

PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U-447

1. PROJECT TITLE SOUTHERN PRIMARY HEALTH CARE			2. PROJECT NUMBER 650-0019	3. MISSION/AID/W OFFICE USAID/SUDAN
5. KEY PROJECT IMPLEMENTATION DATES			4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY) <u>650-81-04</u>	
A. First PRO-AG or Equivalent FY <u>78</u>	B. Final Obligation Expected FY <u>81</u>	C. Final Input Delivery FY <u>83</u>	<input checked="" type="checkbox"/> REGULAR EVALUATION <input type="checkbox"/> SPECIAL EVALUATION	
6. ESTIMATED PROJECT FUNDING			7. PERIOD COVERED BY EVALUATION	
A. Total \$ <u>5,315,000</u>			From (month/yr.) <u>March, 1980</u>	
B. U.S. \$ <u>3,686,315</u>			To (month/yr.) <u>March, 1981</u>	
			Date of Evaluation Review <u>June 26, 1981</u>	

8. ACTION DECISIONS APPROVED BY MISSION OR AID/W OFFICE DIRECTOR

A. List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. Amend OPG Agreement to conform with AMREF - RMOH Agreement project completion date of 9/30/83.	MICKA/AID/W	Feb. 1982
2. Turn over training school at Lirya to RMOH.	AMREF	July 1981
3. Revise job descriptions and submit to USAID.	Paton	Jan. 1982
4. Develop and submit to RMOH and USAID implementation plan re: outputs 7 & 8.	Aquilino/ Marwa	Dec. 1981
5. Develop and submit to RMOH and USAID implementation plan re: outputs 10, 11 & 12.	Taban/ Hackett	Dec. 1981
6. Complete vehicle status report and spare parts plan and submit to RMOH and USAID.	Rosenberry	Oct. 1981
7. Select RMOH counterparts for training officer and community development officer.	Parmena	Sept. 1981
8. Develop training plan re: four RMOH counterparts.	Paton/Oliver/ Pricilla	Oct. 1981
9. Develop work plan for promoting self-help activities.	Ott/Parmena	Dec. 1981
10. Develop training plan for senior and mid level health administrators.	Parmena	Oct. 1981
11. Send RMOH and AMREF representative to workshop on PHCP data forms in Khartoum.	AMREF	Aug/Sept. 81

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

<input type="checkbox"/> Project Paper	<input checked="" type="checkbox"/> Implementation Plan e.g., CPI Network	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Financial Plan	<input checked="" type="checkbox"/> PIO/T	_____
<input checked="" type="checkbox"/> Logical Framework	<input type="checkbox"/> PIO/C	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Project Agreement	<input type="checkbox"/> PIO/P	_____

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

A. Continue Project Without Change

B. Change Project Design and/or

Change Implementation Plan

C. Discontinue Project

11. PROJECT OFFICER AND HOST COUNTRY OR OTHER RANKING PARTICIPANTS AS APPROPRIATE (Names and Titles)

Mary Ann Micka, M.D., USAID Project Officer
 Parmena Marial, M.D., DIR, PHC Program, SRMOH
 Jim Paton, AMREF Project Manager
 Arlene O'Reilly, USAID Evaluation Officer

12. Mission/AID/W Office Director Approval

Signature _____
 Typed Name Arthur W. Mudge, II
 USAID DIRECTOR
 Date 4/22/83

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|---|-----------------------|----------|
| 12. Develop plan for PHCP data bank. | Paton/Parmena | Feb. 82 |
| 13. Prepare scope of work for external evaluation in March 1982. | Micka/Paton | Sept. 81 |
| 14. Develop a plan for project and government resources to be made available to help villagers realize completion of self-help activities | Paton/CDO/
Parmena | Mar. 82 |

November 20, 1982

Action Memorandum for the Director, USAID/Sudan

From: M.A. Micka, Health/Population Officer *M.A. Micka*

Problem: To approve action decisions relating to the evaluation of the Southern Primary Health Care Project, 650-0019.

Discussion: The second evaluation of this project took place in Juba March 16-23, 1981 and June 5-12, 1981. It included field trips to four villages with primary health care units. The technical review was held in Juba June 12, 1981 and the executive review was held in Juba June 26, 1981. The issues were thoroughly discussed and actions were assigned to begin the process of resolving some of the underlying problems.

Recommendation: That you sign the attached PES.

Approved: *OKA*

Disapproved: _____

Date: 4/22/83

Attachment:

Issues Paper

PES - Part I

PES - Part II

Logical Framework Matrix - Feb. 1980 - I

Progress to Date - Original Outputs - II

Logical Framework Matrix - June 1981 - III

Progress to Date - Revised Outputs - IV

Progress to Date - EOPS - V

Minutes Technical Review VI

Minutes Executive Review - VII

Clearances:

Projects (draft)

Program *OK*

D.D. (draft)

Project Evaluation Summary (PES) - Part II
Southern Primary Health Care 650-0019
March, 1981

13. Summary

1. Achievements

In spite of the many constraints to implementing a project in Southern Sudan and the many delays in inputs, progress has been made since the last evaluation in February 1980. A full time project manager has been in Juba since February 1980 and has improved project management.

a. Training

- 498 persons have attended continuing education courses: 157 community health workers (CHW), 151 medical assistants (MA), 91 nurses, 53 sanitary overseers (SO) and 46 others.
- One CHW training school will be turned over to the Regional Ministry of Health (RMOH) in July, 1981, the second in Sept./Oct. 1981.
- Curriculum for SO's has been developed and is in use in the first training program for SO's in the South.
- CHW manual has been tested, revised again and is being prepared for printing.
- Four RMOH counterparts have received training.

b. Self-help building/community development

- This activity continues to be delayed. The project was amended to add funding for a community development officer who was hired five months ago. A needs assessment has been conducted to develop a work plan. Attention will be focused on the training of CHW's in community development at the two training schools being constructed by the project. This will include participation in the meeting of the PHC "complexes" and stimulation of PHC unit construction by self-help at Lirya and Akot.

c. Information/Evaluation System

- The South will participate in the workshop on the PHC forms in August 1981 in an effort to achieve concurrence on a national PHC reporting form.
- Two baseline surveys have been completed and a third one is in progress.
- As a result of the evaluation this activity will focus more on developing the RMOH capacity in the health information area.

d. Logistics/Supply System

- The long-term advisor in logistics arrived four months ago.

- A needs assessment of two provinces has been completed.
- A training course on drug actions was conducted for the nurses in Juba Hospital.

2. Problems

- Of the four problems described in the previous evaluation two have continued to exist during this period of evaluation, i.e. the difficulties in transportation, communications and supplies; delays in fully staffing the project (staffing completed four months ago).
- The RMOH funding has been experiencing serious shortfalls in the allocation of funds from an approved budget. Thus, there are shortages in drugs, paper, pencils, forms, petrol, etc.
- RMOH is having difficulties in identifying counterparts for the training officer and the community development officer.

3. EOPS & Goal

The EOPS evaluation revealed some progress in three of five revised EOPS. Because of the problems listed above, it may be difficult to fully achieve the EOPS by June 1983, though it seems likely that considerable progress will be made. Five years (by June 1983) however, will be too short a time to see much progress toward decreased morbidity and mortality at the goal level.

14. Evaluation Methodology

The evaluation was undertaken to measure project progress since the evaluation in February 1980, to reexamine the validity of the Logical Framework Matrix developed during the last evaluation and to improve project implementation. The four member evaluation team consisted of the following persons:

Regional Ministry of Health (RMOH) Juba

Dr. Parmena Marial, Director PHCP

USAID Sudan

Dr. Mary Ann Micka, Health Officer
Ms. Arlene O'Reilly, Evaluation Officer

African Medical & Research Foundation, Juba

Mr. James Paton

The evaluation team, assisted by Joyce Jett, Assistant Health Officer USAID, collected data by interviews with villagers, elders and CHW's. Four villages with PHC units in E.W. & Equatoria Provinces were selected for this assessment of end of project status (EOPS). Interviews were conducted over two days, through an interpreter, following a pre-selected questionnaire. This activity took place March 16 - 23, 1981.

During the second week of the evaluation, June 5 - 12, 1981, the team reviewed project progress re: input, outputs, purpose and goal as related to the original objectives in the project paper (PP). The expenses involved the travel and per diem of three persons and a secretary from Khartoum to Juba and the cost of petrol for two days of field visits.

15. External Factors

A review of external factors reveals a continuing problem in the project setting. Despite PHCP continuing as a high priority for the Government of the Sudan (GOS), the health budget in the South realized a \$ 1 million short fall in funds released from the approved budget. In addition foreign currency and petrol shortages continue to severely constrain the implementation of the PHCP.

The critical assumptions at the goal and purpose level remain valid. The commitment of the regional GOS to the community based PHC concept was added to the first assumption at the purpose level.

The seven assumptions at the output level remain valid. Three new critical assumptions were added:

- "4. Staff of CHW training dispensaries capable and committed to concepts of PHCP."
- "6. Provincial authorities give high priority to implementating the Primary Health Care Program in cooperation with the RMOH."
- "10. Paper, registration and reporting forms are available to CHW's."

Two assumptions at the input level were modified and shifted to the output level from:

- "4. That PHCP drugs and supplies are delivered to the South by the Director General of Medical Supplies," and
- "5. That sufficient petrol exists in the South to facilitate delivery of drugs and supplies to PHCW's", to
- "7. Petrol is available to facilitate PHCP activities,"
- "11. Drugs/supplies are available from the Central Medical Stores (CMS) in Khartoum,"
- "12. Transportation for supplies from CMS to the Southern Region is available at a resonable cost".

16. Inputs

Construction continues to be severely delayed. The Lirya site is to be completed in June 1981 and the Akot site in Sept/Oct 1981. A number of deficiencies in construction must be corrected before USAID will accept the construction.

All project staff positions have been filled within the last 3-5 months. However, vacancies prior to that have accounted for approximately one third less long-term technical assistance at this time than was originally planned in the PP. This has delayed outputs especially in the area of community development, health information and logistics. Administrative training, originally intended as a contribution to the project by the Mary Knoll Fathers, has been included in the ongoing training activities, thus allowing the reprogramming of about \$80,000.

Maintenance of 24 project provided vehicles and 5 project associated vehicles has been a major problem. To remedy this situation AMREF has hired a consultant to set up a vehicle maintenance program, including training for RMOH and provincial personnel.

17. Outputs

As a result of the evaluation, the outputs from the logframe developed February 1980 (Attachment I) have been revised to reflect more precisely the outputs which the project can be expected to produce. See Logframe, Revised June 1981 (Attachment III).

Actual progress measured against the original output targets is tabulated on the "Progress Review Worksheet, Original Project Outputs-Progress to Date" included as Attachment II. Actual progress measured against the revised output targets is tabulated on the "Progress Review Worksheet, Revised Project Outputs - Progress to Date" included as Attachment IV.

Revised Outputs 5,6, 13, and 15 are proceeding approximately as planned. Outputs 7-9 have been revised to reflect the new priority for strengthening the health information system of RMOH. Output 14 is new in response to the need for trained clerical personnel in the Southern Region MOH. Outputs 1-4 and 10-12 have been replanned because of delays in inputs.

18. Purpose

During the evaluation the purpose and end of project status (EOPS) were carefully reviewed. The purpose statement remains unchanged:

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

EOPS - February 1980

1. Virtually all of PHC workers selected by village elders.
2. High percentage of PHC units constructed through self help.
3. Village health committees established, meeting regularly and supporting PHCW activities.
4. One month supply of drugs on hand in all PHCU's.
5. Increased patient load at PHCU.
6. Preventive/promotive health measures being practiced by villagers such as using safe water, proper food storage, better methods of vector control, better nutritional habits and better system of refuse and excreta disposal.
7. Continued flow of routinely gathered information concerning performance of the PHCP in each serviced village.

Revised EOPS

1. Village elders participate in the selection of virtually all community Health Workers (CHW's).
2. High percentage (60%) of Primary Health Care Units (PHCU's) constructed through self-help.
3. Health component/subcommittee of Village Development Committee (VDC) strengthened/formed to function in support of CHW activities in 75% of villages with PHCU's.
4. An adequate supply of drugs on hand in 75% of PHCU's.
5. Preventive/promotive health measures being practiced by villagers, such as using safe water, better methods of vector control and better system of refuse & excreta disposal.

Progress toward the EOPS, as revised, is tabulated in the EOPS" Progress Review Worksheet", Attachment V. Of the five revised EOPS some progress was noted in the four villages visited on EOPS 1,2 and 5. Little progress was noted on EOPS 3 and any progress on EOPS 4 was entirely dependent upon non-government organizations supplying drugs to PHC units.

19. Goal/Subgoal

"To improve significantly the health status of the rural poor." It is too early and the health information system is too weak to detect a decreased morbidity and mortality that would be expected when the goal is achieved.

20. Beneficiaries

This project is focused heavily on building the capacity and strengthening the infrastructure of the Regional Ministry of Health PHCP. Thus the rural populace becomes the indirect beneficiary of a better functioning rural health care system.

As of March 1981, 282 CHW's were in service. Presuming that each CHW is serving a population of 4,000 persons (the PHCP goal, approximately 1.2 million persons are receiving services or 40% of the rural population in Southern Sudan.

21. Unplanned Effects

None observed

22. Lessons Learned

The problem of physical and management support for personnel and project activities in Southern Sudan coupled with a weak institutional base make project implementation exceedingly difficult compared with the North.

In order to achieve inputs, outputs and EOPs, a much longer timeframe, possibly double, is realistic.

23. Special Comments or Remarks

Attachment VI-Minutes of Technical Review
Attachment VII-Minutes of Executive Review

Issues Paper

ISSUE NO. 1: Magnitude of output for "Retrained PHC personnel".

The goal numbers of PHCP health personnel, i.e., 560 CHWs, 560 MAs, 141 SOs and 70 nurses no longer appear to be valid. The pool of personnel expected to be available by April, 1982 and to be eligible for refresher courses before September, 1983 (end of project) is 390 CHWs, 350 MAs, 450 nurses and 100 sanitary overseers. Based upon the first two years of experience, 300 appears to be the number of persons that can be trained in orientation or refresher courses per year.

Recommendation: That the total number of PHCP personnel to be retrained/reoriented by September, 1983 be 1250 (498 to date plus 752 for the remaining two and one-half years of the project) and that the composition of the retrainees be 390 CHWs, 350 MAs, 100 sanitary overseers, 300 nurses and 110 others (tutors, inspectors, medical officers, etc.)

ISSUE NO. 2: Lack of candidates for long-term training of Counterparts.

To date, the RMOH has been unable to identify a counterpart for the project training officer and the counterpart for the evaluation officer does not have the preparation necessary for the masters level training as provided for in the project budget.

Recommendation: That the remaining counterpart training needs of the PHC program to analyzed, including the need for short-term training in administration to strengthen the RMOH's capability to manage the PHCP. A training plan should be prepared by October, 1981, and the remaining participant training funds expended in accordance with the approved plan.

ISSUE NO. 3 Unused project budget for workshop training by Maryknoll Fathers.

A joint training endeavor between the Maryknoll Fathers and the AMREF project staff has developed differently than was outlined in the Project Paper. The Maryknoll Fathers have been and will continue to provide training in Principles of Organization, Planning and Communications in the CHW refresher courses, obviating the need for a separate training course.

Recommendation: That the amount of \$81,760 for this training be reprogrammed to provide additional training in organization, planning, management, accounting, purchasing and communication for senior and mid-level managers at the regional and provincial levels.

ISSUE NO. 4: Community participation.

Community participation, as outlined in the "Green Book", include community involvement in the selection of the CHW, in the building of a PHCU, participation with the village development committee. The larger concept is greater participation in the community's own health care system to the point of financing

the PHCU and dismissing the CHW if he is administratively negligent.

If CHWs-in-training are to be better prepared to motivate their communities to greater involvement in their own health system, it would be better to observe communities in action.

Recommendation: That to the extent feasible, the PHC Complex at Lirya and Akot be developed as models of the larger concept of community participation, combining project elements such as self-help building, grinding mills, training in organization and communication, health education and improved sanitation. Work with community development officers and agricultural extension agents should be considered where these personnel are available.

ISSUE NO. 5: Promotion of village self-help activities.

One of the end of project goals is that the villagers will be practicing preventive and promotive health measures such as: 1) using safe water; 2) using better methods of vector control; and 3) using a better system of refuse and excreta disposal. The evaluation team agreed that this is a desirable goal to be achieved by the project and that the community health workers are being trained to impart knowledge and awareness of these measures to the villagers. The team also agreed that it is highly unlikely that the CHWs will be able to bring about the needed behavioral change in the lives of the villagers to accomplish this goal without additional inputs. The team believes that additional technical expertise will be required to assist the villagers in carrying out activities that will enable them to practice these improved health measures, e.g., developing and protecting a new water supply.

Recommendation: That the RMOH and project staff develops a plan for project and government resources that could be made available to help villagers realize these goals.

ISSUE NO. 6: Information/evaluation sector priorities.

To date two baseline surveys have been completed in W.E. and B.E.G. Provinces. A third is in progress for E.E. The Project Paper calls for 6 baseline surveys and 6 follow-up re-surveys to be completed, one of each for each province. Experience has shown that these surveys are very time consuming.

At the same time, it is now recognized by both the staff of the PHCP and AMREF that vital work needs to be done in strengthening the overall system for regular and accurate reporting by the CHWs. An important component is the training of CHW's (those now in basic training or still-to-be-trained), retraining of CHW's already in the field, as well as retraining MA's and statistical clerks.

More concentrated effort needs to be given to reaching a final decision on adequate reporting forms (which are standard with those used in the North). The forms must be distributed and follow-up must be conducted to assure that CHW's and MA's understand how to complete the forms and the importance of completing them every month. The provincial offices must be strengthened to improve the methods for compiling the information received so it can be forwarded to the Regional Headquarters in a timely fashion.

Recommendation: That there be a shift in emphasis from baseline survey and re-survey efforts to improving the data collection and reporting system for PHCP.

That the re-survey effort be limited to Western Equatoria Province where the PHCP is more firmly established and the results of a re-survey might reveal more impact.

ISSUE NO. 7: Inadequate testing of the draft PHCP reporting forms.

Forms for reporting on PHCP activities in the South have been drafted. They have been distributed to at least some CHW's to be used for their reporting format. Distribution has been made by CHW Training schools and some supervising agencies.

The PHCP distributed a limited number of forms for a sample testing in April, 1980 and again in January, 1981. Few completed forms have been returned. There is no evidence of a controlled training program and written instructions to introduce the forms. Nor is there evidence of monitoring the use of the forms to determine the problems encountered in completing the forms.

Recommendation: That a more extensive testing of the forms be conducted to provide for appropriate input to the design of the National Data System for the Primary Health Care Program.

This would involve a pilot test among a group of CHW's with adequate pretraining and written instructions for completion of the forms. There must be repeated monitoring during a several month testing period. A complete assessment of both the forms and the training and reporting system should be completed at the end of the testing period to prepare input to a similar testing program being conducted in the North.

ISSUE NO. 8: Lack of data makes evaluation of project activities extremely difficult.

No monthly reports are retained in the PHCU's. Therefore, a review can not be conducted of activities before and after refresher courses, for example, to evaluate impact of training.

It is also difficult to obtain current information on the location of PHCU's; which ones have been converted from dressing station; which CHW's have attended refresher courses; which communities have built latrines and/or PHCU's; which communities have requested assistance from the PHCP, etc.

Recommendation: That provisions to develop this type of data bank be considered. Such information could provide program management information and indicators of progress toward the Outputs and End of Project Status.

ISSUE NO. 9: Lack of reporting of PHCP activities.

CHW's report that they are submitting monthly reports to the supervising non-governmental agency. There is no evidence that these data are being forwarded to the provincial or regional authorities.

Recommendation: That RMOH take appropriate action to obtain these data.

ISSUE NO. 10: Evaluation of the Regional Primary Health Care Program.

The evaluation of the PHCP seems to be beyond the scope of the Southern Primary Health Care Project because AMREF is one among many agencies involved in the program. In addition, there are such limited resources for data management in the South, that it might be wise to combine the resources of the departments of PHCP and Health Statistics for such an activity. The project information/evaluation officer, in cooperation with the Northern Primary Health Care Project's health information officer, might be able to assist in developing mechanisms for collecting, storing and analyzing data relevant to the evaluation of the PHCP. However, actual evaluation activities involving the entire program should be determined by an authority that superceeds that of the many agencies assisting in the PHCP.

Recommendation: That the Southern Primary Health Care Project concentrate on evaluation of its own activities, rather than the activities of the entire Regional Primary Health Care Program.

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK MATRIX

Attachment I

Life of Project: From FY 78 to FY 83
 Total U.S. Funding: \$3,200,000
 Date Prepared: March 25, 1980

Number: SOUTHERN PRIMARY HEALTH CARE (OPG) 650-0019

DESCRIPTION	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p>Goal: The broader this project can impact the health of poor.</p>	<p>Measures of Goal Achievement:</p> <ol style="list-style-type: none"> 1. Decreased morbidity 2. Decreased mortality 	<p>Percentage reduction program will be made after baseline studies are completed and information system is established.</p>	<p>Assumptions for achieving goal targets:</p> <ol style="list-style-type: none"> 1. Donors maintain present level of commitment to Primary Health Care Program. 2. Government continues its commitment to the National Health Plan.
<p>... to the health of the poor in Sudan with the community.</p>	<p>Conditions that will indicate purpose has been achieved: End of project status:</p> <ol style="list-style-type: none"> 1. Virtually all PHC workers selected by village elders. 2. High percentage of PHC units constructed through self-help. 3. Village health committees established meeting regularly and supporting PHC activities. 4. Adequate supply of drugs in hand in all PHCs. 5. Improved patient load at PHC. 6. Preventive/promotive health measures being practiced by villagers such as safe water, proper food storage, better methods of vector control, better nutritional habits and better system of refuse and excreta disposal. 7. Continual flow of routinely gathered information concerning performance of the PHCP in each serviced village. 	<ol style="list-style-type: none"> 1. Provincial records; sampling on-site evaluations. 2. Provincial records; sampling on-site evaluations. 3. Monthly CHW reports; sampling on-site evaluations. 4. Monthly CHW reports; sampling on-site evaluations. 5. Monthly CHW reports. 6. Monthly CHW reports; sampling on-site evaluations. 	<p>Assumptions for achieving purposes:</p> <ol style="list-style-type: none"> 1. That villagers support community based PHC concept and participate in program. 2. That adequate administrative support is provided at Provincial level. 3. All weather roads to provincial capitals are completed as scheduled. 4. Educational system will provide adequate qualified candidates for training as CHWs. 5. That PHC workers will have bus or wherewithal to provide PHC services. 6. That the GOS will provide the necessary funding and transportation to assure an adequate drug supply.
<p>... to the health of the poor in Sudan with the community.</p>	<p>Magnitude of Outputs:</p> <ol style="list-style-type: none"> 1. Two schools and two dispensaries 2. Ten PHCs affiliated with two training dispensaries and two CHW training schools BUTTE. 3. Manual approved and adopted for the use by the RMOH. 4. Curriculum tested and revised. 5. 560 MAs; 560 CHWs; 141 SOs; 70 nurses. 6. All PHCs and their supervising dispensaries reporting monthly to RMOH. 7. Twenty PHCP data collection personnel trained or retrained. 8. Six submitted to, and accepted by, RMOH. 9. Monthly reports submitted by PHCs to RMOH through Provincial Headquarters. 10. Available supplies delivered to all PHCs on regular basis. 11. Seven storekeepers and seven assistant Storekeepers trained and retrained. 12. Two M.A. degrees 13. 5 participants 	<ol style="list-style-type: none"> 1. AMREF records. 2. AMREF and RMOH records. 3. AMREF, RMOH and provincial records. 4. AMREF and RMOH records. 5. RMOH and Provincial records. 6. RMOH and Provincial records. 7. RMOH and Provincial records. 8. RMOH and Provincial records. 9. RMOH and Provincial records. 10. RMOH, Provincial and PHCs records. 11. RMOH and Provincial records. 12. 13. 	<p>Assumptions for achieving outputs:</p> <ol style="list-style-type: none"> 1. Commitments to provide PHC services to rural population remains a high priority of RMOH. 2. That PHC Department in RMOH is fully staffed. 3. That cooperation continues between PHCs and RMOH on PHCP activities. 4. That cooperation between MOH and RMOH continues in areas of data collection, information sharing and logistics. 5. That RMOH maintains and operates commodities for purposes intended by the project. 6. That villages respond to self-help construction incentives in ten communities. 7. That returned participants will be utilized in PHCP.
<p>... to the health of the poor in Sudan with the community.</p>	<p>Implementation Target (Type and Quantity)</p> <p>(S000)</p> <p>Direct Costs</p> <p>264</p> <p>557</p> <p>1,031</p> <p>681</p> <p>3,184</p> <p>422</p> <p>1,344</p> <p>3,952</p>	<ol style="list-style-type: none"> 1. Budgets and records of the RMOH, AMREF and other donors. 	<p>Assumptions for providing inputs:</p> <ol style="list-style-type: none"> 1. That the numbers of health personnel and facilities as called for in the six-year Primary Health Care Program for the Southern Region are met. 2. That qualified people will be nominated for both in-service and participant training. 3. That RMOH adequately furnishes, staffs and operates two CHW training schools and two training dispensaries constructed under project. 4. That PHCP drugs and supplies are delivered to the South by the Director General of Medical Supplies in the North on a timely basis. 5. That sufficient patrol exists in the South to facilitate delivery of drugs and supplies to PHCs.

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Progress Review Worksheet
PROJECT OUTPUTS- PROGRESS TO DATE

Evaluation
for Period 3/80 to 3/81

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					9/30/83
		CUMU- LATIVE PRIOR FY	CURRENT FY 81		FY 82	FY 83	END OF PROJECT
			TO DATE	TO END			
1. Two schools and two dispensaries.	PLANNED	1.0	0.5	0.5	0	0	2
	ACTUAL PERFORMANCE	.72	0.34				
	REPLANNED			0.69	0.25	0	2
2. Ten PHC units, affiliated with 2 training dispensaries and 2 CHW training schools, built.	PLANNED	2	1	1	3	3	10
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			2	4	4	10
3. Manual approved and adopted for the use by the RMOH.	PLANNED	75%	25%	0	0	0	100%
	ACTUAL PERFORMANCE	35%	40%				
	REPLANNED			25%	0	0	100%
4. (Sanitary Overseer) Curriculum tested and revised.	PLANNED	0	50%	25%	15%	10%	100%
	ACTUAL PERFORMANCE	0	25%				
	REPLANNED			25%	25%	25%	100%
5. 560 MAs; 560 CHWs; 141 SOs; 70 nurses.	PLANNED	224	133	133	266	575	1331
	ACTUAL PERFORMANCE	351	147				
	REPLANNED			152	300	300	1250
6. All PHCUs and their supervising dispensaries reporting monthly to RMOH.	PLANNED	5%	5%	10%	30%	50%	100%
	ACTUAL PERFORMANCE	1%	2%				
	REPLANNED			5%	32%	60%	100%
7. Twenty PHCP data collection personnel trained or retrained	PLANNED	0	20	0	0	0	20
	ACTUAL PERFORMANCE	0	25				
	REPLANNED			60	145	125	355
8. Six baseline and follow-up surveys submitted to and accepted by RMOH	PLANNED	1	2	1	4	4	12
	ACTUAL PERFORMANCE	2	.5				
	REPLANNED			.5	0	1	4

Original Project Outputs
Progress Review Worksheet
PROJECT OUTPUTS- PROGRESS TO DATE

Evaluation
for Period 3/80 to 3/81

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount) 9/30/83					
		CUMU- LATIVE PRIOR FY	CURRENT FY 81		82 FY	83 FY	END OF PROJECT
			TO DATE	TO END			
9. Monthly reports submitted by CHWs to RMOH through Provincial Hdqs.	PLANNED	5%	5%	10%	30%	50%	100%
	ACTUAL PERFORMANCE	1%	2%				
	REPLANNED			25%	32%	40%	100%
10. Available supplies delivered to all PHCUs on a regular basis	PLANNED	5%	5%	10%	30%	50%	100%
	ACTUAL PERFORMANCE	2%	5%				
	REPLANNED			18%	35%	40%	100%
11. 7 Storekeepers/7 Asst. Storekeepers trained or retrained.	PLANNED	0	7	7	17	0	28 (14 people retrained)
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	7	7	14
12. Two M.A. degrees; Training officer Health Information Officer	PLANNED	0	0	0	2	0	2
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	0	2	2
13. 5 Short term participants training for counterparts; 6 other short-term participants.	PLANNED	0	3	2	3	3	11
	ACTUAL PERFORMANCE	1	3				
	REPLANNED			0	2	0	6
14.	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
15.	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
16.	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

Project Title & Number: SOUTHERN PRIMARY HEALTH CARE (OPG) 650-0019

Life of Project:
 From FY 78 to FY 83
 Total U.S. Funding \$3,700,000
 Date Prepared: June 8, 1981

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Program or Sector Goal:</u> The broader objective to which this project contributes:</p> <p>To improve significantly the health status of the rural poor.</p>	<p><u>Measures of Goal Achievement:</u></p> <ol style="list-style-type: none"> 1. Decreased morbidity. 2. Decreased mortality 	<p>Percentage reduction projections will be made after baseline studies are completed and information system is established.</p>	<p><u>Assumptions for achieving goal target:</u></p> <ol style="list-style-type: none"> 1. Donors maintain present levels of commitment to Primary Health Care Program. 2. Government continues its commitments to the National Health Plan.
<p><u>Project Purpose:</u></p> <p>To strengthen the delivery of Primary Health Care Service to the rural population of Southern Sudan with special emphasis on community participation.</p>	<p><u>Conditions that will indicate purpose has been achieved:</u> End of project status.</p> <ol style="list-style-type: none"> 1. Village elders participate in the selection of virtually all Community Health Workers (CHW's). 2. High percentage (60%) of Primary Health Care Units (PHCU's) constructed through self-help. 3. Health component/subcommittee of Village Development Committee (VDC) strengthened/formed to function in support of CHW activities in 75% of villages with PHCU's. 4. An adequate supply of drugs on hand in 75% of PHCU's. 5. Preventive/promotive health measures being practiced by villagers, such as using safe water, better methods of vector control and better system of refuse & excreta disposal. 	<ol style="list-style-type: none"> 1. RMOH & provincial records; sampling, on site evaluation. 2. RMOH & provincial records; sampling, on-site evaluations. 3. Monthly CHW reports; provincial records. 4. Monthly CHW reports; sampling on-site evaluations. 5. Monthly CHW reports; sampling, on-site evaluations. 	<p><u>Assumption for achieving purpose:</u></p> <ol style="list-style-type: none"> 1. That villagers & RGOS support community based PHC concept and participate in program. 2. That adequate administration/support is provided at Provincial level. 3. All weather roads to provincial capitals are completed as scheduled. 4. Educational system will provide adequate qualified candidates for training as CHW's. 5. That CHW's will have basic wherewithal to provide PHC services. 6. That the GOS will provide the necessary funding and transportation to assure an adequate drug supply.

Project Outputs:

1. Two CHW Training Schools operational.
2. Two dispensaries affiliated with CHW Schools providing practical training.
3. Self-Help construction in Primary Health Care Program.
4. A functioning PHC complex at both Lirya and Akot consisting of a training dispensary and 5 PHC units.
5. Training program developed for sanitary overseers.
6. Primary Health Care personnel retained.
7. Improved data collection and reporting system for PHCP.
8. Trained and/or retrained PHCP data collection personnel.
9. Provincial baseline & follow-up surveys.
10. Trained and retrained medical supply/logistics personnel.
11. Upgraded drug & supply distribution system.
12. Upgraded reporting & accountability system for drugs.

Magnitude of Outputs:

1. 20 CHW's trained annually at Lirya and at Akot in FY 82 and 83.
2. Each CHW receives one week of training at Lirya and Akot dispensaries in FY 82 and 83.
3. Five PHC units in FY 82 and five in FY 83.
4. Medical staff & CHW trainees participating in monthly discussion sessions by October, 1982.
5. Curriculum revised and tested by September 1983.
6. CHW's 390; Nurses 300; sanitary Overseers 100; others 110; (300 annually beginning FY 1981.)
7. RMOH, through Provincial Hdqs., receiving monthly reports from PHCU's & supervising dispensaries * by 9/83.
8. 45 Statistical clerks; 160 CHWs; 150 MAs by 9/83.
9. Three baseline and 1 followup survey submitted to and accepted by RMOH by 6/83.
10. Seven storekeepers and seven assistant storekeepers for PHCP by 9/83.
11. 75% PHC Units receiving drugs and supplies on a regular basis by 9/83.
12. Provincial Hdqs., receiving monthly reports from 60% PHCU's and dispensaries by 9/83.

1. AMRF/RMOH records; site visits.
2. AMRF/RMOH records; site visits.
3. AMRF/RMOH records; site visits.
4. CHW interviews; complex records of sessions held.
5. Visit school.
6. RMOH/provincial records.
7. RMOH/Provincial records.
8. RMOH/Provincial records.
9. AMREF records.
10. RMOH/provincial records; site visits.
11. RMOH/provincial records; site visits.
12. Provincial records.

Assumptions for achieving outputs:

1. Commitment to provide PHC services to population remains a high priority with RMOH.
2. PHC Department in RMOH is fully staffed.
3. Cooperation continues between Non-Govt. Organizations and RMOH on PHCP activities.
4. Staff of CHW training dispensaries capable & committed to concepts of PHCP.
5. Villages respond to self-help constructive incentives.
6. Provincial authorities give high priority to implementing the Primary Health Care Program in cooperation with the RMOH.
7. Petrol is available to facilitate PHCP activities.
8. RMOH maintains and operates commodities for purposes intended by the project.
9. Cooperation between MOH and RMOH continues in areas of data collection, information sharing and logistics.
10. Paper, registration and reporting forms are available to CHW's.
11. Drugs/supplies are available from the Central Medical Stores (CMS) in Khartoum.
12. Transportation for supplies from CMS to the Southern Region is available at a reasonable cost.

13. Trained RMOH counterpart personnel.

14. 34 Trained clerical staff at regional and provincial health offices.

15. CHW manual revised and published

13. One MPH; MS in statistics; two rural health training; one clerical; one statistical; one logistics by 6/83.

14. FY 81: RMOH 9, E. Equatoria 5, N. Equatoria 8; and FY 82: Bahr El-Ghazal 6, and Upper Nile 6.

15. 700 manuals distributed to schools, CHW's and MA's by 9/83.

* Estimated 500 functioning PHCUs 100 dispensaries by 9/30/83.

13. RMOH records site visits

14. RMOH/Provincial records and site visits.

15. Interview CHW's & visit training schools.

13. Returned participants will be utilized in the PHC program.

Inputs:

AID:

1. Technical Assistance (384 PM).

2. Training

3. Commodities

4. Construction

5. Other Direct/Indirect Costs
Subtotal

Other Donors:

GOS:

Project Total

Implementation Target (Type and Quantity)
(\$000)

	OPG	Amendments	Total
1. Technical Assistance (384 PM)	\$ 651	275	926
2. Training	264	16	280
3. Commodities	557	59	616
4. Construction	1,032	45	1097
5. Other Direct/Indirect Costs	682	85	767
Subtotal	<u>3,186</u>	<u>500</u>	<u>3,686</u>
Other Donors:	242	71	313
GOS:	<u>316</u>		<u>1,316</u>
Project Total	<u>4,744</u>		<u>5,315</u>

1. Budgets and records of the RMOH, AMREF and other donors.

Assumptions for providing inputs:

1. That the numbers of health personnel and facilities are called for in the six-year Primary Health Care Program for the Southern Region are met.
2. That qualified people will be nominated for both in-service and participant training.
3. That RMOH adequately furnishes, staffs and operates two CHW training schools and two training dispensaries constructed under project.

REVISED
Progress Review Worksheet
PROJECT OUTPUTS, PROGRESS TO DATE

Evaluation
for Period 3/80 to 3/81

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					9/30/83
		CUMU- LATIVE PRIOR FY	CURRENT FY 81		FY 82	FY 83	END OF PROJECT
			TO DATE	TO END			
1. CHW graduates of new Training Schools (20 each at Liria and Akot).	PLANNED	0	0	20	40	40	100
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	40	40	80
2. CHWs receive one week of training at dispensaries at Liria and Akot.	PLANNED	0	0	20	40	40	100
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	40	40	80
3. Primary Health Care units constructed by self-help.	PLANNED	4	1	1	2	2	10
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	5	5	10
4. Medical staff & CHW trainees participating in monthly discussion at meetings of PHC Complexes at Liria and Akot.	PLANNED	0	0	0	24	24	48
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	0	24	24
5. Curriculum revised and tested for sanitary overseers training program	PLANNED	25%	15%	15%	20%	25%	100%
	ACTUAL PERFORMANCE	0	25%				
	REPLANNED			25%	25%	25%	100%
6. PHC personnel retrained: 390 CHWs; 350 MAS; nurses 300; sanitary overseers 100; others 110.	PLANNED	224	133	133	266	575	1331
	ACTUAL PERFORMANCE	351	147				
	REPLANNED			152	300	300	1250
7. RMOH through Provincial Hdqs. receiving monthly reports from 60% of PHCUs and the supervising dispensaries. ^{1/}	PLANNED	5%	5%	10%	30%	50%	100%
	ACTUAL PERFORMANCE	1%	2%				
	REPLANNED			5%	32%	60%	100%
8. 355 PHCP Data Collection personnel trained or retrained.	PLANNED	0	20	0	0	0	20
	ACTUAL PERFORMANCE		30				
	REPLANNED			55	145	125	355

^{1/} Est. 500 functioning PHCUs by 9/30/83.

REVISED
Progress Review Worksheet
PROJECT OUTPUTS- PROGRESS TO DATE

Evaluation
for Period 3/80 to 3/81

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMU- LATIVE PRIOR FY	CURRENT FY 81		FY 82	FY 83	END OF PROJECT
			TO DATE	TO END			
9. Three Baseline and (one follow-up Survey submitted to and accepted by RM	PLANNED	1	2.0	1.0	4	4	12
	ACTUAL PERFORMANCE	2	.5				
	REPLANNED			.5	0	1	4
10. 7 storekeepers and 7 assistant storekeepers trained or retrained.	PLANNED	0	0	0	14	0	14
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	7	7	14
11. 75% of PHC Units receiving drugs and supplies on a regular basis <u>1/</u>	PLANNED	5%	5%	10%	30%	50%	100%
	ACTUAL PERFORMANCE	2%	5%				
	REPLANNED			18%	35%	40%	100%
12. Provincial Hdqs. receiving monthly reports re: drugs from 60% of PHCUs and dispensaries	PLANNED	5%	5%	10%	30%	50%	100%
	ACTUAL PERFORMANCE	1%	2%				
	REPLANNED			25%	32%	40%	100%
13. One MPH; one MS in statistics; two rural health training; one clerical; one statistical; one logistics.	PLANNED	0	3	2	2	0	7
	ACTUAL PERFORMANCE	1	3				
	REPLANNED			0	0	4	8
14. 34 clerical staff trained: in FY 81 - RMOH 9, East Equatoria 5, W. Equatoria 8; and FY 82 - Upper Nile 6 and Bahr El Gazal 6.	PLANNED	0	0	0	0	0	0
	ACTUAL PERFORMANCE	0	6				
	REPLANNED			16	12	0	34
15. 700 CHW Manuals distributed to schools, CHWs and MAs by 9/83	PLANNED	25%	25%	40%	5%	5%	100%
	ACTUAL PERFORMANCE	25%	15%				
	REPLANNED			30%	15%	15%	100%
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						

1/ Est. 500 functioning PHCUs by 9/30/83.

Progress Review Worksheet

Evaluation for Period: 3/80 to 3/81

PROGRESS TOWARD CONDITIONS EXPECTED AT END OF PROJECT

A. CONDITIONS EXPECTED TO EXIST AT THE END OF THE PROJECT	B. METHOD(OR MEASUREMENT)OF VERIFYING CONDITIONS AT END OF THE PROJECT	C. PROGRESS AS SHOWN BY MEASUREMENT VERIFICATION
<p>1. Village elders participate in the selection of virtually all Community Health Workers (CHW's).</p>	<p>RMOH and Provincial records; sampling, on-site evaluations.</p>	<p>Of 4 villages visited, the CHW has been selected by at least one elder in all places and by a group of elders in 2 villages. Project encourages that CHWs be selected by group process.</p>
<p>2. High percentage (60%) of PHC Units constructed through self-help.</p>	<p>RMOH and provincial records; sampling, on-site evaluations.</p>	<p>Of 4 villages visited, CHWs were operating out of 2 self-help constructed PHCUs and a third one had been before the construction of a hard structure unit.</p>
<p>3. Health component/subcommittee of Village Development Committee strengthened/formed to function in support of CHW activities in 75% of villages with PHCU's.</p>	<p>Monthly CHW reports; provincial records.</p>	<p>Not much progress to date but increased emphasis is being placed on this effort.</p>
<p>4. An adequate supply of drugs on hand in 75% PHCUs.</p>	<p>Monthly CHW reports; sampling, on-site evaluations.</p>	<p>It is estimated that a number of PHCUs in E.&W. Equatoria Provinces have an adequate supply of drugs on a regular basis due to NGOs supplying drugs & helping in transport of supplies from provincial stores to PHCUs. Severe constraints must be overcome by Government e.g. fuel, before this EOPs can be achieved.</p>
<p>5. Preventive/promotive health measures being practiced by villagers, such as using safe water, better method of vector control, and better system of refuse and excreta disposal.</p>	<p>Monthly CHW reports; sampling, on-site evaluations.</p>	<p>On 4 villages visited, the villages reiterated knowledge imparted to them by the CHW concerning safe water and pit latrines. Whether the villagers can be motivated to use safe water without additional technical assistance has not been answered.</p>

EVALUATION, SOUTHERN PRIMARY HEALTH CARE PROJECT

650-0019

TECHNICAL REVIEW SESSION, JUNE 12, 1981

<u>Participants</u>	<u>Title</u>
RMOH - PHCP	
1. Parmena Marial	Director
2. Emmanuel L. Daniel	Inspector
3. Alice Gideon	Public Health Nurse
4. Mark Taban	Senior Supply Officer
5. Aquilino Mike Oduma	Biostatistician
AMREF - Juba	
6. Jim Paton	Project Manager
7. Kofi Asante	Medical Training Officer
8. Joyce Naisho	Public Health Nurse
9. Tom Ateka Nyangena	Public Health Officer
10. Joe Hackett	Senior Medical Supply Officer
11. Daniel Marwa	Survey and Evaluation Officer
12. Gerry Ott	Community Development Officer
13. Jim Rosenberry	Consultant
AMREF - Nairobi	
14. Katja Jonovsky	Evaluation Officer
USAID - Khartoum	
15. Mary Ann Micka	Project Manager and Health Officer
16. Arlene O'Reilly	Evaluation Officer

The evaluation team consisted of Dr. Parmena, Jim Paton, Arlene O'Reilly and Dr. Micka. Joyce Jett, Assistant Health Officer, USAID, worked with the team in collecting preliminary data concerning the status of End of Project Indicators. Site visits were made to four villages to interview villagers, village elders and CHW's. Project personnel and RMOH counterparts were also interviewed.

The team then reexamined the components of the Logical Framework (logframe) in comparison with project activities and objectives. A revised version of the logframe outputs was presented to the Technical Review Session for consideration (Attachments).

Logframe Outputs: 1. and 2. were accepted. "3. Self-help construction". Discussion focused on an apparent lack of emphasis on self-help as indicated by RMOH providing the funds and the direction for non-government organization (NGO's) to build hard-structure PHCU's. Dr. Parmena explained that funds had already been designated in the budget for specific sites and could not be changed; that there continues to be pressure from members of parliament to build hard-structure PHCU's in their specific districts. However, Dr. Parmena feels that RMOH is increasing

the emphasis on self-help construction. Thus, output 3 remains valid.

"4. Functioning PHC Complexes at Lirya and Akot." Regular complex meetings are to deal with administrative procedures and to provide inservice training for DHW's. Since the MA's are in charge of the complex, it is essential that the MA's at the two training dispensaries be committed to the concepts of the PHCP. Dr. Parmena indicated that the appointment of MA's is under the auspices of the provincial A. Commissioner of Health. A critical assumption will be added pertaining to this item.

"5. Training Program for sanitary overseers." The progress on this output was reviewed. Discussion on outputs 6 & 9 were deferred until the Issues Paper was taken up.

"7. Improved data collection and reporting system." "8. Training data collection personnel". Dan Marwa raised the question of quality re 7 & 8. After discussion, it was agreed that the project would devise ways to examine quality of inputs and outputs within the framework of ongoing activities but that not enough work had been done to include a more in-depth evaluation of quality in the logframe.

Kenya has a very good reporting system, with 85% of units reporting. In view of the constraints and the progress to date related to output 7, the magnitude of output expected was reduced to 60% of PHCU's and supervising dispensaries. The critical assumptions of continuing cooperation between NGO's and RMOH and of availability of petrol were emphasized. Dr. Micka requested an implementation plan for outputs 7 and 8 within 6 months.

"10. Trained logistics personnel." Once the actual courses are established it is anticipated that hospital storekeepers will also participate in the course.

"11. Upgraded drug and supply distribution system." Because of NGO activity, magnitude of output at 75% is not unrealistic. However, since NGO's would like to get out of drug distribution, the RMOH system will need to be strengthened to take over this activity. At present there is a dual system for logistics, one for hospitals and one for PHCP. One of the alternatives being considered to improve efficiency is to combine these systems.

"12. Upgraded reporting system for drugs." Because the reports are a part of the CHW monthly report, 60% of PHCU's is a more realistic magnitude of output. Dr. Micka requested an implementation plan for outputs 10-12 within 6 months.

End of Project Status (EOPS)

A revised set of EOPS were presented by the evaluation team, Attachment II. Numbers 1 & 2 were accepted.

After considerable discussion about the pros and cons of creating yet another organizational unit within the villages, # 3 was revised as follows: "Health component/subcommittee of the Village Development Committee (VDC) strengthened/formed to function in support of CHW activities in 75% of villages with PHCU's"

EOPS 4. The progress was corrected to indicate that NGO's were supplying drugs and helping in the transportation of supplies. There was considerable discussion on EOPS 5. re the validity of "increased patient load" as a method of verifying the EOPS. It was eliminated.

Issues Paper

The Issues Paper (Attachment III) was discussed. The recommendations for Issues 1-3 were accepted.

Considerable discussion ensued on Issue 4. Community Participation. Apparent conflicts were identified in RMOH policy to promote community participation in NGO philosophy of implementing the PHCP. Additional information will have to be collected about the conditions at Lirya and Akot to determine the feasibility of developing a training model for CHW's on community participation at Lirya and Akot. A study of human institutions influencing community involvement might be the focus rather than the physical structures that have been built.

Issue 5. Promotion of village self-help activities. Several situations were described in which communities requested assistance for self-help activities. Project staff identified resources in the Ministry of Agriculture or Rural Development only to be confronted with excuses that made assistance unavailable to the communities. Certain types of expertise is available among project personnel. However, assistance in small commodities for self-help has not been available. The recommendation was changed to read "that the RMOH and project staff develop a plan for project and government resources that could be made available to help villagers realize the goals of self-help."

The recommendations on Issues 6 & 7 were accepted. The staff in Health Information felt an analysis of the reporting on the PHCP forms could be made if it were possible to analyze those that the NGO's had been collecting routinely.

The recommendations concerning Issues 8-10 were accepted.

The last item discussed was the consideration of training medical assistants in the basic principles of pharmacology, the monitoring drug usage and the appropriateness of treatment; the latter two as mechanisms of supervision. This might be a joint effort between the training and logistics components.

Evaluation, Southern Primary Health Care Project

650-0019

Executive Review Session June 26, 1981

Regional Ministry of Health, Juba

<u>Participants</u>	<u>Title</u>
Regional Ministry of Health (RMOH) - Juba	
Noel L. Warille	Director General
Parmena Marial	Director, Primary Health Care Program (PHCP)
Priscilla Joseph	Deputy Directory, PHCP
Oliver Duku	Director, Planning, Training, Rural and Laboratories.
African Medical and Research Foundation (AMREF)	
Douglas Lackey	Operations Director, Nairobi
James Paton	Project Manager, Juba
United States Agency for International Dev.	
Robert Friedline	Asst. Director, Projects Operations, Khartoum.
Robert McCandliss	Area Coordinator, Southern Region.
Mary Ann Micka	Health Officer Khartoum.
United States General Accounting Office	
Warren Ham	Management Analyst, Frankfurt.

Generalized comments on the evaluation and its relation to continuing and future activities in primary health care were made by Mr. Friedline, Dr. Noel and Mr. Lackey. All agreed that the evaluation will be helpful in making plans for the future, in light of the new Rural Health Support Project which is to be activated in the next few months. Lackey stressed AMREF's approach as being one of seconding their staff to the RMOH. While lack of staff on both the RMOH and AMREF sides did delay implementation of the Project, staffing has been substantially completed now and work has accelerated.

Dr. Micka reviewed her impressions as a result of the evaluation, of various working relationships inherent in PHCP in the South. In the overall context, AMREF's activities, in contrast to those of other donors, are to impact on the entire PHCP by: retraining of PHC personnel

improving the health information system

training of personnel in PHCP regional office
upgrading the medical logistics system.

Localized inputs at Lirya and Akot are CHW training schools and dispensaries. Community participation and self-help construction may also be focused at the Lirya and Akot PHC complexes.

Dr. Micka presented an overview of the AID evaluation process and reviewed the evaluation activities conducted in March and June 1981. This evaluation looked at the continuing validity of the project goals and objectives as defined in the Project Paper and in the February 1980 evaluation. For the period March 1980 through March 1981, progress toward project outputs and purposes were reviewed. A revised logical framework matrix and an issues paper were presented to the Technical Review Committee (TRC) June 12, 1981 and approved. Several issues have implications for the entire PHCP and were brought to the attention of the Executive Review Committee (ERC).

Discussion focused on whether separate health committees should be established or whether existing rural development committees at the village level should be used to promote PHC activities. The group concluded that both type of committees should be used as appropriate.

The original training goals for medical assistants (MA) and community health worker (CHW) from the project paper were unrealistic. The modified goal approved by the TRC was accepted by the ERC.

However, a separate issue was the administrative training component originally planned for implementation by the Mary Knoll Fathers. These activities have been incorporated into the present training activities allowing a redirection of these funds. Dr. Parmena was designated to develop by October, 1981, a training plan for mid and senior level health administrators.

Originally a baseline survey and resurvey were to be done for each province. The ERC accepted the TRC recommendation to shift the emphasis to improving the information/statistical system. Three baseline surveys and one followup survey will be the number expected.

A discussion of the data collection forms ensued. It was decided that Southern Region representation at the Reporting Forms Workshop in Khartoum in August/September, would be essential. Dr. Parmena pointed out that the GMT-collected data for the PHCP in Eastern Equatoria is not being turned in to the Headquarters. Dr. Noel stressed the need to integrate the PHCP so personnel of all levels know what to do with the information collected.

The problems associated with the health information system could not be resolved by the ERC. The following actions were assigned as initial steps: a. Aquilino and Dan Marwa are to draft a plan defining the responsibilities of all levels of the PHCP for distributing data forms, collecting data and discussing any operational research that might be appropriate to improve the reporting system. b. Dr. Parmena and Jim Paton are to develop a workable plan for a data bank.

An additional issue dealt with training of counterparts. A counterpart for the training officer is as yet unidentified but is scheduled for long-term training (M.P.H.) under the project. It was also planned that the statistical counterpart receive long-term training for a M.S in statistics. However, the present counterpart is not qualified for a masters level program. Dr. Noel felt

that the candidates for training should be a physician for the M.P.H. and a statistician for the M.S.; Dr. Parmena had several candidates in mind. AMREF was concerned about a switch from making training arrangements for the present statistical counterpart to a new person qualified for a masters program. To achieve project outputs, it is important to aim for January, 1982 entry into long term training. AMREF will work with Drs. Oliver and Priscilla to identify candidates for the training officer and to determine the action plan re training for the statistical counterpart.

The last issue was community participation/self-help. A counterpart has not yet been identified for the community development officer (CDO) though the position has been advertised. The government's commitment to community participation as defined in the Green Book, was reaffirmed. Considerable discussion ensued on the problems the CDO had encountered, many of which seemed related to RMOH decisions in programming resources for the PHCP. The concept of community involvement in making decisions about its own health care was introduced and discussed favorably. The CDO and Dr. Parmena are to develop a work plan for promoting village self-help activities.

Progress Review Worksheet
PROJECT OUTPUTS - PROGRESS TO DATE

Evaluation
for Period 3/80 to 3/81

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					9/30/83
		CUMU- LATIVE PRIOR FY	CURRENT FY 81		FY 82	FY 83	END OF PROJECT
			TO DATE	TO END			
1. Two schools and two dispensaries.	PLANNED	1.0	0.5	0.5	0	0	2
	ACTUAL PERFORMANCE	.72	0.34				
	REPLANNED			0.69	0.25	0	2
2. Ten PHC units, affiliated with 2 training dispensaries and 2 CHW training schools, built.	PLANNED	2	1	1	3	3	10
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			2	4	4	10
3. Manual approved and adopted for the use by the RMOH.	PLANNED	75%	25%	0	0	0	100%
	ACTUAL PERFORMANCE	35%	40%				
	REPLANNED			25%	0	0	100%
4. (Sanitary Overseer) Curriculum tested and revised.	PLANNED	0	50%	25%	15%	10%	100%
	ACTUAL PERFORMANCE	0	25%				
	REPLANNED			25%	25%	25%	100%
5. 560 MAs; 560 CHWs; 141 SOs; 70 nurses.	PLANNED	224	133	133	266	575	1331
	ACTUAL PERFORMANCE	351	147				
	REPLANNED			152	300	300	1250
6. All PHCUs and their supervising dispensaries reporting monthly to RMOH.	PLANNED	5%	5%	10%	30%	50%	100%
	ACTUAL PERFORMANCE	1%	2%				
	REPLANNED			5%	32%	60%	100%
7. Twenty PHCP data collection personnel trained or retrained	PLANNED	0	20	0	0	0	20
	ACTUAL PERFORMANCE	0	25				
	REPLANNED			60	145	125	355
8. Six baseline and follow-up surveys submitted to and accepted by RMOH	PLANNED	1	2	1	4	4	12
	ACTUAL PERFORMANCE	2	.5				
	REPLANNED			.5	0	1	4

Original Project Outputs
Progress Review Worksheet
PROJECT OUTPUTS-PROGRESS TO DATE

Evaluation for Period 3/80 to 3/81

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount) 9/30/83					
		CUMULATIVE PRIOR FY	CURRENT FY 81		FY 82	FY 83	END OF PROJECT
			TO DATE	TO END			
9. Monthly reports submitted by CHWs to RMOH through Provincial Hdqs.	PLANNED	5%	5%	10%	30%	50%	100%
	ACTUAL PERFORMANCE	1%	2%				
	REPLANNED			25%	32%	40%	100%
10. Available supplies delivered to all PHCUs on a regular basis	PLANNED	5%	5%	10%	30%	50%	100%
	ACTUAL PERFORMANCE	2%	5%				
	REPLANNED			18%	35%	40%	100%
11. 7 Storekeepers/7 Asst. Storekeepers, trained or retrained.	PLANNED	0	7	7	17	0	28 (14 people retrained)
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	7	7	14
12. Two M.A. degrees; Training officer Health Information Officer	PLANNED	0	0	0	2	0	2
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	0	2	2
13. 5 Short term participants training for counterparts; 6 other short-term participants.	PLANNED	0	3	2	3	3	11
	ACTUAL PERFORMANCE	1	3				
	REPLANNED			0	2	0	6
14.	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
15.	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
16.	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						

PROJECT DESIGN SUMMARY

LOGICAL FRAMEWORK

Project Title & Number: SOUTHERN PRIMARY HEALTH CARE (OPG) 650-0019

Life of Project:
From FY 78 to FY 83
Total U.S. Funding \$3,700,000
Date Prepared: June 8, 1981

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	IMPORTANT ASSUMPTIONS
<p><u>Program or Sector Goal:</u> The broader objective to which this project contributes:</p> <p>To improve significantly the health status of the rural poor.</p>	<p><u>Measures of Goal Achievement:</u></p> <ol style="list-style-type: none"> 1. Decreased morbidity. 2. Decreased mortality 	<p>Percentage reduction projections will be made after baseline studies are completed and information system is established.</p>	<p><u>Assumptions for achieving goal target:</u></p> <ol style="list-style-type: none"> 1. Donors maintain present levels of commitment to Primary Health Care Program. 2. Government continues its commitments to the National Health Plan.
<p><u>Project Purpose:</u></p> <p>To strengthen the delivery of Primary Health Care Service to the rural population of Southern Sudan with special emphasis on community participation.</p>	<p><u>Conditions that will indicate purpose has been achieved:</u> End of project status.</p> <ol style="list-style-type: none"> 1. Village elders participate in the selection of virtually all Community Health Workers (CHW's). 2. High percentage (60%) of Primary Health Care Units (PHCU's) constructed through self-help. 3. Health component/subcommittee of Village Development Committee (VDC) strengthened/formed to function in support of CHW activities in 75% of villages with PHCU's. 4. An adequate supply of drugs on hand in 75% of PHCU's. 5. Preventive/promotive health measures being practiced by villagers, such as using safe water, better methods of vector control and better system of refuse & excreta disposal. 	<ol style="list-style-type: none"> 1. RMOH & provincial records; sampling, on site evaluation. 2. RMOH & provincial records; sampling, on-site evaluations. 3. Monthly CHW reports; provincial records. 4. Monthly CHW reports; sampling on-site evaluations. 5. Monthly CHW reports; sampling, on-site evaluations. 	<p><u>Assumption for achieving purpose:</u></p> <ol style="list-style-type: none"> 1. That villagers & RGOS support community based PHC concept and participate in program. 2. That adequate administration/support is provided at Provincial level. 3. All weather roads to provincial capitals are completed as scheduled. 4. Educational system will provide adequate qualified candidates for training as CHW's. 5. That CHW's will have basic wherewithal to provide PHC services. 6. That the GOS will provide the necessary funding and transportation to assure an adequate drug supply.

Project Outputs:

1. Two CHW Training Schools operational.
2. Two dispensaries affiliated with CHW Schools providing practical training.
3. Self-Help construction in Primary Health Care Program.
4. A functioning PHC complex at both Lirya and Akot consisting of a training dispensary and 5 PHC units.
5. Training program developed for sanitary overseers.
6. Primary Health Care personnel retrained.
7. Improved data collection and reporting system for PHCP.
8. Trained and/or retrained PHCP data collection personnel.
9. Provincial baseline & follow-up surveys.
10. Trained and retrained medical supply/logistics personnel.
11. Upgraded drug & supply distribution system.
12. Upgraded reporting & accountability system for drugs.

Magnitude of Outputs:

1. 20 CHW's trained annually at Lirya and at Akot in FY 82 and 83.
2. Each CHW receives one week of training at Lirya and Akot dispensaries in FY 82 and 83.
3. Five PHC units in FY 82 and five in FY 83.
4. Medical staff & CHW trainees participating in monthly discussion sessions by October, 1982.
5. Curriculum revised and tested by September 1983.
6. CHW's 390; Nurses 300; sanitary Overseers 100; others 110; (300 annually beginning FY 1981.)
7. RMOH, through Provincial Hdqs., receiving monthly reports from PHCU's & supervising dispensaries * by 9/83.
8. 45 Statistical clerks; 160 CHWs; 150 MAs by 9/83.
9. Three baseline and 1 followup survey submitted to and accepted by RMOH by 6/83.
10. Seven storekeepers and seven assistant storekeepers for PHCP by 9/83.
11. 75% PHC Units receiving drugs and supplies on a regular basis by 9/83.
12. Provincial Hdqs., receiving monthly reports from 60% PHCU's and dispensaries by 9/83.

1. AMRF/RMOH records; site visits.
2. AMRF/RMOH records; site visits.
3. AMRF/RMOH records; site visits.
4. CHW interviews; complex records of sessions held.
5. Visit school.
6. RMOH/provincial records.
7. RMOH/Provincial records.
8. RMOH/Provincial records.
9. AMREF records.
10. RMOH/provincial records; site visits.
11. RMOH/provincial records; site visits.
12. Provincial records.

Assumptions for achieving outputs:

1. Commitment to provide PHC services to population remains a high priority with RMOH.
2. PHC Department in RMOH is fully staffed.
3. Cooperation continues between Non-Govt. Organizations and RMOH on PHCP activities.
4. Staff of CHW training dispensaries capable & committed to concepts of PHCP.
5. Villages respond to self-help constructive incentives.
6. Provincial authorities give high priority to implementing the Primary Health Care Program in cooperation with the RMOH.
7. Petrol is available to facilitate PHCP activities.
8. RMOH maintains and operates commodities for purposes intended by the project.
9. Cooperation between MOH and RMOH continues in areas of data collection, information sharing and logistics.
10. Paper, registration and reporting forms are available to CHW's.
11. Drugs/supplies are available from the Central Medical Stores (CMS) in Khartoum.
12. Transportation for supplies from CMS to the Southern Region is available at a reasonable cost.

13. Trained RMOH counterpart personnel.
14. 34 Trained clerical staff at regional and provincial health offices.
15. CHW manual revised and published.

13. One MPH; MS in statistics; two rural health training; one clerical; one statistical; one logistics by 6/83.
14. FY 81: RMOH 9, E. Equatoria 5, W. Equatoria 8; and FY 82: BahrEl-Ghazal 6, and Upper Nile 6.
15. 700 manuals distributed to schools, CHW's and MA's by 9/83.
- * Estimated 500 functioning PHCUs 100 dispensaries by 9/30/83.

13. RMOH records site visits
14. RMOH/Provincial records and site visits.
15. Interview CHW's & visit training schools.

13. Returned participants will be utilized in the PHC program.

Inputs:

AID:
1. Technical Assistance (384 PM).

2. Training

3. Commodities

4. Construction

5. Other Direct/Indirect Costs
Subtotal

Other Donors:

GOS:
Project Total

Implementation Target (Type and Quantity)
(\$000)

	<u>OPG</u>	<u>Amendments</u>	<u>Total</u>
1. Technical Assistance (384 PM).	\$ 651	275	926
2. Training	264	16	280
3. Commodities	557	59	616
4. Construction	1,032	45	1097
5. Other Direct/Indirect Costs	682	85	767
Subtotal	<u>3,186</u>	<u>500</u>	<u>3,686</u>
Other Donors:	242	71	313
GOS:	<u>316</u>		<u>1,316</u>
Project Total	<u>4,744</u>		<u>5,315</u>

1. Budgets and records of the RMOH, AMREF and other donors.

Assumptions for providing inputs:

1. That the numbers of health personnel and facilities are called for in the six-year Primary Health Care Program for the Southern Region are met.
2. That qualified people will be nominated for both in-service and participant training.
3. That RMOH adequately furnishes, staffs and operates two CHW training schools and two training dispensaries constructed under project.

REVISED
Progress Review Worksheet
PROJECT OUTPUTS- PROGRESS TO DATE

Evaluation
for Period 3/80 to 3/81

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					9/30/83
		CUMU- LATIVE PRIOR FY	CURRENT FY 81		FY 82	FY 83	END OF PROJECT
			TO DATE	TO END			
1. CHW graduates of new Training Schools (20 each at Liria and Akot).	PLANNED	0	0	20	40	40	100
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	40	40	80
2. CHWs receive one week of training at dispensaries at Liria and Akot.	PLANNED	0	0	20	40	40	100
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	40	40	80
3. Primary Health Care units constructed by self-help.	PLANNED	4	1	1	2	2	10
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	5	5	10
4. Medical staff & CHW trainees participating in monthly discussion at meetings of PHC Complexes at Liria and Akot.	PLANNED	0	0	0	24	24	48
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	0	24	24
5. Curriculum revised and tested for sanitary overseers training program	PLANNED	25%	15%	15%	20%	25%	100%
	ACTUAL PERFORMANCE	0	25%				
	REPLANNED			25%	25%	25%	100%
6. PHC personnel retrained: 390 CHWs; 350 MAs; nurses 300; sanitary overseers 100; others 110.	PLANNED	224	133	133	266	575	1331
	ACTUAL PERFORMANCE	351	147				
	REPLANNED			152	300	300	1250
7. RMOH through Provincial Hdqs. receiving monthly reports from 60% of PHCUs and the supervising dispensaries. ^{1/}	PLANNED	5%	5%	10%	30%	50%	100%
	ACTUAL PERFORMANCE	1%	2%				
	REPLANNED			5%	32%	60%	100%
8. 355 PHCP Data Collection personnel trained or retrained.	PLANNED	0	20	0	0	0	20
	ACTUAL PERFORMANCE		30				
	REPLANNED			55	145	125	355

^{1/} Est. 500 functioning PHCUs by 9/30/83.

REVISED
Progress Review Worksheet
PROJECT OUTPUTS - PROGRESS TO DATE

Evaluation for Period 3/80 to 3/81

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMU- LATIVE PRIOR FY	CURRENT FY 81		FY 82	FY 83	END OF PROJECT
			TO DATE	TO END			
9. Three Baseline and (one follow-up Survey submitted to and accepted by RM	PLANNED	1	2.0	1.0	4	4	12
	ACTUAL PERFORMANCE	2	.5				
	REPLANNED			.5	0	1	4
10. 7 storekeepers and 7 assistant storekeepers trained or retrained.	PLANNED	0	0	0	14	0	14
	ACTUAL PERFORMANCE	0	0				
	REPLANNED			0	7	7	14
11. 75% of PHC Units receiving drugs and supplies on a regular basis <u>1/</u>	PLANNED	5%	5%	10%	30%	50%	100%
	ACTUAL PERFORMANCE	2%	5%				
	REPLANNED			18%	35%	40%	100%
12. Provincial Hdqs. receiving monthly reports re:drugs from 60% of PHCUs and dispensaries	PLANNED	5%	5%	10%	30%	50%	100%
	ACTUAL PERFORMANCE	1%	2%				
	REPLANNED			25%	32%	40%	100%
13. One MPH; one MS in statistics; two rural health training; one clerical; one statistical; one logistics.	PLANNED	0	3	2	2	0	7
	ACTUAL PERFORMANCE	1	3				
	REPLANNED			0	0	4	8
14. 34 clerical staff trained: in FY 81 - RMOH 9, East Equatoria 5, W. Equatoria 8; and FY 82 - Upper Nile 6 and Bahr El Gazal 6.	PLANNED	0	0	0	0	0	0
	ACTUAL PERFORMANCE	0	6				
	REPLANNED			16	12	0	34
15. 700 CHW Manuals distributed to schools, CHWs and MAs by 9/83	PLANNED	25%	25%	40%	5%	5%	100%
	ACTUAL PERFORMANCE	25%	15%				
	REPLANNED			30%	15%	15%	100%
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						

1/ Est. 500 functioning PHCUs by 9/30/83.

Progress Review Worksheet

Evaluation for Period: 3/80 to 3/81

PROGRESS TOWARD CONDITIONS EXPECTED AT END OF PROJECT

A. CONDITIONS EXPECTED TO EXIST AT THE END OF THE PROJECT	B. METHOD(OR MEASUREMENT)OF VERIFYING CONDITIONS AT END OF THE PROJECT	C. PROGRESS AS SHOWN BY MEASUREMENT VERIFICATION
1. Village elders participate in the selection of virtually all Community Health Workers (CHW's).	RMOH and Provincial records; sampling, on-site evaluations.	Of 4 villages visited, the CHW has been selected by at least one elder in all places and by a group of elders in 2 villages. Project encourages that CHWs be selected by group process.
2. High percentage (60%) of PHC Units constructed through self-help.	RMOH and provincial records; sampling, on-site evaluations.	Of 4 villages visited, CHWs were operating out of 2 self-help constructed PHCUs and a third one had been before the construction of a hard structure unit.
3. Health component/subcommittee of Village Development Committee strengthened/formed to function in support of CHW activities in 75% of villages with PHCU's.	Monthly CHW reports; provincial records.	Not much progress to date but increased emphasis is being placed on this effort.
4. An adequate supply of drugs on hand in 75% PHCUs.	Monthly CHW reports; sampling, on-site evaluations.	It is estimated that a number of PHCUs in E.&W. Equatoria Provinces have an adequate supply of drugs on a regular basis due to NGOs supplying drugs & helping in transport of supplies from provincial stores to PHCUs. Severe constraints must be overcome by Government e.g. fuel, before this EOPs can be achieved.
5. Preventive/promotive health measures being practiced by villagers, such as using safe water, better method of vector control, and better system of refuse and excreta disposal.	Monthly CHW reports; sampling, on-site evaluations.	On 4 villages visited, the villages reiterated knowledge imparted to them by the CHW concerning safe water and pit latrines. Whether the villagers can be motivated to use safe water without additional technical assistance has not been answered.

Attachment V

EVALUATION, SOUTHERN PRIMARY HEALTH CARE PROJECT

650-0019

TECHNICAL REVIEW SESSION, JUNE 12, 1981

<u>Participants</u>	<u>Title</u>
RMOH - PHCP	
1. Parmena Marial	Director
2. Emmanuel L. Daniel	Inspector
3. Alice Gideon	Public Health Nurse
4. Mark Taban	Senior Supply Officer
5. Aquilino Mike Oduma	Biostatistician
AMREF - Juba	
6. Jim Paton	Project Manager
7. Kofi Asante	Medical Training Officer
8. Joyce Naisho	Public Health Nurse
9. Tom Ateka Nyangena	Public Health Officer
10. Joe Hackett	Senior Medical Supply Officer
11. Daniel Marwa	Survey and Evaluation Officer
12. Gerry Ott	Community Development Officer
13. Jim Rosenberry	Consultant
AMREF - Nairobi	
14. Katja Jonovsky	Evaluation Officer
USAID - Khartoum	
15. Mary Ann Micka	Project Manager and Health Officer
16. Arlene O'Reilly	Evaluation Officer

The evaluation team consisted of Dr. Parmena, Jim Paton, Arlene O'Reilly and Dr. Micka. Joyce Jett, Assistant Health Officer, USAID, worked with the team in collecting preliminary data concerning the status of End of Project Indicators. Site visits were made to four villages to interview villagers, village elders and CHW's. Project personnel and RMOH counterparts were also interviewed.

The team then reexamined the components of the Logical Framework (logframe) in comparison with project activities and objectives. A revised version of the logframe outputs was presented to the Technical Review Session for consideration (Attachments).

Logframe Outputs: 1. and 2. were accepted. "3. Self-help construction". Discussion focused on an apparent lack of emphasis on self-help as indicated by RMOH providing the funds and the direction for non-government organization (NGO's) to build hard-structure PHCU's. Dr. Parmena explained that funds had already been designated in the budget for specific sites and could not be changed; that there continues to be pressure from members of parliament to build hard-structure PHCU's in their specific districts. However, Dr. Parmena feels that RMOH is increasing

the emphasis on self-help construction. Thus, output 3 remains valid.

"4. Functioning PHC Complexes at Lirya and Akot." Regular complex meetings are to deal with administrative procedures and to provide inservice training for DHW's. Since the MA's are in charge of the complex, it is essential that the MA's at the two training dispensaries be committed to the concepts of the PHCP. Dr. Parmena indicated that the appointment of MA's is under the auspices of the provincial A. Commissioner of Health. A critical assumption will be added pertaining to this item.

"5. Training Program for sanitary overseers." The progress on this output was reviewed. Discussion on outputs 6 & 9 were deferred until the Issues Paper was taken up.

"7. Improved data collection and reporting system." "8. Training data collection personnel". Dan Marwa raised the question of quality re 7 & 8. After discussion, it was agreed that the project would devise ways to examine quality of inputs and outputs within the framework of ongoing activities but that not enough work had been done to include a more in-depth evaluation of quality in the logframe.

Kenya has a very good reporting system, with 85% of units reporting. In view of the constraints and the progress to date related to output 7, the magnitude of output expected was reduced to 60% of PHCU's and supervising dispensaries. The critical assumptions of continuing cooperation between NGO's and RMOH and of availability of petrol were emphasized. Dr. Micka requested an implementation plan for outputs 7 and 8 within 6 months.

"10. Trained logistics personnel." Once the actual courses are established it is anticipated that hospital storekeepers will also participate in the course.

"11. Upgraded drug and supply distribution system." Because of NGO activity, magnitude of output at 75% is not unrealistic. However, since NGO's would like to get out of drug distribution, the RMOH system will need to be strengthened to take over this activity. At present there is a dual system for logistics, one for hospitals and one for PHCP. One of the alternatives being considered to improve efficiency is to combine these systems.

"12. Upgraded reporting system for drugs." Because the reports are a part of the CHW monthly report, 60% of PHCU's is a more realistic magnitude of output. Dr. Micka requested an implementation plan for outputs 10-12 within 6 months.

End of Project Status (EOPS)

A revised set of EOPS were presented by the evaluation team, Attachment II. Numbers 1 & 2 were accepted.

After considerable discussion about the pros and cons of creating yet another organizational unit within the villages, # 3 was revised as follows: "Health component/subcommittee of the Village Development Committee (VDC) strengthened/formed to function in support of CHW activities in 75% of villages with PHCU's"

EOPS 4. The progress was corrected to indicate that NGO's were supplying drugs and helping in the transportation of supplies. There was considerable discussion on EOPS 5. re the validity of "increased patient load" as a method of verifying the EOPS. It was eliminated.

Issues Paper

The Issues Paper (Attachment III) was discussed. The recommendations for Issues 1-3 were accepted.

Considerable discussion ensued on Issue 4. Community Participation. Apparent conflicts were identified in RMOH policy to promote community participation in NGO philosophy of implementing the PHCP. Additional information will have to be collected about the conditions at Lirya and Akot to determine the feasibility of developing a training model for CHW's on community participation at Lirya and Akot. A study of human institutions influencing community involvement might be the focus rather than the physical structures that have been built.

Issue 5. Promotion of village self-help activities. Several situations were described in which communities requested assistance for self-help activities. Project staff identified resources in the Ministry of Agriculture or Rural Development only to be confronted with excuses that made assistance unavailable to the communities. Certain types of expertise is available among project personnel. However, assistance in small commodities for self-help has not been available. The recommendation was changed to read "that the RMOH and project staff develop a plan for project and government resources that could be made available to help villagers realize the goals of self-help."

The recommendations on Issues 6 & 7 were accepted. The staff in Health Information felt an analysis of the reporting on the PHCP forms could be made if it were possible to analyze those that the NGO's had been collecting routinely.

The recommendations concerning Issues 8-10 were accepted.

The last item discussed was the consideration of training medical assistants in the basic principles of pharmacology, the monitoring drug usage and the appropriateness of treatment; the latter two as mechanisms of supervision. This might be a joint effort between the training and logistics components.

Evaluation, Southern Primary Health Care Project

650-0019

Executive Review Session June 26, 1981

Regional Ministry of Health, Juba

<u>Participants</u>	<u>Title</u>
Regional Ministry of Health (RMOH) - Juba	
Noel L. Warille	Director General
Parmena Marial	Director, Primary Health Care Program (PHCP)
Priscilla Joseph	Deputy Directory, PHCP
Oliver Duku	Director, Planning, Training, Rural and Laboratories.
African Medical and Research Foundation (AMREF)	
Douglas Lackey	Operations Director, Nairobi
James Paton	Project Manager, Juba
United States Agency for International Dev.	
Robert Friedline	Asst. Firector, Projects Operations, Khartoum.
Robert McCandliss	Area Coordinator, Southern Region.
Mary Ann Micka	Health Officer Khartoum.
United States General Accounting Office	
Warren Ham	Management Analyst, Frankfurt.

Generalized comments on the evaluation and its relation to continuing and future activities in primary health care were made by Mr. Friedline, Dr. Noel and Mr. Lackey. All agreed that the evaluation will be helpful in making plans for the future, in light of the new Rural Health Support Project which is to be activated in the next few months. Lackey stressed AMREF's approach as being one of seconding their staff to the RMOH. While lack of staff on both the RMOH and AMREF sides did delay implementation of the Project, staffing has been substantially completed now and work has accelerated.

Dr. Micka reviewed her impressions as a result of the evaluation, of various working relationships inherent in PHCP in the South. In the overall context, AMREF's activities, in contrast to those of other donors, are to impact on the entire PHCP by: retraining of PHC personnel

improving the health information system

training of personnel in PHCP regional office
upgrading the medical logistics system.

Localized inputs at Lirya and Akot are CHW training schools and dispensaries. Community participation and self-help construction may also be focused at the Lirya and Akot PHC complexes.

Dr. Micka presented an overview of the AID evaluation process and reviewed the evaluation activities conducted in March and June 1981. This evaluation looked at the continuing validity of the project goals and objectives as defined in the Project Paper and in the February 1980 evaluation. For the period March 1980 through March 1981, progress toward project outputs and purposes were reviewed. A revised logical framework matrix and an issues paper were presented to the Technical Review Committee (TRC) June 12, 1981 and approved. Several issues have implications for the entire PHCP and were brought to the attention of the Executive Review Committee (ERC).

Discussion focused on whether separate health committees should be established or whether existing rural development committees at the village level should be used to promote PHC activities. The group concluded that both type of committees should be used as appropriate.

The original training goals for medical assistants (MA) and community health worker (CHW) from the project paper were unrealistic. The modified goal approved by the TRC was accepted by the ERC.

However, a separate issue was the administrative training component originally planned for implementation by the Mary Knoll Fathers. These activities have been incorporated into the present training activities allowing a redirection of these funds. Dr. Parmena was designated to develop by October, 1981, a training plan for mid and senior level health administrators.

Originally a baseline survey and resurvey were to be done for each province. The ERC accepted the TRC recommendation to shift the emphasis to improving the information/statistical system. Three baseline surveys and one followup survey will be the number expected.

A discussion of the data collection forms ensued. It was decided that Southern Region representation at the Reporting Forms Workshop in Khartoum in August/September, would be essential. Dr. Parmena pointed out that the GMT-collected data for the PHCP in Eastern Equatoria is not being turned in to the Headquarters. Dr. Noel stressed the need to integrate the PHCP so personnel of all levels know what to do with the information collected.

The problems associated with the health information system could not be resolved by the ERC. The following actions were assigned as initial steps: a. Aquilino and Dan Marwa are to draft a plan defining the responsibilities of all levels of the PHCP for distributing data forms, collecting data and discussing any operational research that might be appropriate to improve the reporting system. b. Dr. Parmena and Jim Paton are to develop a workable plan for a data bank.

An additional issue dealt with training of counterparts. A counterpart for the training officer is as yet unidentified but is scheduled for long-term training (M.P.H.) under the project. It was also planned that the statistical counterpart receive long-term training for a M.S in statistics. However, the present counterpart is not qualified for a masters level program. Dr. Noel felt

that the candidates for training should be a physician for the M.P.H. and a statistician for the M.S.; Dr. Parmena had several candidates in mind. AMREF was concerned about a switch from making training arrangements for the present statistical counterpart to a new person qualified for a masters program. To achieve project outputs, it is important to aim for January, 1982 entry into long term training. AMREF will work with Drs. Oliver and Priscilla to identify candidates for the training officer and to determine the action plan re training for the statistical counterpart.

The last issue was community participation/self-help. A counterpart has not yet been identified for the community development officer (CDO) though the position has been advertised. The government's commitment to community participation as defined in the Green Book, was reaffirmed. Considerable discussion ensued on the problems the CDO had encountered, many of which seemed related to RMOH decisions in programming resources for the PHCP. The concept of community involvement in making decisions about its own health care was introduced and discussed favorably. The CDO and Dr. Parmena are to develop a work plan for promoting village self-help activities.