MEMORANDUM December 11, 1985

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FROM: ANE/PD, Peter Bloom

SUBJECT: BURMA - Strength Health Care Delivery Systems - 482-0013
Asia and Near East Project Advisory Committee

The ANPAC meeting to review subject PID will be held on Thursday December 19, 1985 at 2p.m.-3pm in conference room 3320A New State Building.

Participation in accordance with ANE Bureau guidelines is invited.

Attachments: Issues Paper
* = PID or PP

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ISSUES PAPER FOR ANPAC REVIEW

BURMA - Strengthening Health Care Delivery System (482-0013) PID

I. SUMMARY PROJECT DESCRIPTION

The proposed project would continue the expansion of coverage and would upgrade the quality of primary health care services in Burma. It would continue the basic strategy of training and equipping volunteer health workers (VHW) at the village level as the primary means of delivering these services as was done under the two previous primary health care projects, PHC I and II. In addition to strengthening the VHW effort and improving the quality of services, the project would expand the geographic coverage to reach more villages and would provide training to the operational personnel of the Department of Health (DOH) responsible for supervising and backstopping VHWs. Selective interventions in oral rehydration therapy, expanded immunization, malaria control and tuberculosis would also be implemented under the project.

It is proposed that AID grant $15 million over the five year life of project, tentatively allocated as follows:

- Technical assistance, long-term and short-term	$2,850,000
- Participant Training	800,000
- Commodities (vaccines, vehicles, medical supplies and equipment)	9,450,000
- Evaluation, inflation, contingencies etc.	1,500,000
TOTAL - AID	15,000,000

Burmese inputs over the life of the project would consist of the equivalent of $7 million in DOH salaries, allowances and supplies and an estimated community contribution of $70.0 million to finance expendable supplies and medicines for VHWs.

II. ISSUES

1. ISSUE: The project as proposed does not have a family planning component.

Discussion: The lack of access to contraception in Burma continues to be a major public health problem contributing substantially to maternal and child morbidity and mortality. A recent sector survey team concluded that a family planning component would be the most essential health intervention in Burma. According to a recent UN analysis, the Government of Burma does recognize that family planning services are justifiable as part of a maternal and child health programs. However, contraceptives are seldom available in government clinics and importation continues to be illegal. We have advocated the inclusion of a family planning component in

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previous AID-assisted projects, but, the Government has been very sensitive to this issue and has refused to accept any assistance for family planning.

Recommendation: While it does not appear that Burma will be any more receptive to the idea now, we suggest that the PP design team again explore any possible opportunities for providing family planning assistance as part of the new project.

2. ISSUE: The Government of Burma has consistently resisted the inclusion of long-term technical assistance (TA) as a component of projects.

Discussion: The PID estimates that about 75% of all project funding will go for the procurement of commodities. The use of the these commodities requires a thoughtful TA effort if Burma is to realize project benefits. The Burmese would prefer to make do with short-term TA. Project Committee felt that the presence of long-term resident TA advisor(s) would be essential for the effectiveness of short-term TA because such long term advisor(s) would provide essential backstopping, would ensure continuity, and would assist Mission in project management.

Recommendation: While the design of a TA package should be flexible and minimize resident advisors, we should give serious consideration to not funding a new health project if long-term TA is not included.

III. CONCERNS

The Project Committee also considered the following concerns:

1. Coordination of project activities with similar or allied activities funded from central sources: The PC recommended that a coordination mechanism be included in project design, although apparently this has not been a problem in past projects.

2. Recurrent Costs: Financing the costs of expendable supplies and medicine is not a problem because villagers are willing to pay for them. The problem is that medical supplies are not available in adequate quantities from Burma Pharmaceutical Industries (BPI), the only supplier. Distribution is also a problem. PC recommended that design team look into the long-term sustainability of the provision and delivery of these supplies.

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3. The project as proposed may have too many elements: With the proposed expansion of the geographic focus, improvements in quality, and new initiatives in rehydration therapy, immunization expansion, malaria control, tuberculosis and health information systems, we may be taking on too much under this project. PC recommended that design team explore and limit proposed activities if appropriate, retaining high-priority child-survival elements (oral redehydration, immunization, and perhaps malaria control) as key elements of the project.

IV. AUTHORITIES: Project will be approved/authorized by the AA/ANE since USAID/Burma does not have such authority at any level. Project is mentioned in the Congressional Presentation. A CN will be necessary at the time PP is reviewed.

V. SUMMARY RECOMMENDATION: PC recommends that PID be approved and that project be designed taking into consideration the above guidance.

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