▲ • Strengthen back-stopping system for secondary health posts supported by national government 	No	Active	No		1194	557 <ul style="list-style-type: none"> - Contracts • 60 - Commodities • 244 - AID Direct Reimbursement • 20 - Governor Sine-Soloum • 133 - Ministry Health Kimbute Scho • 100 - Unallocated Direct Reimburse • 0 	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PROGRAM?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
SOUTHERN AFRICA REGION OSARAC	6900032 720701 800628	36	<ul style="list-style-type: none"> Government of Botswana lacks sufficient trained personnel, especially in maternal/child health and family planning 	<ul style="list-style-type: none"> Smaller healthier population Development of rural infrastructure which extends MCH/FP services to greater proportion of population 	<ul style="list-style-type: none"> Assist in development of cadre of health personnel capable of staffing and providing preventive MCH/FP services in urban and rural health facilities 	No	Active	No		2292	1399 <ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 1252 - Participants <ul style="list-style-type: none"> • 73 - Commodities <ul style="list-style-type: none"> • 53 - Other Costs <ul style="list-style-type: none"> • 21 	Yes Project Appraisal Report
	6900058 770930 800930	36	<ul style="list-style-type: none"> Quality and quantity of health services in Lesotho varies widely between rural/urban areas Over 90% of all health services directed toward episodic curative care, primarily in major towns MCH lacks administrative and planning capability to implement improved delivery system 	<ul style="list-style-type: none"> Establish improved integrated health services delivery system appropriate to Lesotho's resources and needs 	<ul style="list-style-type: none"> Upgrade planning administrative & management competence of MCH to level required to develop and maintain national health services delivery system Establish and institutionalize new health worker cadres for rural component of system 	No	Active	No		1042	305 <ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 278 - Participants <ul style="list-style-type: none"> • 27 - Commodities <ul style="list-style-type: none"> • 0 - Other Costs <ul style="list-style-type: none"> • 0 	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
TANZANIA	6210138 771231 781231	12	<ul style="list-style-type: none"> • Communicable and non-communicable diseases are prevalent ▲ • Tanzania's system of using minimally trained health personnel to service rural areas has not been successful • Rural poor suffer from lack of nutritional information, health education, inoculations for children and family planning ▲ • Little progress being made in public health services or preventive medicine ▲ • Lack of funds and modern health techniques 	<ul style="list-style-type: none"> • Strengthen capacity of Ujamaa structures to improve living standards 	<ul style="list-style-type: none"> • Improve health of rural people in Hanang district • Test feasibility of proposed health delivery system 	No	Active	No		340	66 - U.S. Personnel • 66	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	FIELD REGISTRATION	STATUS	IS THERE A LARGER PROJECT?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE	
UGANDA	5170057 700601 780630	01	<ul style="list-style-type: none"> Need for improved family health care and expanded family planning services Serious deficiencies in maternal and child health care despite devoting 10% of budget to health 	<ul style="list-style-type: none"> Reduce deficiencies in maternal and child health care 	<ul style="list-style-type: none"> Increase quality and quantity of medical, para-medical, nursing, midwife, public health, and social worker staff in broad range of family health activities including family planning 	No	Completed	No		648	<ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 513 - Commodities <ul style="list-style-type: none"> • 6 - Other Costs <ul style="list-style-type: none"> • 129 	<ul style="list-style-type: none"> Yes Final Report 01/01/73 Project Appraisal Report (2) 10/72 01/72	
ZAIRE	5600049 720629 771230	2.6	<ul style="list-style-type: none"> Govt's ability to provide services and stimulate economic development hindered Zaire's high population growth rate GOZ lacks personnel, facilities and educ. information system to effect widespread use of family planning methods Most Zairians are pro-natalist 	<ul style="list-style-type: none"> Assist GOZ effort to shift from pro-natalist to lower fertility policy 	<ul style="list-style-type: none"> Develop GOZ family planning delivery system Establish capability to provide effective MCH/FP training to Zairian paramedical personnel Formalize distribution network for FP materials & information 	No	Active	No		830	1537	<ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 918 - Participants <ul style="list-style-type: none"> • 191 - Commodities <ul style="list-style-type: none"> • 420 - Other Costs <ul style="list-style-type: none"> • 8 	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
ZAIRE	660055 780601 790930	52	<ul style="list-style-type: none"> • Reduction of high mortality rate depends on improvement in nutrition status of population ▲ • Supply and availability of nutrients must be increased ▲ • Better health and sanitation can reduce nutrient requirements ▲ • Action programs cut across govt agency lines, hindered by size, tribal diversity, infrastructure ▲ • Solution requires national planning and strategy effort 	<ul style="list-style-type: none"> • Reduce crude mortality rate from over 20 per 1000 persons presently to 10 per 1000 persons by 1980 	<ul style="list-style-type: none"> • National nutrition strategy based on reliable data from all sectors and replication of successful demonstration interventions on nationwide basis 	Yes	Active	No		3277	165 <ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 104 - Participants <ul style="list-style-type: none"> • 2 - Commodities <ul style="list-style-type: none"> • 33 - Other Costs <ul style="list-style-type: none"> • 26 	Yes Un-differentiated Report 04/01/62

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
ZAIRE	6600057 770706 790930	27	<ul style="list-style-type: none"> Majority of Zairian population has little access to quality health services GOZ unable to deliver adequate health services GOZ lacks institutional structure in health care planning and management 	<ul style="list-style-type: none"> Reduce morbidity and mortality as impediment to economic & social development Establish integrated national health delivery system 	<ul style="list-style-type: none"> Strengthen GOZ institutional capacity to deliver health services 	No	Active	No		675	25 <ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 0 - Participants <ul style="list-style-type: none"> • 0 - Commodities <ul style="list-style-type: none"> • 21 	No
	6600053 770706 770831	2	<ul style="list-style-type: none"> Effective long-term control of endemic diseases by GOZ agencies has been prevented Lack of health manpower for upper levels of management direction and planning 	<ul style="list-style-type: none"> Reduce morbidity and mortality caused by endemic diseases 	<ul style="list-style-type: none"> Strengthen GOZ institutional capacity of monitoring and controlling endemic and communicable diseases 	No	Active	No		2346	305 <ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 131 - Participants <ul style="list-style-type: none"> • 0 - Commodities <ul style="list-style-type: none"> • 108 - Other Costs <ul style="list-style-type: none"> • 66 	No
	6600057 FY 77							Planned			2700	

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/ADMINISTRATION	STATUS	SCALE OF LARGER PROGRAMS	IF YES, OTHER COMMENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
BANGLADESH	500028 5/5/70						Planned			7070		No
BURMA	440010 5/1/69 7/26/69	175					Completed					No
INDIA	350020 6/1/69 7/26/69	186	<ul style="list-style-type: none"> • New technology adapted to local conditions needed <ul style="list-style-type: none"> ▲ • Agricultural universities often unresponsive to farmers' needs and field situations <ul style="list-style-type: none"> ▲ • Separate college in single universities not always cohesive <ul style="list-style-type: none"> ▲ • Need to expand number of people trained in agricultural services 	<ul style="list-style-type: none"> • Provide conditions necessary for sustained increase in agricultural production of 5% per annum 	<ul style="list-style-type: none"> • Establish and develop service-oriented agricultural universities in 11 Indian states 	No	Active	Yes	<ul style="list-style-type: none"> • Education • Research • Training • Extension 	2856	9895 - US Personnel <ul style="list-style-type: none"> • 6147 - Participants <ul style="list-style-type: none"> • 2816 - Commodities <ul style="list-style-type: none"> • 723 - Other Costs <ul style="list-style-type: none"> • 209 	Yes End of Tour Report 3/06/69 Project Appraisal Report 10/73 5/69 3/73 11/70 2/71 3/72 5/69 11/70 12/71

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	IS IT A LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
INDONESIA	4970233 741201 791229	61	<ul style="list-style-type: none"> Accelerate efficient allocation of health resources Additional data on current program performance and modifications in delivery modes and methods of creating and responding to health care demands are needed 	<ul style="list-style-type: none"> Improve health status of Indonesian citizens 	<ul style="list-style-type: none"> Improve effectiveness and efficiency of rural health services 	No	Active	No		955	641 <ul style="list-style-type: none"> - U.S. Personnel • 182 - Participants • 33 - Commodities • 159 - Other Costs • 267 	Yes Project Appraisal Report 1/77
	4970240 750510 790930	53	<ul style="list-style-type: none"> Cycle of poverty, illiteracy, and disease in rural Indonesia Low agricultural production, inadequate education, and lack of medical services 	<ul style="list-style-type: none"> Improve social and economic conditions in rural Indonesia 	<ul style="list-style-type: none"> Improve farm productivity, family income, literacy, nutrition, health care Train community members to manage community based integrated rural development program beyond pilot phase of implementation 	Yes	Active	Yes	<ul style="list-style-type: none"> Irrigation Education Training Literacy 	3900	2198	No
	4970273 790301 830910	51					Active			3000		No
	4970280 FY79						Planned				35000	No
	4970233						Planned			16000		No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
	4370101 FY 49						Planned			7000		No
KOREA	4890649 660901 720331	39	<ul style="list-style-type: none"> • Financial/man-power resources inadequate to expand and improve family planning/MCP/POP services. <li style="text-align: center;">▲ • ROKG's resources strained to meet other health needs. <li style="text-align: center;">▲ • 40% of IUD acceptors have dropped out of family planning program, no logistics mgmt., little coordination of FP research--field work, only one technically qualified person to administer entire FP program <li style="text-align: center;">▲ • Korea's Health Ministry reduced FP budget. 	<ul style="list-style-type: none"> • Reduce birth rate, number of abortions, incidence of maternal and childhood diseases 	<ul style="list-style-type: none"> • Nationwide family planning and maternal and child health program instituted and administered by ROKG's Ministry of Health and Social Affairs 	No	Active	No		823	4797 <ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 1294 - Participants <ul style="list-style-type: none"> • 341 - Commodities <ul style="list-style-type: none"> • 3112 - Other Costs <ul style="list-style-type: none"> • 50 	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE	
LAOS	4390066 631101 751230	145	<ul style="list-style-type: none"> Laos lacks trained medical personnel to provide health care services to population War has made shortage acute 	<ul style="list-style-type: none"> Improve public health Integrate training facilities into medical service Contribute to goals of alleviating suffering, maintaining government services, improving social infrastructure Provide medical care to refugees rural areas 	<ul style="list-style-type: none"> Assist Laotian Govt. to meet acute medical care needs Provide short-term medical training and clinical facilities Assist Laotian Govt. in future public health Provide longer-term training and training facilities 	No	Completed	No		34212	<ul style="list-style-type: none"> - U.S. Personnel • 3264 - Local and TCN Personnel • 9231 - Participants • 166 - Commodities • 19698 - Other Costs • 1853 	Yes Project Appraisal Report (11) 12/69 12/70 11/72 12/69 12/70 2/72 5/73 5/74 5/75 12/69 11/70	
	4390081 690301 751230	82	<ul style="list-style-type: none"> Population growth in Laos greater than resources can support Laotian conditions require that family planning services be integral part of MCH system Existing system grossly inadequate Requirement for activities "beyond family planning" cannot be met with available resources 	<ul style="list-style-type: none"> Reduce population growth rate to level that will promote social and economic progress Reduce morbidity and mortality among mothers and children 	<ul style="list-style-type: none"> Establish basic maternal-child health and family planning services reaching 70% of population by end of FY 79 Create demand for these services 	No	Completed	No		4206	4206	<ul style="list-style-type: none"> - U.S. Personnel • 345 - Local and TCN Personnel • 564 - Participants • 66 - Commodities • 2316 - Other Costs • 915 	Yes Project Appraisal Report (4) 9/74 12/70 2/72

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COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
NEPAL	3670115 771228 790930	21	<ul style="list-style-type: none"> Incidence of malaria is rising • Nepal's institutions not able to control malaria 	<ul style="list-style-type: none"> Facilitate economic and social development in Nepal • Reduce morbidity mortality, and fertility at national level 	<ul style="list-style-type: none"> Assist GON in strengthening institutional capability for monitoring and controlling malaria • Create basis for institution with administrative and operational capabilities to monitor and control communicable diseases and provide basic health services 	No	Active	No		228	133 - U.S. Personnel • 92 - Participants • 41 - Commodities • 0	Yes Task Force Report 2/17/76 Project Appraisal Report (3) 5/76 5/77 2/77
	3670126 771228 800930	33	<ul style="list-style-type: none"> Delivery of health services limited • Scarcity of human and financial resources • Managerial capability weak • Basic disease and demographic data lacking 	<ul style="list-style-type: none"> Develop on national scale equitable, sufficiently administered, technically sound health services delivery system 	<ul style="list-style-type: none"> Develop and test in 2 pilot areas a prototype health care delivery system to provide access to population through multi-purpose house visitors 	Yes	Active	No		7250	509 - U.S. Personnel • 503 - Commodities • 0 - Participants • 6	Yes Project Appraisal Report 7/74
	3670135 FY 80						Planned			23684		No
	3670227 720801 790930	86					Active			911		No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
BOLIVIA	5110000 550901 800930	303	<ul style="list-style-type: none"> Attention to extent and causes of inefficient credit rationing to small farmer enterprises can be altered through training of field and regional agents of Bolivian Agricultural Bank in farm planning and credit administration and evaluation 	<ul style="list-style-type: none"> Reform of current agricultural credit policy 	<ul style="list-style-type: none"> Provide data useful in revision of management techniques and capabilities for processing and supervising small farmer credit programs 	No	Active	Yes	<ul style="list-style-type: none"> Agr. Credit Credit Management Training Agr. Finance 	9600	2953 - U.S. Personnel • 4635 - U.S. Personnel-PASA • 338 - U.S. Personnel-Contr. • 719 - TCN and Local Personnel-Direct • 2663 - TCN and Local Personnel-PASA • 1282 - TCN and Local Personnel-Contr. • 102 - Participants-Direct • 50 - Commodities-Direct • 3 - Other Costs-Direct • 96 - Other Costs-Contract • 65	Yes Sector Assessment

COUNTRY	PROJECT NUMBER AND DATES	PROJECT LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
BOLIVIA	5110439 690901 780630	117	<ul style="list-style-type: none"> • High degree of malnutrition in Bolivia • Mass illiteracy • Diversity of languages • Antiquated agricultural practices • Lack of good nutritional habits 	<ul style="list-style-type: none"> • To raise the health standard of primary and pre-school age children and expecting and lactating mothers 	<ul style="list-style-type: none"> • Improve nutritional status of: <ul style="list-style-type: none"> - pre-school age children - expecting and lactating mothers - primary school-age children - children in institutions 	No	Active	No		3347	3338 - U.S. Personnel-Direct • 1005 - U.S. Personnel-PASA • 20 - U.S. Personnel-Contractors • 321 - TCN and Local Personnel-PASA • 550 - TCN and Local Personnel-Contr. • 32 - Participants • 99 - Commodities • 269 - Other Costs • 1002	Yes Project Appraisal Reports-- (16) 12/17/69 08/30/72 05/27/71 - 06/16/71 12/17/69 08/27/71 11/28/69 04/15/71 06/29/72 05/19/75 12/02/69 05/24/72 08/01/73 03/03/76 06/17/71

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMMENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
BOLIVIA	5110459 751221 790731	43	<ul style="list-style-type: none"> • Mortality and malnutrition in target area larger than national average • National health system reaches 15% of rural population • Ministry of Health lacks capability to implement rural health delivery system 	<ul style="list-style-type: none"> • Health status of rural population improved in four target areas 	<ul style="list-style-type: none"> • Pilot rural health services delivery system implemented in four nuclear and thirty-three satellite communities 	Yes	Active	No		914	490 <ul style="list-style-type: none"> - U.S. Personnel-Contract <ul style="list-style-type: none"> • 295 - TCM and Local Personnel-Contr. <ul style="list-style-type: none"> • 56 - Commodities-Direct <ul style="list-style-type: none"> • 90 - Other Costs-Direct <ul style="list-style-type: none"> • 49 	No
BOLIVIA	5110459 760801 791230	43	<ul style="list-style-type: none"> • Most frequent cause of death in rural areas is advanced infection 	<ul style="list-style-type: none"> • To institutionalize a system of basic health services for target area of 100,000 people 	<ul style="list-style-type: none"> • Basic health services provided to 85 communities in remote rural areas • Establish a link among the health services of the Santa Isabel Hospital • Establish a local organizational capability to facilitate rural participation 	No	Active	No		110	70 <ul style="list-style-type: none"> - TCM and Local Personnel-Direct <ul style="list-style-type: none"> • 0 - Other Costs-Direct <ul style="list-style-type: none"> • 70 	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
DOMINICAN REPUBLIC	5170107 741101 791001	59	<ul style="list-style-type: none"> Public health and social assistance agency lacks organizational capability to expand 	<ul style="list-style-type: none"> Improve health and well-being of the poor Effect a reduction in population growth rate Improve and increase availability of health services 	<ul style="list-style-type: none"> Provide government with the institutional resources necessary to analyze, research, evaluate, and plan for resolution of public health problems 	No	Active	No		5487	2141 - U.S. Personnel • 426 - Participants • 96 - Commodities • 0 - Other Costs • 1619	No
DOMINICAN REPUBLIC	5170120 FY. 79						Planned			11018		No
ECUADOR	5180002 780915 790930	12					Active			123		No
ECUADOR	*5180094 680301 770330	109	<ul style="list-style-type: none"> Government efforts to provide basic social services to population hampered Rapid population growth Lack of effective mechanism for delivery of family planning information and services 	<ul style="list-style-type: none"> National population growth rate reduced 	<ul style="list-style-type: none"> Public and private sector family planning services initiated 	No	Completed	No		4510	4512 - U.S. Personnel • 521 - Local and TCN Personnel • 125 - Participants • 235 - Commodities • 1073 - Other Costs • 2558	No
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COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
EL SALVADOR	5190173 760501 781231	32	<ul style="list-style-type: none"> • Delivery of primary health services inhibited A • Lack of trained health personnel 	<ul style="list-style-type: none"> • To increase the use of better health, sanitation, nutrition, and responsible parenthood practices among the rural population 	<ul style="list-style-type: none"> • To deliver primary health education and services to rural communities 	No	Active	No		28	22 - Other Costs • 22	No
	5190178 760301 800930	55	<ul style="list-style-type: none"> • Ministry of Health lacks technical capabilities to carry out sector assessment 	<ul style="list-style-type: none"> • To improve general level of health 	<ul style="list-style-type: none"> • To improve health planning and policy making capability in MOH 	No	Active	No		176	96 - U.S Personnel • 60 - Local and TCN Personnel • 1 -Other Costs • 35	No
	5190179 780830 800229	18					Active			1173		No
	5190188 770528 780930	14	<ul style="list-style-type: none"> • Majority of population suffers from high levels of eye afflictions. A • Most of the country's ophthalmologists practice in San Salvador 	<ul style="list-style-type: none"> • El Salvador's capacity to deliver health care to urban and rural poor strengthened 	<ul style="list-style-type: none"> • Eye care and blindness prevention service expanded 	No	Active	No		57	42 - U.S Personnel • 42	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
GUATEMALA	5209218 730214 791231	81	<ul style="list-style-type: none"> Guatemala lacks optimal system for national health care Lack of personnel training capabilities Lack of well equipped facilities 	<ul style="list-style-type: none"> Improve health care 	<ul style="list-style-type: none"> Upgrade and increase health services staff and facilities 		Active	No		3400	2020 - Cons. & Equip. for Hospitals • 1405 - Const. Training Facilities • 186 - Estab. TA to health unit • 181 - Vehicles • 102 - Const. Nursing School • 0 - Des. & Inst. of Radio Net. • 36 - Excess Property • 110	Yes Undifferentiated Report 3/2/75
	5209230 760501 791230	43	<ul style="list-style-type: none"> Limited delivery of basic health services to rural poor Ineffective distribution and management of support resources Covt. emphasis on centralized curative medicine 	<ul style="list-style-type: none"> Improve rural health services 	<ul style="list-style-type: none"> Improve capacity for planning, monitoring, evaluation and internal control 	No	Active	No		438	307 - TA Public Health Plan and Eval. • 66 - Local Operational Training • 204 - Project Support • 37 - Commodities • 0 - Other Costs • 0	Yes Progress Report Interim Report 10/26/74

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
	5200231 750601 770630	13	<ul style="list-style-type: none"> Human excrement deposited in any convenient location Small percentage have access to latrines 	<ul style="list-style-type: none"> Improve rural Guatemala quality of life Create sanitary living conditions 	<ul style="list-style-type: none"> Create high degree of water purity Increase use of water Reduce human excrement deposited where flies can breed on it Create community self-betterment projects 	No	Active	No		267	267 - U.S. Personnel • 107 - Other Costs • 160	Yes Project Appraisal Report 09/16/77
	5200251 FY77						Planned			3500		No
	5200253 FY79						Planned			115		No
GUYANA	5040056 FY78						Planned			450		No
HAITE	5210051 720401 780930	78	<ul style="list-style-type: none"> Community councils heed support in north-west Haiti 			No	Active	Yes	<ul style="list-style-type: none"> Community development 	4930	3854 - Contract Services • 733 - Commodities • 230 - Other Costs • 2901	Yes Special Evaluation Report(2) 01/01/75 10/01/76

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
	5210070 740501 781230	55	<ul style="list-style-type: none"> • Malaria prevalence threatens to spread • No integrated malaria and health service • No proper system for health services decentralized delivery • Ineffective health planning and administration 	<ul style="list-style-type: none"> • Strengthen institutional capabilities for monitoring and controlling malaria • Improve public health administration 	<ul style="list-style-type: none"> • Reduce malaria incidence • Improve planning and administration of the Ministry of Health 	No	Active	No		5214	5157 - Contract Services • 545 - Commodities • 117 - Other Costs • 4495	No
	5210075 760301 801230	58	<ul style="list-style-type: none"> • Malnutrition • Unwise protein distribution among family members • Nutrition Centers not in enough areas 	<ul style="list-style-type: none"> • Improve health of low income Haitians 	<ul style="list-style-type: none"> • Provide Haitian mothers with nutrition information • Teach farm families to grow more nutritious food crops • Protect mothers and children from infectious diseases • Reduce malnutrition incidence of rural poor 	No	Active	No		990	721 - Contract Services • 15 - Commodities • 103 - Other Costs • 603	Yes Undifferentiated report

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
	5210081 770614 800614	36	<ul style="list-style-type: none"> • Low farm production in Gros Morne district • Lack of trained personnel for health delivery in Gros Morne District 	<ul style="list-style-type: none"> • Improve quality of life of rural population in Gros Morne District 	<ul style="list-style-type: none"> • Provide interventions program: to train animators; to provide foods & supplies; to stimulate basic changes 	No	Active	No		104	44 - Contract Services • 44	No
	5210085 770830 820830	60	<ul style="list-style-type: none"> • Malaria prevalence • Duplication of effort and waste of resources in health programs • High morbidity rate restricts budget • Lack of personnel training • No data base • Inadequate salary structure 	<ul style="list-style-type: none"> • Remove health sector constraints to development 	<ul style="list-style-type: none"> • Institutionalizing planning and administrative structure to expand health services • Reduce malaria incidence 	No	Active	No		7525	1400 - Contract Services • 115 - DSPP Budget • 172 - SNEM Budget • 1113 - Unearmarked • 0	Yes Sector Analysis/ Sector Study 04/01/75
	5210087 780101 801231	36	<ul style="list-style-type: none"> • Future unemployment • Future poor health • Future poverty • Lower standard of living foreseen • Future unavailability of land • Population growth of 2.2% 	<ul style="list-style-type: none"> • Reduce maternal and child mortality and morbidity 	<ul style="list-style-type: none"> • Prevent increase in population 	No	Active	No		480	178 - Local Personnel Support • 54 - Training and information • 38 - Other support costs • 44 - Commodities • 35 (Con't next page)	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
	5210991 FY78						Planned			16000	<ul style="list-style-type: none"> - Participants • 7 - Unearmarked • 0 	No
HONDURAS	5220065 650901 761231	136	<ul style="list-style-type: none"> • Population growth threatens to outstrip economic growth ▲ • Unchecked fertility ▲ • Apathy toward family planning • High cost of family planning for rural population • Low Government priority to family planning ▲ • Low population density 	<ul style="list-style-type: none"> • Reduce population growth 	<ul style="list-style-type: none"> • Provide family planning service within public health system 	No	Active	No		3445	3445 <ul style="list-style-type: none"> - U.S. Personnel • 211 - Participants • 127 - Commodities • 631 - Other Costs • 2476 	No
	5220130 760501 810630	62	<ul style="list-style-type: none"> • Family Planning organization achieved only 8% acceptor rate 	<ul style="list-style-type: none"> • Reduce population pressure on development 	<ul style="list-style-type: none"> • Develop Honduras fertility control, maternal/child and basic health services in rural areas 	No	Active	No		536	199 <ul style="list-style-type: none"> - U.S. Personnel • 47 - Commodities • 23 - Other Costs • 129 	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
	E220177 FY77						Planned			450	- Unearmarked • 0	No
JAMAICA	5320030 650301 810930	177	<ul style="list-style-type: none"> • Future burden on economy • Population growth = 3.3% • Insufficient family planning care • Lack of space in family planning care • Lack of space in family planning clinics • Shortage of Drs. and nurses 	• Population growth to 0 by 2000	• Assist Govt., academic, and private agencies involved in family planning	No	Active	No		3229	3196 - U.S. Personnel • 662 - Local & Technical Personnel • 14 - Participants • 144 - Commodities • 1046 - Other Costs • 1347	No
	5320040 760601 771230	19	<ul style="list-style-type: none"> • No effective health care in Cornwall, Jamaica • Lack of trained personnel • Lack of physical facilities • Lack of breadth of scope 	• Develop national health care delivery system	• Improve Cornwall Country Primary Health Care System	No	Active	No		275	93 - U.S. Personnel • 93 - Other Costs • 0	Yes Undifferentiated report 01/31/76

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
	532004; 761001 810930	50	<ul style="list-style-type: none"> • Future public services crisis A • High birth rate • Low death rate A • Lack of effective family planning national program A • Lack of institutional mechanism • Lack of Administrative and technical personnel • Lack of commodities 	<ul style="list-style-type: none"> • Birthrate to 25 per 1000 by 1980 	<ul style="list-style-type: none"> • Integrate family planning services into basic health services • Integrate family life education/sex education into public school system • Establish commercial distribution system of contraceptives 	No	Active	No		1010	426 - U.S. Personnel • 0 - Participants • 32 - Commodities • 30 - Other Costs • 364	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
NICARAGUA	5240030 690801 750130	66	<ul style="list-style-type: none"> Health services reaching small percentage of rural population Density of rural population Distance to rural areas from urban centers High cost of permanent rural health facilities 	<ul style="list-style-type: none"> Improve health status of Nicaragua 	<ul style="list-style-type: none"> Provide population, especially rural, with access to health services 	No	Complete	No		2200	2200	Yes Special Evaluation Report 11/09/73 Undifferentiated report 11/27/74 Project Appraisal Report 02/21/75
	5240102 750401 760630	15	<ul style="list-style-type: none"> Lack of information health problem and target populations Lack of planning capability Administrative problems Lack of program direction and evaluation Separation of curative and preventive services Lack of coordination and integration of health services among govt. agencies Reliance on external sources for new initiatives in health sector 	<ul style="list-style-type: none"> Improve health of Nicaraguans especially in rural and poorest areas 	<ul style="list-style-type: none"> Improve health services, particularly for rural population 	No	Terminated	No		132	103 - U.S. Personnel • 78 - Commodities • 5 - Other Costs • 20	Yes Sector Assessment 02/06/76 Project Appraisal Report 08/26/76

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
			<ul style="list-style-type: none"> Lack of manpower trained in health planning and administration 									
	5240110 760301 799330	37	<ul style="list-style-type: none"> Previous progress in separate health areas will not achieve maximum potential benefit if initial stages of integrated system not developed Lack of capability to plan and test integrated rural health delivery system Administrative problems in mont 	<ul style="list-style-type: none"> Improve health status of rural and suburban population 	<ul style="list-style-type: none"> Institute integrated rural health delivery system 	No	Active	No		383	321 - Rural Health Del System • 321 - Unearmarked • 0 - Commodities • 0 - Other Costs • 0	No
	5240114 760601 801231	55	<ul style="list-style-type: none"> Need to illuminate high mortality among rural poor Need for extended and improved rural health coverage 	<ul style="list-style-type: none"> Improve health status and well-being of rural poor 	<ul style="list-style-type: none"> Extend, improve and integrate rural health coverage 	No	Active	No		662	263 - U.S. Personnel • 174 - Participants • 46 - Commodities • 3 - Other Costs • 40 - Unearmarked • 0	No

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	524014C 750827 790630	46					Active			5000		No
	5240143 770930 800930	36	<ul style="list-style-type: none"> Rural population beyond reach of health programs in region Geographical isolation of rural population Lack of competent health manpower in region. 	<ul style="list-style-type: none"> Improve health of rural population in E. Nicaragua 	<ul style="list-style-type: none"> Establish community level health program in E. Nicaragua 	No	Active	No		130	99 - Other Costs • 99	No
PANAMA	5250115 700429 760530	74	<ul style="list-style-type: none"> 40% of rural population lack medical care difficult communications 	<ul style="list-style-type: none"> Institute capability to provide health services 	<ul style="list-style-type: none"> Improve health services for rural population 	No	Completed	No		451	• 451	No
	5250142 780830 790831	12	<ul style="list-style-type: none"> Future burden on public facilities Population growth rate of 3.2% 	<ul style="list-style-type: none"> Reduce population growth from 3.3 to 2 percent by 2000 	<ul style="list-style-type: none"> Make Panamanians aware of population growth problems. Deliver family planning services to fertile females. 	No	Active	No		625	4137 - U.S. Personnel • 396 - Local Andten Personnel • 56 - Participants • 278 - Commodities • 1230	No

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											<ul style="list-style-type: none"> - Other Costs • 2177 - Unearmarked • 0 	
	5250170 730125 760630	41	<ul style="list-style-type: none"> • Malnutrition • High incidence of diseases easily prevented <li style="text-align: center;">A • Poor health services distribution • Ineffective health Ed. Programs • Lack of community involvement 	<ul style="list-style-type: none"> • Improve health & nutrition 	<ul style="list-style-type: none"> • More effective health services 	No	Completed	No		3800	3800	No
	5250181 761014 800810	46	<ul style="list-style-type: none"> • Health of rural panamanians is hindered <li style="text-align: center;">A • Lack of effective health care delivery system 	<ul style="list-style-type: none"> • Raise health level of marginal population 	<ul style="list-style-type: none"> • Institutionalize public health delivery system 	No	Active	No		9500	1889	No

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											- Unearmarked ● 0	
PERU	5270145 760501 790630	38	<ul style="list-style-type: none"> • Education/Health/Social/Economic facilities overburdened ▲ • Burgeoning Young population ▲ • 50% of annual births are among medium & high risk mothers, but facilities can handle only 15% of these births ▲ • Too many fertile age women becoming pregnant ▲ • Lack of info/services on responsible parenthood 	<ul style="list-style-type: none"> • Benefit health, economic, and social welfare of the Peruvian family ▲ • Improve maternal health, beginning with high & medium risk mothers ▲ • Make it possible for GOP to devise and implement responsible parenthood program 	<ul style="list-style-type: none"> • Develop a public responsible parenthood program capable of providing services for 80,000 women (or 2.1% of fertile age women) by 1977 	No	Active	No		768	173 - U.S. Personnel ● 10 - Commodities ● 74 - Other Costs ● 89 - Unearmarked ● 0	No
	5270160 FY78						Planned			1945		No

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URUGUAY	5290094 710101 741230	48	<ul style="list-style-type: none"> • Sustained increase in already high infant mortality since 1950 • Continued increase in abortions, but direct family planning program impossible • Sensitive political religious issues 	<ul style="list-style-type: none"> • Reduce maternal child morbidity mortality 	<ul style="list-style-type: none"> • Improve delivery of MCH services in Montevideo 	No	Completed	No			118. - Other Costs • 118	Yes Project Appraisal Report 07/72
VENEZUELA	5290034 660701 761230	126	<ul style="list-style-type: none"> • Govt has no announced population policy • Private orgs initiated family planning-population programs but lack required staff, modern equipment, trained technicians, operating funds to ensure delivery of service 	<ul style="list-style-type: none"> • Improve delivery of population and family planning services 	<ul style="list-style-type: none"> • Expand and strengthen population, family planning and medical services of 3 private Venezuelan organizations 	No	Completed	No			566 - U.S. Personnel • 79 - Local Personnel Costs • 46 - Participants • 441	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
AFGHANISTAN	3050110* 680601 771231	75	<ul style="list-style-type: none"> Weakness within institutional structure of Ministry of Public Health make effective delivery of service unlikely Need for effective family planning activity Current GOA effort to extend health services to rural areas could have adverse effects on population balance 	<ul style="list-style-type: none"> Develop integrated organization structure and effective administration for Ministry of Public Health to administer family planning project 	<ul style="list-style-type: none"> Institutionalize management and administrative training programs Establish organizational capability to develop plans and policies with ability to implement them effectively 	No	Terminated	No		5553	5546 <ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 3667 - Local and TCN Personnel <ul style="list-style-type: none"> • 27 - Participants <ul style="list-style-type: none"> • 273 - Commodities <ul style="list-style-type: none"> • 978 - Other Costs <ul style="list-style-type: none"> • 601 	No

* / Funded by Population and Humanitarian Assistance

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EGYPT	2630015 760901 810930	61	<ul style="list-style-type: none"> • Poor telecommunications systems between rural health service element shortcomings in health personnel training, inadequate rewards and incentives to motivate personnel to enter rural health service and perform well in management and paraprofessional jobs • Rural health work with emphasis on preventive measures receives few (16%) of GOARE resources allotted for health care • Strong bias in Egyptian medical system toward urban populations, curative care 	<ul style="list-style-type: none"> • Improve commitment and capacity of MOH to provide broad access to preventive and curative health services at acceptable levels of quality 	<ul style="list-style-type: none"> • Mobilize greater support and commitment of resources to rural health program within MOH • Identify/validate through field testing, replicable methods to reduce communication, mgmt/supervision, motivational and incentive issues as factors limiting production of rural health services 	No	Active	No		7800	1381 - U.S. Personnel • 0 - Ambulances • 1222 - Participants • 0 - Commodities • 0 - Other costs • 0 - Westinghouse (L/COM) • 155 - Other • 4 - Uncommitted • 0	Yes Research Study 06/01/76 Final Report 06/04/76 Undifferentiated Report --

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
EGYPT	2630929 770930 810930	48	<ul style="list-style-type: none"> • Need to double and maintain the 15-20% ('77 of Egypt's married couples of reproductive age using contraceptives • GOE established family planning and information services system in 1966 • 96% of population crowded into 4% of the land • Annual population growth rate is 2.5% 	<ul style="list-style-type: none"> • Reduce annual population growth rate in accordance with GOE population policy 	<ul style="list-style-type: none"> • Deliver family planning services effectively to increasing number of Egyptian couples • Strengthen current nationwide family planning systems 	No	Active	No		20000	1011 <ul style="list-style-type: none"> - Contraceptive Supplies <ul style="list-style-type: none"> • 730 - A.U.C. <ul style="list-style-type: none"> • 120 - Participants <ul style="list-style-type: none"> • 0 - Commodities <ul style="list-style-type: none"> • 0 - Other Costs <ul style="list-style-type: none"> • 0 - Menoufia Grant <ul style="list-style-type: none"> • 120 - Ministry of Education <ul style="list-style-type: none"> • 7 - Alexandria University <ul style="list-style-type: none"> • 0 - Vehicles <ul style="list-style-type: none"> • 0 - Medical Kits <ul style="list-style-type: none"> • 0 - Other <ul style="list-style-type: none"> • 34 - Uncommitted <ul style="list-style-type: none"> • 0 	No

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EGYPT	2630065 FY'78						Planned			5000		No
JORDAN	2780183 750501 791231	55	<ul style="list-style-type: none"> • Lack of desired agricultural productivity, sanitation, employment, housing, schools, shops, roads, social services <li style="padding-left: 20px;">A • Need for financial assistance and integrated approach to Jordan Valley. <li style="padding-left: 20px;">A • Inflationary pressures have cut into Jordan Valley economic development plans <li style="padding-left: 20px;">A • Development of Jordan Valley hampered <li style="padding-left: 20px;">A • Lack of sufficient irrigation • Overpopulation 	<ul style="list-style-type: none"> • Improved welfare and productivity of residents of East Bank of Jordan River Valley <li style="padding-left: 20px;">A • Self-sustaining communities with basic social services established in villages 	<ul style="list-style-type: none"> • Evaluation concentrating on settlements where housing and GDJ services made available <li style="padding-left: 20px;">A • Population locates itself in specified service settlements 	No	Active	Yes	<ul style="list-style-type: none"> • Housing • Urban Planning • Information Systems • Social and Educational Services • Engineering 	4485	8416 - U.S. Personnel • 324 - Other Costs • 8092 - Uncommitted • 0	No
	2730202 780315 800731	23					Active			1375		No

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SYRIA	2760006 760501 800930	52	<ul style="list-style-type: none"> Effective delivery of free health services to Syria's poor is constrained Insufficient numbers of trained health personnel lack of health facilities, health equipment maintenance, health information system, inadequate management, planning and evaluation in MCH 	<ul style="list-style-type: none"> Effective preventive and curative health care available to all Syrians 	<ul style="list-style-type: none"> Develop initial capability for policy analysis, planning, programming and evaluation in health sector Develop system for medical and hospital equipment maintenance and repair, management and implementation Develop health data base for use in planning and evaluation 	No	Active	No		1075	323 <ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 215 - Participants <ul style="list-style-type: none"> • 1 - Commodities <ul style="list-style-type: none"> • 107 	No
TUNISIA	6640289 760201 780930	32	<ul style="list-style-type: none"> Tunis sud mothers and young women lack proper nutrition/ health information services integrated with social/cultural activities 	<ul style="list-style-type: none"> Improve nutrition of population particularly among women in child-bearing years and children in first 4 yrs. of life 	<ul style="list-style-type: none"> Promote increase in awareness and application of nutrition and health concepts among mothers and adolescent girls in Tunis sud 	No	Active	No		76	76 <ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 44 - Participants <ul style="list-style-type: none"> • 0 - Commodities <ul style="list-style-type: none"> • 16 - Other Costs <ul style="list-style-type: none"> • 16 	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
TUNISIA	5640296 771229 800330	33	<ul style="list-style-type: none"> • Much of Tunisia's rural population is excluded from obtaining the basic level of primary health care • Rural clinics are crisis centered, have curative rather than preventive orientation, are not readily accessible to much of population, and are staffed by foreign professionals who lack fluency in Arabic and French 	<ul style="list-style-type: none"> • Improve quality and coverage of primary care in Siliiana and Sid Bou Zip Provinces 	<ul style="list-style-type: none"> • Restructure non-physician component of primary care and operationalize new system in expanded network of facilities 	No	Active	No		4000	8 <ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 8 - Participants <ul style="list-style-type: none"> • 0 - Commodities <ul style="list-style-type: none"> • 0 - Other Costs <ul style="list-style-type: none"> • 0 - Unallocated Funds <ul style="list-style-type: none"> • 0 	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	HEAD OF LEADER (PAGE)	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
YEMEN ARAB REPUBLIC	2790036 700801 790930	40	<ul style="list-style-type: none"> Yemen needs to institute program led by trained medical and health/nutrition specialists directed toward educating mothers to insure on-going and improved health, nutrition information and services Yemen lacks information dissemination capability/education/trained personnel in health/nutrition areas most affecting pregnant women and children 	<ul style="list-style-type: none"> Development of public health facilities 	<ul style="list-style-type: none"> Contribute to GOYAR desire to improve nutritional status of vulnerable groups in population 	No	Active	No		496	254 - U.S. Personnel • 254	No
	2790039 770828 820331	35	<ul style="list-style-type: none"> Serious health problems Inadequate water supply Lack of sewage collection facilities Deterioration of water supply system 	<ul style="list-style-type: none"> Improve health in Taiz, Yemen 	<ul style="list-style-type: none"> Construct viable water and sewage system 	No	Active	No		10000	103 - Consultant Service • 103 - Uncommitted • 0	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
FOOD FOR PEACE	8040310 730701 800131	79				No	Active	Yes	PL 480 Food Aid	1430	1387 - Other Costs o 1387	No
POPULATION AND HUMANITARIAN ASSISTANCE	0320043 750501 781031	41	<ul style="list-style-type: none"> LDC health organizations lack planning and programming capability required to expand health care to poorest majority 	<ul style="list-style-type: none"> Provide humanitarian and economic assistance to poor majority in selected LDC's 	<ul style="list-style-type: none"> Add to MAP's present abilities the capability to plan and develop economic and humanitarian development programs, including such skills as project design and analysis, monitoring and evaluation 	No	Active	Yes	<ul style="list-style-type: none"> Rural Development Water Quality 	1345	652 - U.S. Personnel • 652	No
	0320109 770930 800329	36					Active			935		No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PROGRAM?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
POPULATION AND HUMANITARIAN ASSISTANCE	9320438 672601 800930	160	<ul style="list-style-type: none"> • High population growth threatens every development effort and raises question of utility of AID and other assistance programs <li style="padding-left: 20px;">A • Population growth in L.A. continues to exceed that in any other region <li style="padding-left: 20px;">A • Rural population not learning child-spacing and socio-economic goals not being met <li style="padding-left: 20px;">A • Physicians in rural areas in short supply <li style="padding-left: 20px;">A • Nurse, midwife, and para-medical personnel lack training in family planning 	<ul style="list-style-type: none"> • Reduction of excessive fertility and population growth rates in participating Latin American countries 	<ul style="list-style-type: none"> • Expanded and improved FP services delivery systems especially in rural areas • Provide qualified, trained para-medical and other health personnel 	No	Active	No		12288	12283 <ul style="list-style-type: none"> - U.S. Personnel <ul style="list-style-type: none"> • 10212 - Participants <ul style="list-style-type: none"> • 1190 - Commodities <ul style="list-style-type: none"> • 171 - Other Costs <ul style="list-style-type: none"> • 715 	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	IS THERE A LARGER PROGRAM?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
POPULATION AND HUMAN-ITARIAN ASSISTANCE	9320918 710491 780630	87	<ul style="list-style-type: none"> Lack of instructors and institutions necessary for continuing nurse/midwife training program Nurse and traditional midwives could be trained to provide preferred methods of contraception requiring clinical services Number of personnel qualified to perform these clinical services insufficient to meet present and anticipated demand 	<ul style="list-style-type: none"> LDC FP programs and institutions have sufficient personnel to meet demands for services 	<ul style="list-style-type: none"> Capability developed in specific LDC's for training of nurse-midwives and midwives in FP services 	No	Active	No		2737	2706 - U.S. Personnel • 2706	No
TECHNICAL ASSISTANCE	9310023 730701 790930	75	<ul style="list-style-type: none"> Threat of blindness and ill health among preschool children of Haiti 	<ul style="list-style-type: none"> Reduce incidence of Vitamin A deficiency-caused blindness among rural and urban poor in Haiti 	<ul style="list-style-type: none"> Develop and test method for distributing Vitamin A supplements 	No	Active	No		5549	2632 - U.S. Personnel • 2590 - Other Costs • 42	Yes Project Appraisal Report (2) 04/75 10/75

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
TECHNICAL ASSISTANCE	9310092 760615 781231	30.5	<ul style="list-style-type: none"> Lack of information makes response to political and regulatory questions difficult Feasibility and cost-effectiveness of communications satellites in development programs are unknown 	<ul style="list-style-type: none"> Make most effective use of communication satellites in development efforts 	<ul style="list-style-type: none"> Provide information base which LDC's can use in developing programs using communications satellites 	No	Active	Yes	o Communication Satellites	106	54 - U.S. Personnel • 54	No
	9310101 740501 780331	47	<ul style="list-style-type: none"> Lack of institutional capacity to train U.S. professionals in international health Lack of capacity to train LDC manpower Lack of capacity to address LDC health problems on an interdisciplinary base 	<ul style="list-style-type: none"> Improve level of health and family planning provided to LDC's 	<ul style="list-style-type: none"> Make better health and population control programs available to LDC's 	No	Terminated	No		2614	2614 - U.S. Personnel • 2614	Yes Project Appraisal Report (2) 04/76 12/74

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
TECHNICAL ASSISTANCE	2310211 700901 700330	24	<ul style="list-style-type: none"> Political and social pressure for hospital-based curative facilities remain high Lack of such facilities in rural areas of most LDC's 	<ul style="list-style-type: none"> Improve delivery of preventive, curative and restorative health care to greater number of people in LDC's 	<ul style="list-style-type: none"> Expand and upgrade low-cost rural and urban health delivery systems Introduction of inexpensive designs for facilities, managerial techniques, personnel training program and equipment 	No	Active	No		521	454 - U.S. Personnel • 454	No
	2310235 760101 781230		<ul style="list-style-type: none"> Delivery of low-cost basic health services in LDC's prevented Overdependence of national health systems on role of doctors and nurses rather than paramedics Emphasis on development of urban rather than rural medical centers and services 	<ul style="list-style-type: none"> Improve quality of life Make basic health services, particularly NCH/FP/nutrition available and accessible to majority in developing nations at affordable cost 	<ul style="list-style-type: none"> Develop new approach and methodology for accelerated training and development of mid-level health manpower Provide guidance and project design assistance to requesting countries 	No	Active	No		1105	1105 - U.S. Personnel • 1105	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
TECHNICAL ASSISTANCE	9310239 760927 790900	35	<ul style="list-style-type: none"> Basic health services in developing countries impaired Lack of well-trained health teachers 	<ul style="list-style-type: none"> Improve quality of life Provide accessible low-cost health services particularly MCH/FP/nutrition 	<ul style="list-style-type: none"> Improved relevant health curriculums stressed by teachers Health and paramedical personnel in LDC's trained by LDC teachers able to explain educational programs to health workers at all levels 	No	Active	No		688	412 - U. S. Personnel • 412	No
	9310260 760923 790600	32	<ul style="list-style-type: none"> Policy analysis has not determined most cost-effective integrated approach to reduction in infant mortality rates Economic analyses of health problems in LDC's largely nonexistent Efforts to raise probability of child survival are fragmented across different operating agencies. 	<ul style="list-style-type: none"> Reduce infant mortality rates in LDC's 	<ul style="list-style-type: none"> Increase current knowledge concerning effectiveness with which alternative health sector technologies influence health status in target groups of infants and children under 5 in selected LDC's 	No	Active	No		291	144 - U.S. Personnel • 144	No

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
TECHNICAL ASSISTANCE	9310455 60601 770731	134	<ul style="list-style-type: none"> Health planners lack accurate and comparable data base on infant/early childhood mortality to plan national health programs and develop new concepts Data must be collected and analyzed, considering nutritional, sociological and environmental factors for planners to develop appropriate programs 	<ul style="list-style-type: none"> Determine and plan priorities for national health programs in infant/early childhood health 	<ul style="list-style-type: none"> Develop preventive/curative concepts in area of multiple causation of mortality, nutritional deficiencies and causes of perinatal mortality 	No	Active	No		10	1175 - U.S. Personnel • 581 - Other Costs • 594	No
	9310530 710129 780331	85	<ul style="list-style-type: none"> It has not been established that below normal birth weight can be avoided by improving mother's diet during pregnancy 	<ul style="list-style-type: none"> Reduce malnutrition in LDC's 	<ul style="list-style-type: none"> Determine effect of improving protein intake of pregnant women during gestation and lactation on physical and mental development, morbidity, and efficiency of food utilization of offspring 	No	Active	No		180	174 - U.S. Personnel • 174	Yes Project Appraisal Report (2) 08/73 04/76

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
TECHNICAL ASSISTANCE	9310567 740601 771231	43	<ul style="list-style-type: none"> National governments lack information on costs and effectiveness of alternative programs to make plans or new programs in health sector 	<ul style="list-style-type: none"> Increase efficiency of implementing alternative health sector projects 	<ul style="list-style-type: none"> Determine efficiency with which various available technologies can affect major health problems of LDC's Develop portion of information base required for sectoral analysis 	No	Terminated	No		455	33 - U.S. Personnel • 33	Yes Undifferentiated Report 05/06/74
	9310611 750601 780630	37	<ul style="list-style-type: none"> Reaching pre-school children with nutrition intervention is a problem Lack of data on precise relation between maternal malnutrition and infant growth, morbidity, mortality 	<ul style="list-style-type: none"> Reduce infant morbidity, mortality in preschool children 	<ul style="list-style-type: none"> Reduce infant morbidity, mortality caused by malnourished mothers 	No	Active	No		199	184 - U.S. Personnel • 184	No
	9310735 680601 740630	73						Completed				

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
TECHNICAL ASSISTANCE	9310971 711201 790930	94	<ul style="list-style-type: none"> o High morbidity/mortality rates, rapid population growth, pre-school malnutrition A o Current services seldom reach more than 10% of people o Lack of access to health services in rural areas A o Lack of delivery systems to extend health care, nutrition, FP, MCH services to rural areas A o No low-cost effective system which could be established given low budgetary training, manpower constraints 	<ul style="list-style-type: none"> o Make basic health services, particularly MCH/FP/nutrition available and acceptable to majority of LDC populations at acceptable costs 	<ul style="list-style-type: none"> o Improve health population and nutrition services for national majority A o Improve agency's ability to respond to requests from USAID's and provide for assessment, project design, and evaluation of systems 	No	Active	No		11534	8506 - U.S. Personnel o 8506	Yes Project Appraisal Report 10/28/75

COUNTRY	PROJECT NUMBER AND DATES	PLANNED LENGTH	PROBLEM	GOAL	PURPOSE	PILOT/DEMONSTRATION	STATUS	PART OF LARGER PACKAGE?	IF YES, OTHER COMPONENTS	PLANNED COSTS	EXPENDITURES TO DATE	ANY EVALUATION DOCUMENTS, TYPE, AND DATE
TECHNICAL ASSISTANCE	9311016 770930 800730	34	<ul style="list-style-type: none"> • Health institutions and services need sound administrative and organizational structures to enable continuing development <ul style="list-style-type: none"> A • Developing countries, international agencies, AID have no effective way of appraising strengths and weaknesses of institutions and services to which assistance targeted <ul style="list-style-type: none"> A • No fully-developed methodology exists for conducting analyses of health mgmt systems 	<ul style="list-style-type: none"> • Increase benefit/cost ratio and effectiveness of health sector institutions assisted by AID 	<ul style="list-style-type: none"> • Increase effectiveness of health sector managerial and institutional appraisals 	No	Active	No		762	80 - U.S. Personnel • 80	No

APPENDIX C: GOAL AND PURPOSE STATEMENTS BY BUREAU

TABLE C-1

AFRICA REGION PURPOSE STATEMENTS

BUREAU: AFRICA

AREAS OF CONCENTRATION PURPOSE STATEMENTS	ENVIRON- MENTAL SANITATION	MINISTRY OF HEALTH ADMINISTRA- TION	GENERAL POPULATION	MCH	PRIMARY HEALTH CARE DELIVERY (RURAL)	VECTOR- BORNE AND COMMUNI- CABLE DISEASES	FAMILY PLANNING	NUTRITION	HEALTH EDUCATION	DENTAL	EYES	SCHOOL HEALTH	MISC.	TOTAL
1. PROVIDE NEW/INTEGRATED/ IMPROVED EXPANDED/ MODIFIED HEALTH SERVICES/PROGRAMS		1		2	3		3				1			10
2. IMPROVED CAPABILITIES AND CAPACITIES OF HEALTH SECTOR INSTITUTIONS		3			1		3		1					8
3. CHANGE OR FORMULATE POLICY					1									1
4. IMPROVE/PROVIDE PLANNING AND/OR EVALUATION AND/OR ADMINISTRATIVE TECHNIQUES/PROCESSES		4			3	1	1	1						10
5. INSTALL/IMPROVE/ OPERATIONALIZE PUBLIC HEALTH DELIVERY SYSTEM			1		2		1							4
6. REDUCE GROWTH RATES/ FERTILITY							1							1
7. WATER AND SEWAGE FACILITIES IMPROVED/ DEVELOPED/EXPANDED														
8. NUTRITION EDUCATION/ NUTRITIONAL STATUS IMPROVED/REDUCED MALNUTRITION														
9. MANPOWER DEVELOPMENT		1	1	1	6		4							13
10. MISCELLANEOUS					1			1						2
TOTAL	0	9	2	3	17	1	13	2	1	0	1	0	0	49

TABLE C-2

ASIA REGION PURPOSE STATEMENTS

BUREAU: ASIA

AREAS OF CONCENTRATION PURPOSE STATEMENTS	ENVIRONMENTAL SANITATION	MINISTRY OF HEALTH ADMINISTRATION	GENERAL POPULATION	MCH	PRIMARY HEALTH CARE DELIVERY (RURAL)	VECTOR- BORNE AND COMMUNI- CABLE DISEASES	FAMILY PLANNING	NUTRITION	HEALTH EDUCATION	DENTAL	EYES	SCHOOL HEALTH	MISC.	TOTAL
1. PROVIDE NEW/INTEGRATED/ IMPROVED EXPANDED/ MODIFIED HEALTH SERVICES/PROGRAMS					4	1	2	1						8
2. IMPROVED CAPABILITIES AND CAPACITIES OF HEALTH SECTOR INSTITUTIONS					3	2		1						6
3. CHANGE OR FORMULATE POLICY														
4. IMPROVE/PROVIDE PLANNING AND/OR EVALUATION AND/OR ADMINISTRATION TECHNIQUES/PROCESSES		3												3
5. INSTALL/IMPROVE/ OPERATIONALIZE PUBLIC HEALTH DELIVERY SYSTEM					2		1							3
6. REDUCE GROWTH RATES/ FERTILITY							1							1
7. WATER AND SEWAGE FACILITIES IMPROVED/ DEVELOPED/EXPANDED														
8. NUTRITION EDUCATION/ NUTRITIONAL STATUS IMPROVED/REDUCED MALNUTRITION				1				1						2
9. MANPOWER DEVELOPMENT					2									2
10. MISCELLANEOUS			1					3					4	8
TOTAL	0	3	1	1	11	3	4	6	0	0	0	0	4	33

TABLE C-3

LATIN AMERICA REGION PURPOSE STATEMENTS

BUREAU: LATIN AMERICA

AREAS OF CONCENTRATION PURPOSE STATEMENTS	ENVIRONMENTAL SANITATION	MINISTRY OF HEALTH ADMINISTRATION	GENERAL POPULATION	MCH	PRIMARY HEALTH CARE DELIVERY (RURAL)	VECTOR- BORNE AND COMMUNI- CABLE DISEASES	FAMILY PLANNING	NUTRITION	HEALTH EDUCATION	DENTAL	EYES	SCHOOL HEALTH	MISC.	TOTAL
1. PROVIDE NEW/INTEGRATED/ IMPROVED EXPANDED/ MODIFIED HEALTH SERVICES/PROGRAMS			5	4	7	3	10	1	1		1	1		32
2. IMPROVED CAPABILITIES AND CAPACITIES OF HEALTH SECTOR INSTITUTIONS		1			1		3	2						7
3. CHANGE OR FORMULATE POLICY		3												3
4. IMPROVE/PROVIDE PLANNING AND/OR EVALUATION AND/OR ADMINISTRATION TECHNIQUES/PROCESSES		6												6
5. INSTALL/IMPROVE/ OPERATIONALIZE PUBLIC HEALTH DELIVERY SYSTEM			2		3									5
6. REDUCE GROWTH RATES/ FERTILITY						1	1							2
7. WATER AND SEWAGE FACILITIES IMPROVED/ DEVELOPED/EXPANDED			3											3
8. NUTRITION EDUCATION/ NUTRITIONAL STATUS IMPROVED/REDUCED MALNUTRITION				2								1		3
9. MANPOWER DEVELOPMENT					1									1
10. MISCELLANEOUS		2			1								1	4
TOTAL	0	12	10	6	13	4	14	3	1	0	1	2	1	67

TABLE C-4

NEAR EAST REGION PURPOSE STATEMENTS

BUREAU: NEAR EAST

AREAS OF CONCENTRATION PURPOSE STATEMENTS	ENVIRONMENTAL SANITATION	MINISTRY OF HEALTH ADMINISTRATION	GENERAL POPULATION	MCH	PRIMARY HEALTH CARE DELIVERY (RURAL)	VECTOR- BORNE AND COMMUNI- CABLE DISEASES	FAMILY PLANNING	NUTRITION	HEALTH EDUCATION	DENTAL	EYES	SCHOOL HEALTH	MISC	TOTAL
1. PROVIDE NEW/INTEGRATED/ IMPROVED EXPANDED/ MODIFIED HEALTH SERVICES/PROGRAMS	1			2	2		2	1						8
2. IMPROVED CAPABILITIES AND CAPACITIES OF HEALTH SECTOR INSTITUTIONS			1		1									2
3. CHANGE OR FORMULATE POLICY		2						1						3
4. IMPROVE/PROVIDE PLANNING AND/OR EVALUATION AND/OR ADMINISTRATION TECHNIQUES/PROCESSES		2												2
5. INSTALL/IMPROVE/ OPERATIONALIZE PUBLIC HEALTH DELIVERY SYSTEM		1			2	1								4
6. REDUCE GROWTH RATES/ FERTILITY														0
7. WATER AND SEWAGE FACILITIES IMPROVED/ DEVELOPED/EXPANDED														1
8. NUTRITION EDUCATION/ NUTRITIONAL STATUS IMPROVED/REDUCED MALNUTRITION														0
9. MANPOWER DEVELOPMENT		1			2			2	1					6
10. MISCELLANEOUS													1	1
TOTAL	2	6	1	2	7	1	2	4	1	0	0	0	1	27

TABLE C-5

PURPOSE STATEMENTS FOR CENTRALLY FUNDED PROJECTS

BUREAU: CENTRALLY FUNDED

AREAS OF CONCENTRATION PURPOSE STATEMENTS	ENVIRONMENTAL SANITATION	MINISTRY OF HEALTH ADMINISTRATION	GENERAL POPULATION	MCH	PRIMARY HEALTH CARE DELIVERY (RURAL)	VECTOR- BORNE AND COMMUNI- CABLE DISEASES	FAMILY PLANNING	NUTRITION	HEALTH EDUCATION	DENTAL	EYES	SCHOOL HEALTH	MISC	TOTAL
1. PROVIDE NEW/INTEGRATED/ IMPROVED EXPANDED/ MODIFIED HEALTH SERVICES/PROGRAMS			1	2	1		5	1						10
2. IMPROVED CAPABILITIES AND CAPACITIES OF HEALTH SECTOR INSTITUTIONS							3							3
3. CHANGE OR FORMULATE POLICY							1							1
4. IMPROVE/PROVIDE PLANNING AND/OR EVALUATION AND/OR ADMINISTRATION TECHNIQUES/PROCESSES		7			1			2						10
5. INSTALL/IMPROVE/ OPERATIONALIZE PUBLIC HEALTH DELIVERY SYSTEM		1		1			3	1						6
6. REDUCE GROWTH RATES/ FERTILITY														0
7. WATER AND SEWAGE FACILITIES IMPROVED/ DEVELOPED/EXPANDED														0
8. NUTRITION EDUCATION/ NUTRITIONAL STATUS IMPROVED/REDUCED MALNUTRITION				1				1						2
9. MANPOWER DEVELOPMENT			1		1		4		1					7
10. MISCELLANEOUS				1	2		3	1					1	8
TOTAL	0	8	2	5	5	0	19	6	1	0	0	0	1	47

TABLE C-6

AFRICA REGION GOAL STATEMENTS

BUREAU: AFRICA

AREAS OF CONCENTRATION GOAL STATEMENTS	ENVIRON- MENTAL SANITATION	MINISTRY OF HEALTH ADMINISTRA- TION	GENERAL POPULATION	MCH	PRIMARY HEALTH CARE DELIVERY (RURAL)	VECTOR- BORNE AND COMMUNI- CABLE DISEASES	FAMILY PLANNING	NUTRITION	HEALTH EDUCATION	DENTAL	EYES	SCHOOL HEALTH	MISC.	TOTAL
1. TO REDUCE FERTILITY														0
2. TO REDUCE GROWTH RATES			1				3							4
3. TO REDUCE BIRTH RATE							1							1
4. IMPROVE ABORTION CON- TROL PROGRAMS														0
5. CHANGE POLICY POSITIONS		1												1
6. REDUCE MALNUTRITION														0
7. IMPROVE NUTRITIONAL STATUS														0
8. IMPROVE HEALTH STATUS (PHYSICAL, MENTAL & SOCIAL WELL BEING)				1	3		1							5
9. INCREASE THE USE OF GOOD HEALTH PRACTICES														0
10. TO REDUCE MORDIBITY & MORTALITY	1		3			1								5
11. TO IMPROVE QUALITY OF LIFE (SOCIAL-ECONOMIC)				1			1				1			3
12. TO IMPROVE, EXPAND, MODIFY DELIVERY OF HEALTH SERVICES			1	1	6		3			1				12
13. IMPROVE PLANNING AND/OR EVALUATION AND/OR ADMINISTRATION TECHNIQUES/PROCESSES		1												1
14. IMPROVE CAPABILITIES & CAPACITIES OF HEALTH SECTOR INSTITUTIONS		2			1		1							4
15. TO UPGRADE AND TRAIN HEALTH SECTOR MANPOWER							1							1
16. DEV. & INSTALLATION OF HEALTH CARE SYSTEMS			1		3									4
17. MISCELLANEOUS			2				1				1			4
TOTAL	1	4	8	4	11	1	12	0	0	1	2	0	0	45

TABLE C-8

LATIN AMERICA REGION GOAL STATEMENTS

BUREAU: LATIN AMERICA

AREAS OF CONCENTRATION GOAL STATEMENTS	ENVIRON- MENTAL SANITATION	MINISTRY OF HEALTH ADMINISTRA- TION	GENERAL POPULATION	MCH	PRIMARY HEALTH CARE DELIVERY (RURAL)	VECTOR- BORNE AND COMMUNI- CABLE DISEASES	FAMILY PLANNING	NUTRITION	HEALTH EDUCATION	DENTAL	EYES	SCHOOL HEALTH	MISC.	TOTAL
1. TO REDUCE FERTILITY			1	1			2							4
2. TO REDUCE GROWTH RATES			1				6							7
3. TO REDUCE BIRTH RATE							1							1
4. IMPROVE ABORTION CON- TROL PROGRAMS														0
5. CHANGE POLICY POSITIONS														0
6. REDUCE MALNUTRITION								1						1
7. IMPROVE NUTRITIONAL STATUS			1	2				3						6
8. IMPROVE HEALTH STATUS (PHYSICAL, MENTAL & SOCIAL WELL BEING)			7	2	8		1						1	19
9. INCREASE THE USE OF GOOD HEALTH PRACTICES	1				1		1	1						4
10. TO REDUCE MORBIDITY & MORTALITY				2	1		1							4
11. TO IMPROVE QUALITY OF LIFE (SOCIAL-ECONOMIC)			3				1							4
12. TO IMPROVE, EXPAND, MODIFY DELIVERY OF HEALTH SERVICES			4		4		2							10
13. IMPROVE PLANNING AND/OR EVALUATION AND/OR ADMINISTRATION TECHNIQUES/PROCESSES		2					1							3
14. IMPROVE CAPABILITIES & CAPACITIES OF HEALTH SECTOR INSTITUTIONS			1			1								2
15. TO UPGRADE AND TRAIN HEALTH SECTOR MANPOWER														0
16. DEV. & INSTALLATION OF HEALTH CARE SYSTEMS	1		4		2									7
17. MISCELLANEOUS	1	1	1											3
TOTAL	3	3	23	7	15	1	16	5	0	0	0	0	1	75

TABLE C-9

NEAR EAST REGION GOAL STATEMENTS

BUREAU: NEAR EAST

AREAS OF CONCENTRATION GOAL STATEMENTS	ENVIRON- MENTAL SANITATION	MINISTRY OF HEALTH ADMINISTRA- TION	GENERAL POPULATION	MCH	PRIMARY HEALTH CARE DELIVERY (RURAL)	VECTOR- BORNE AND COMMUNI- CABLE DISEASES	FAMILY PLANNING	NUTRITION	HEALTH EDUCATION	DENTAL	EYES	SCHOOL HEALTH	MISC.	TOTAL
1. TO REDUCE FERTILITY							2							2
2. TO REDUCE GROWTH RATES														0
3. TO REDUCE BIRTH RATE														0
4. IMPROVE ABORTION CON- TROL PROGRAMS														0
5. CHANGE POLICY POSITIONS		1												1
6. REDUCE MALNUTRITION														0
7. IMPROVE NUTRITIONAL STATUS				2				1						3
8. IMPROVE HEALTH STATUS (PHYSICAL, MENTAL & SOCIAL WELL BEING)			1		3									4
9. INCREASE THE USE OF GOOD HEALTH PRACTICES														0
10. TO REDUCE MORBIDITY & MORTALITY														0
11. TO IMPROVE QUALITY OF LIFE (SOCIAL-ECONOMIC)					1									0
12. TO IMPROVE, EXPAND, MODIFY DELIVERY OF HEALTH SERVICES														1
13. IMPROVE PLANNING AND/OR EVALUATION AND/OR ADMINISTRATIVE TECHNIQUES/PROCESSES														0
14. IMPROVE CAPABILITIES & CAPACITIES OF HEALTH SECTOR INSTITUTIONS		1	1											2
15. TO UPGRADE AND TRAIN HEALTH SECTOR MANPOWER														0
16. DEV. & INSTALLATION OF HEALTH CARE SYSTEMS					1									1
17. MISCELLANEOUS														0
TOTAL	0	2	2	2	5	0	2	1	0	0	0	0	0	14

TABLE C-10

GOAL STATEMENTS FOR CENTRALLY FUNDED PROJECTS

BUREAU: CENTRALLY FUNDED

AREAS OF CONCENTRATION GOAL STATEMENTS	ENVIRON- MENTAL SANITATION	MINISTRY OF HEALTH ADMINISTRA- TION	GENERAL POPULATION	MCH	PRIMARY HEALTH CARE DELIVERY (RURAL)	VECTOR- BORNE AND COMMUNI- CABLE DISEASES	FAMILY PLANNING	NUTRITION	HEALTH EDUCATION	DENTAL	EYES	SCHOOL HEALTH	MISC.	TOTAL
1. TO REDUCE FERTILITY							1							1
2. TO REDUCE GROWTH RATES			1				4							5
3. TO REDUCE BIRTH RATE							3							3
4. IMPROVE ABORTION CON- TROL PROGRAMS							1							1
5. CHANGE POLICY POSITIONS														0
6. REDUCE MALNUTRITION					1									1
7. IMPROVE NUTRITIONAL STATUS														0
8. IMPROVE HEALTH STATUS (PHYSICAL, MENTAL & SOCIAL WELL BEING)			2											2
9. INCREASE THE USE OF GOOD HEALTH PRACTICES														0
10. TO REDUCE MORDIBITY & MORTALITY				4										4
11. TO IMPROVE QUALITY OF LIFE (SOCIAL-ECONOMIC)			1		3		1							5
12. TO IMPROVE, EXPAND, MODIFY DELIVERY OF HEALTH SERVICES				4	3		5	4						16
13. IMPROVE PLANNING AND/OR EVALUATION AND/OR ADMINISTRATION TECHNIQUES/PROCESSES		1		1			2							4
14. IMPROVE CAPABILITIES & CAPACITIES OF HEALTH SECTOR INSTITUTIONS		2												2
15. TO UPGRADE AND TRAIN HEALTH SECTOR MANPOWER							1							1
16. DEV. & INSTALLATION OF HEALTH CARE SYSTEMS		1												1
17. MISCELLANEOUS		2						1						3
TOTAL	0	6	4	9	7	0	16	5	0	0	0	0	0	49