AID 1020-25 (10-70)

REPORT U-44

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PROJECT APPRAISAL REPORT (PAR)

1. PROJECT NO.	2. PAR FOR PERIOD:	3. COUNTRY	4. PAR SERIAL NO.
621-0121	Oct. 1, 1976 TO Sep. 30, 1977	TANZANIA	78-1

5. PROJECT TITLE

MANPOWER TRAINING PROGRAM FOR MATERNAL AND CHILD HEALTH AIDES

6. PROJECT DURATION: Began FY 73 Ends FY 82	7. DATE LATEST PROP	8. DATE LATEST PIP	9. DATE PRIOR PAR
	PP(Rev.1)11/1976*	N/A	June 1976

10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: $ 7,098,400	b. Current FY Estimated Budget: $ 1,190,000	c. Estimated Budget to completion After Current FY: $ 2,215,000

11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
LOMA LINDA UNIVERSITY	AID/pha-C-1060

I. ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X) USAID	AID/W	HOST	B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
	X		PP Revision approval	FY 78
X			Contract Chief-of-Party to continue to press for appointment of supply/distribution director and assistants and set up system for supply of equipment, supplies and contraceptives.	FY 78
X			Contract Chief-of-party to continue to press for improved reporting on MCH clinic use.	Continuing thru end of Project
[illegible			Development and distribution of MCH/FP teaching materials by contractor.	FY 78
[illegible		X	Improve submission of requests for reimbursement of recurrent costs.	Continuing thru to end of project
[illegible		X	Finalize MCHA Training Center construction costs, complete all billings and obtain final approval by MOH-- This includes construction of Staff housing under FAR contract to be finalized in early CY 1978.	FY 78
		X	Determine utilization of MCHA graduates.	FY 78

D. REPLANNING REQUIRES

REVISED OR NEW: ☐ PROP ☐ PIP ☐ PRO AG ☐ PIO/T ☐ PIO/C ☐ PIO/P

E. DATE OF MISSION REVIEW: February 13, 1978

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE
JAKE HARSHBARGER 3-6-78

MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE
RICHARD L. PODOL

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II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT — CONTRACTOR, PARTICIPATING AGENCY OR VOLUNTARY AGENCY	B. PERFORMANCE AGAINST PLAN — UNSATISFACTORY 1	2	SATISFACTORY 3	4	5	OUTSTANDING 6	7	C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X) — LOW 1	2	MEDIUM 3	4	HIGH 5
1. LOMA LINDA UNIVERSITY						X					X	
2.												
3.												

Comment on key factors determining rating FY 77 was the first year since the Loma Linda Contract was signed that a full team was on board: the MCH physician and two nurse educators. The thrust of their activities was changed from that of planners for the nationwide MCH clinic services to the implementation of the Maternal and Child Health Aide (MCHA) training program. Fourteen MCHA training centers opened in June 1976. By October it was apparent that, even with two American nurses and a returned Tanzanian nurse, all the technician could do was to "put out fires." Very little by way of improving instruction could be accomplished. The nurses travelled extensively, and to the degree possible, tried to assist in upgrading the instruction. When problems arose, there

(Continued on page 5)

	1	2	3	4	5	6	7	1	2	3	4	5
4. PARTICIPANT TRAINING			X								X	

Comment on key factors determining rating The participant training element has been larger than originally planned. Numbers originally planned were not sufficient to upgrade the newstaff required for training and supervisory positions. Also the provision of MPH training for physicians is considered necessary in order to promote preventive services. Seven nurses and two doctors, all of whom trained at LLU returned from one-year training

(Continued on page 6)

	1	2	3	4	5	6	7	1	2	3	4	5
5. COMMODITIES				X						X		

Comment on key factors determing rating Commodities such as classroom equipment/supplies/teaching materials and MCH kits (kerosene refrigerator plus 12 items for MCHAs) are received by the MOH Medical stores and dispatched to regional or district medical officers. Usually the RMO or DMO is not notified by letter what use is to be made of the commodities and as a result confusion has arisen in some cases concerning how the materials should be used.

(Continued on page 5)

		1	2	3	4	5	6	7	1	2	3	4	5
6. COOPERATING COUNTRY	a. PERSONNEL			X									X
	b. OTHER			X									X

Comment on key factors determining rating The MOH support for the MCHA Training program is reviewed at three levels: senior or policy level staff; middle or implementing level staff; and financial support to the training centers.

The MOH senior staff, Minister Principal Secretary and Division Directors, have offered full support to the LLU contract technicians and AID project manager. This support is usually verbal, but the Minister's annual budget speech, which is published in Kiswahili, lists the MCH project as the top priority for all MOH projects. However, when it is necessary to put some of the outstanding support into words or action, it is difficult and sometimes impossible to have a senior official take the action which the technical staff and USAID consider necessary.

(Continued on page 7)

	1	2	3	4	5	6	7	1	2	3	4	5
7. OTHER DONORS				X					X			

(See Next Page for Comments on Other Donors)

II. 7. Continued: Comment on key factors determining rating of Other Donors

The Nordic countries which are providing major support in upgrading and constructing district hospitals, RHCs and RDs are behind the very ambitious schedules laid down in 1973, but are largely upholding their original commitments in spite of greatly increased costs. Building of training centers for Medical Assistants and rural medical aids was also delayed, but is now nearing completion.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMULATIVE PRIOR FY	CURRENT FY 78 TO DATE	CURRENT FY 78 TO END	FY 79	FY 80	END OF PROJECT
Construction of 18 MCHA Centers	PLANNED	18	-	-	-	-	18
	ACTUAL PERFORMANCE	14	17				
	REPLANNED			18	-	-	18
2250 MCHAs trained and providing MCH Services in RHCs and RDs.	PLANNED	740	-	580	580	580	2250
	ACTUAL PERFORMANCE	160	440				
	REPLANNED			-	550	580	2250
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						
	PLANNED						
	ACTUAL PERFORMANCE						
	REPLANNED						

B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	COMMENT:
1. Construction of 18 MCHA Centers.	The construction targets as originally envisaged projected completion by June 1975. Actual performance has been delayed by problems concomitant to building problems in LDCs.
2. Training and placement of 2250 MCHAs.	The training of MCHAs has been tied to the completion of the MCHAs Training Centers: 14 opened in FY 76-6 October and 8 more in May; 3 opened in FY 77 - July 1977.
3.	

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IV. PROJECT PURPOSE

A. 1. Statement of purpose as currently envisaged. 2. Same as in PROP? [X] YES [ ] NO

This project will assist the TanGov to achieve an institutional capability to provide comprehensive MCH and child spacing services to the rural population as integrated parts of the MOH rural health program.

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
(1) Approximately 90% of ther rural population will live within reach of MCH and Child spacing services.	(1) Although the ambitious plan to build RHCs and RDs has fallen behind schedule, MOH continues to place highest priority on provision of MCH rural health services. Over 500 MCHAs are presently assigned to RHCs and RD.
(2) MCH facilities will be adequately supplies with drugs, contraceptives and other supplies.	(2) MOH is not yet geared to meet requirements.
(3) 60-70% of women of child-bearing age will utilize MCH facilities and personnel.	(3) Improved field reporting indicates approximately 35% increase from CY 1976 to CY 1977 in women and children using TanGov MCH clinical services.

V. PROGRAMMING GOAL

A. Statement of Programming Goal

This program will assist the TanGov to expand and improve a country-wide health care delivery system as one of the components of rural development to increase health, well-being and quality of life of the rural population.

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.

The training of qualified paramedical staff to provide the health services is crusial to an expanded and improved country-wide health care delivery system. With over 500 trained paramedicals assigned to health facilities and an annual output of over 500 trained persons a year, a vital part of the expanded health care delivery program is being provided by this project.

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concerning staff or teaching at the MCHA centers there was only limited support from the senior MOH officials.

The new Chief-of-Party's approach to technical assistance was to work with staff which he was given. The first LLU Chief-of-Party had never worked with the counterpart which he was assigned. The new Chief-of-Party tried for several months to work with the Assistant Medical Officer and in the end made it known to the Division Director that it was impossible to get things done because the Head of the MCH section was unable to make improvements.

The Chief-of-Party requested consultant assistance in straightening out the logistics/distribution system. AID/W sent out a consultant who stayed a month, travelled twice to the field and ended up with a report which either the Chief-of-Party or the Project Manager could have written months earlier. A consultant was also sent out by AID/W to assist in upgrading the reporting system. This is an area which the Planning and Analysis Section of the MOH has an excellent man, but the problem is getting reports from the field. This AID consultant's work may prove to be of some assistance in upgrading statistical information.

LLU sent four consultants to Tanzania during the FY. These consultants' work was outstanding. Two nurses assisted in a one month seminar for MCHA principals and teachers which received glowing reports. An audio visual expert came out twice, once to bring out flip charts which he had developed for testing and once to assist in the above seminar and to develop materials and information for more flip charts. The first set of five flip charts were developed during FY 76 and were to have been tested before further development. Problems arose when the nurse educator assigned to carry out the testing became ill and had to return to the US for convelescence. It was decided that the testing procedure would not be carried out at this time but special attention would be given to actual usage by the MCHA teachers. Some development of flip charts for the MCHAs to use at the RHCs and RDs was also to be carried out - these charts would be used in small group sessions. A third nurse educator consultant was called in to assist in clarifying and designing the curriculum so it could be followed by the principals and teachers. Her work was reported successful.

The Chief-of-Party has been outstanding in his work to establish an MCH Section which will be able to carry out the multifunction of the MCH/Nutrition Section. A Tanzanian physician, who received his MPH from Loma Linda University, was assigned to the MCH/Nutrition Section as Senior Medical Officer in November 1976. Unfortunately the older, and less capable, man remained in charge and there was little actual improvement among the Tanzanian staff. Action was taken to acquaint the senior Ministry staff with this difficulty but the Director of Preventive Services left the Ministry to join WHO in September 1977 and for many months prior to this he had not taken any actions which would improve management/administration. Although the Chief-of-Party has not been as popular as his predesessor with senior MOH officials, the problems within the section have been forcefully brought to the attention

of the senior MOH officials, recommendations have been put in writing of how to improve present management/administration shortcomings, clear reports have been submitted on a regular basis and there have been most encouraging actions taken to support the Chief-of-Party. His early frustrations have been alleviated to some degree and with administrative changes which have occured in the Ministry, considerable accomplishments are possible during the next several months.

Block A 4 Cont.

programs during the FY and six nurses, two doctors and one audio-visual technician were went for one-year training in August 1977. One physician's training was extended to enable him to complete his MPH. Several short term participants received training in 1977: two at the Meharry MCH/FP workshop, three at Downstate Medical, two at PIEGO and five senior officials from the MOH visited the US on study tours. The Meharry, Downstate and PIEGO programs are all excellent, however, serious problems arose in the protocol handling of the senior officials from MOH. The effects of this latter was to negate any positive results which might have occured from a visit to the U.S.

In total, participant training is shown as satisfactory. However, the MOH has been adamant that neither the contract technicians nor USAID can be involved in selection. In past years selection has been very late and it has been impossible to do more than process the candidates named. Since the large percentage of the long term participants have gone to LLU, an evaluation of the trainees by LLU teachers indicates that too many nurses have been selected who have not completed Form IV. LLU has refused to accept nurses in future years who have not completed Form IV. The MOH has assigned participants which LLU considered marginal to the MCH/Nutrition Section. All candidates for training as proposed by the MOH have been sent for training and all except one has completed according to schedule. The MOH has not provided placement information prior to return from training. Without exceptions, returned participants have been assigned to positions where their training is being utilized. The positions are either directly or indirectly related to the MCHA program, e.g. MCH section, MOH; MCH field coordinators; Public Health Nurses Training program which is providing principals and teachers for the MCHA Centers; Preventive Services Division; Community Medicine Division; Faculty of Medicine; Regional Medical Officer; and Principal Nurses Office, Manpower and Training Division.

Block A 6 Cont.

At the level of implementation, again there is a difference between what is said and actions which are taken. The MOH does not involve itself enough in what is taught at the training centers. Although the MCH unit is responsible for running of the MCHA Training Centers, the selection of Training Center staff, the selection of participants for training in the US and other administrative matters which concerns how the MCHA Training Centers function are all prerogatives of senior staff and the LLU technicians and Tanzanian staff assigned to the MCH Unit are not consulted and their recommendations are seldom followed. Although senior staff in the MOH recognize the problem which exists concerning logistics and distribution, the actions taken to improve the system was not satisfactory. The LLU Chief-of-Party was criticised by a senior MOH official for not being able to improve the administrative functioning of the MCH/Nutrition section with existing staff although he had indicated that he understood the serious personnel problem relating to the section head. Many of the present senior staff in the MCH section are awaiting retirement and change may be possible when present staff retires and new staff are appointed.

In the area of financial support the persistant problem has been in getting accurate reports submitted. Billings are from a few months to ober a year behind schedule. In this area there does not appear to be any way to make major improvements. The MOH's financial accounts are all handled by poorly trained and poorly paid clerks who do the best they can, but supervision is minimal and minor errors are the general rule. Also funds claimed do not return to the MOH but are paid in to the Ministry of Finance. Many times claims are not submitted because the staff does not consider the exercise to have any meaning.

The critical appraisal above warrants explanation. Tanzania has been classed as a RLDC with limited natural and trained Manpower resources. The critical appraisal is not judged from the minimal conditions which exist, but rather from desired or relatively improved conditions which are expected to be produced. The purpose as noted on page 4,A.1 will be achieved. However, it does appear appropriate to point up some problems of standards to be achieved. 18 MCHA Training Centers are constructed. Over 500 MCHAs have been trained and are assigned to RHCs and RDs throughout Tanzania. Over 500 MCHAs are in training. Replacement, substitute and additional instructional and supervisory staff are being trained. The senior MOH staff continue to place MCH services for the rural population as the number one priority. The MOH has assumed financial support for the training centers at 20% the second year of operation, 40% the third year, etc. The LLU contract technicians continue to play a vital role in planning and implementation of project activities.

While problems exist we believe, with reasonable support, improvements are certain. It cannot be expected that the standards to be obtained will equal to those for which we are aiming.