

AGENCY FOR INTERNATIONAL DEVELOPMENT

Fiscal Year 1978
Submission to the Congress
By Appropriation Account

HEALTH

March 1977

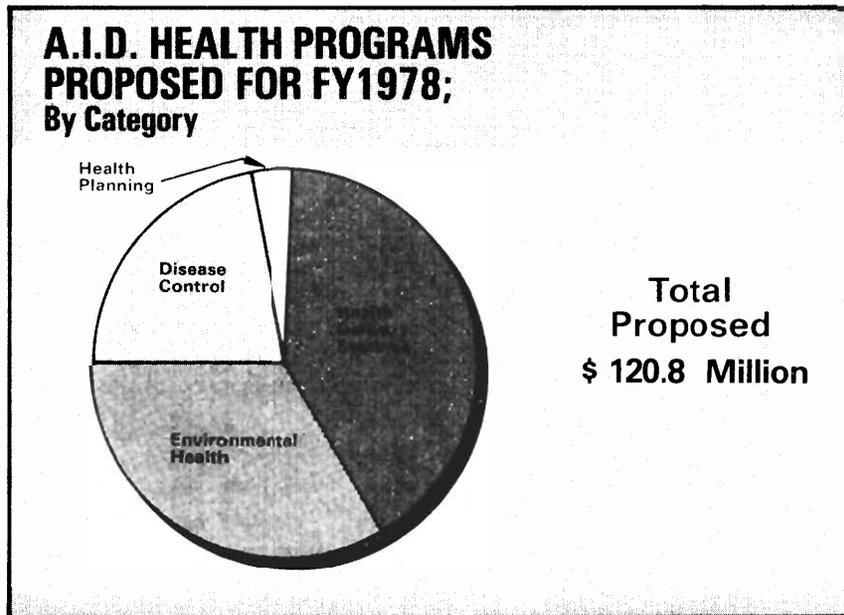
HEALTH

PROGRAM SUMMARY (In millions of dollars)			
FY 1976 Actual	TQ Actual	FY 1977 Estimated	FY 1978 Proposed
\$54.4	\$19.1	\$93.6	\$113.5

\$ 120.8

For FY 1978, A.I.D. requests ~~\$113.50~~ million for health programs, divided into the following categories:*

Health delivery system	\$46.43 million
Health planning	4.19 million
Environmental health	37.93 million
Disease control	24.93 million



The Agency's view of programming in this field for FY 1978 is consistent with and builds upon the major statement made on program directions for health in last year's Congressional Presentation. As we noted then, development efforts over the past 20 years have helped improve the health of the millions of poor people in the developing countries.

- Death and disease rates have declined rapidly, but they are still considerably above those found in the United States and other industrialized nations.
- Death rates have fallen more rapidly than birth rates, and resulting rapid population growth makes development more difficult and threatens the environment.

Given current modest economic growth rates, the quality of life in most developing countries shows little improvement and may even deteriorate if their populations continue to grow. Most of the 2.5 billion people who live in the developing countries continue to face hunger, malnutrition and disease with little or no access to programs or services needed to ease their plight.

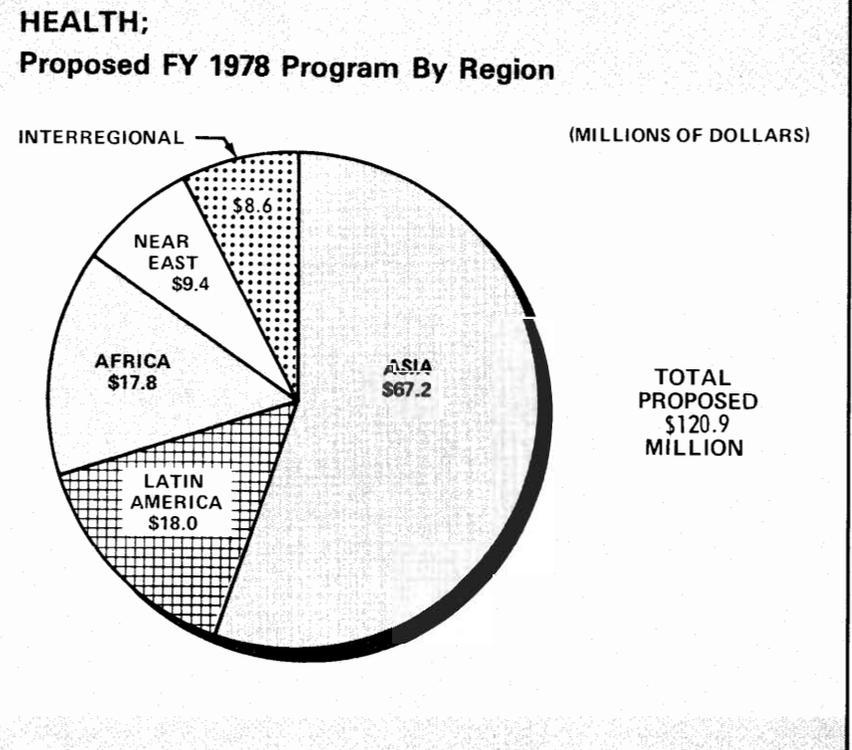
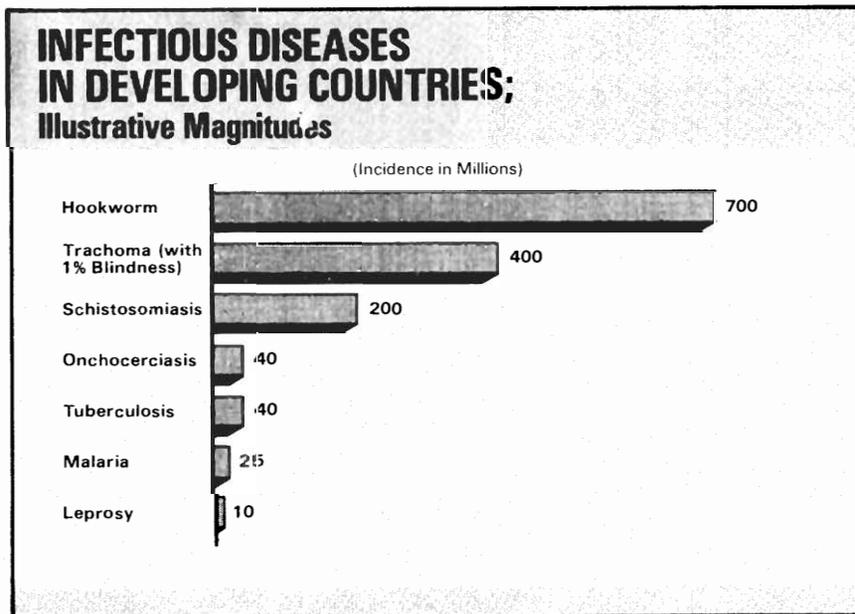
* In addition, \$74 million in Security Supporting Assistance programs (chiefly water and sanitation) affect health directly.

- In Africa, one in seven, or 15%, of all children die before their first birthday as compared with one in fifty, or 2%, in the United States.

- Nevertheless, half the population in developing countries are children under the age of 15, dependent upon but not yet contributors to economic development.
- Life expectancy in developing countries is still only 50 years or less, compared to 71 years in the United States.

Today, some 85% of the people in developing countries still lack adequate access to basic health, family planning and nutrition services. While their government may put great emphasis on improving health, achieving that objective has proved to be extremely difficult.

The fundamental problem is how to improve health for the majority of these people when financial resources, skilled personnel, and required facilities are all extremely limited.



- On the average, less than \$3 per capita is spent for all population, health, and nutrition services in the public sector.
- Even that expenditure hides the inequity that \$10 or more per capita is often spent on a small minority, largely in urban areas, for primarily curative services while little or nothing goes to the majority, especially in the rural areas.

A major rethinking of ways to improve health is underway. This should lead to ideas on means to improve the prospects of most people to share more equitably in the benefits of development.

Four main problems must be attacked if the health of the poor majority in the developing countries is really to improve:

- too rapid population growth;
- malnutrition, especially among children;
- major environmental health hazards such as impure water, poor sanitation and tropical diseases;
- absence of effective basic family planning, health and nutrition services particularly at the village level.

In the past few years the developing countries and donor organizations have begun to develop better ways of attacking these problems.

On the basis of recent experience and projects now underway, we are developing more effective technologies to provide simple, effective and affordable services for the majority, even in hard-to-reach rural areas.

A.I.D. is currently developing a strategy for utilizing these technologies which will:

- outline improvements in planning, programming, management, and administration to promote health for the majority;
- focus on providing access to basic, low-cost preventive and curative health services for low-income populations through constructive changes in policy and the use of resources.

But such services must be considered in conjunction with other health measures and other development activities (e.g., in agriculture and education), in both private and public sectors, that affect health.

- Therefore, the A.I.D. health strategy will encourage integrated planning of health services and other measures that affect health.
- The health strategy will reflect growing evidence that many pervasive health problems of the poor can be dealt with effectively through networks of paramedicals, auxiliaries, and volunteers.
 - ** These people can provide less costly but effective health, nutrition and family planning information and basic services sufficient to cope with many problems.
 - ** They can refer more difficult cases to district centers or hospitals.
 - ** They can also teach the relationship between health and programs in other sectors, thus providing focus on the spot for the coordination of activities beyond the health sector that also affect health.

Costs can be kept down and services made more acceptable by combining or integrating services of different types-- e.g., maternal and child health with family planning.

A.I.D. proposes to fund \$46.4 million in health delivery systems in FY 1978.

- No single service mix can be universally appropriate, of course; specific mixes and modes of delivery must be determined in accordance with local conditions, problems and customs. In some cases, concentrating on health, or nutrition, or family planning may be a necessary prerequisite to a subsequent program of integrated service delivery.
- This approach to improving health relies on increasing the involvement of the community, not only through greater public awareness but also through greater actual participation in the diagnosis and treatment of health problems.
- A.I.D.'s efforts to support integrated services are at an early stage. But if administrative, political, and financial hurdles can be overcome, the approach offers promise for improving health significantly over the next decade.

A.I.D.'s efforts to support basic integrated health services have advanced over the past year.

- In Thailand, the Development and Evaluation of Integrated Delivery Systems (DEIDS) project has developed cost-effective ways to use middle-level health auxiliaries and community health workers for basic health care delivery in rural areas. Only two years along, this project has attracted the attention of, and has provided a well-observed demonstration for, several countries of that region; and it has already inspired Thai officials to consider replicating the health auxiliary concept and other innovative features throughout Thailand.

-- In Liberia, an integrated rural health system is linking the major components of health services under a National Health Council to provide preventive and curative services on a national scale to rural Liberians. It builds on experience from the Lofa County Rural Health pilot program, provides for renovation and construction of health outposts, and introduces the concept of village health workers trained and supported to operate within their home areas. The project provides rural communities with innovative means of coping with everyday health problems within their own resources and with limited support of local government.

-- In a unique project in Korea, a quasi-public institute has been organized through the Economic Planning Board to design and operate a rural health delivery system responding to local needs. Although barely operational, this project has already been instrumental in:

- ** involving economic planning and financing officials both in problems of rural health maintenance and in recognition of their importance to overall economic development;
- ** completely reorienting the Ministry of Health toward emphasis on basic health care for rural and low-income families;
- ** initiating an inquiry into possible provision for family health insurance or prepayment as part of the project.

-- In Nicaragua, Panama, and the Dominican Republic, projects have been underway for two years to test and extend basic health services which are within the administrative and financial support capabilities of the respective governments. The Panama project includes kitchen gardens to supply key scarce nutrients, potable water, and integration of health services within appropriate

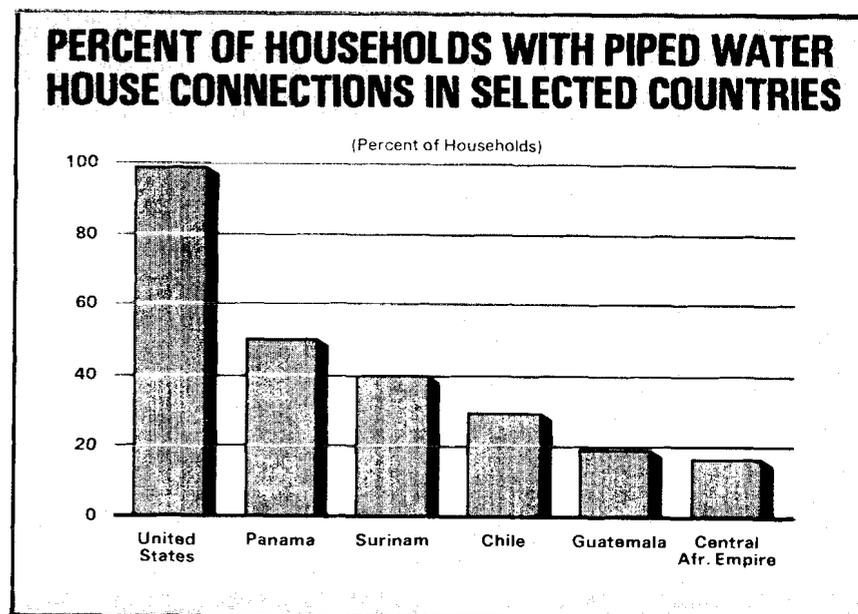
training for additional auxiliaries.

- In Bolivia, Guatemala, and Haiti, loans and grants are planned which will support health planning and extension of low-cost integrated health delivery systems to rural areas. The Bolivia project will replicate a model tested on a pilot scale with A.I.D. assistance.
- In Indonesia, efforts are underway to test alternative systems for delivering low-cost health and family planning services in rural areas, building on the considerable experience with successful family planning outreach systems.
- In the Philippines, a new project will provide basic sanitation, clean water, and essential health services to the rural populations through locally trained personnel supported by village governments.

In conjunction with better health services, more attention must go to health planning, environmental health and disease control.

- Better health planning is essential to assure that all measures affecting health are coordinated and all scarce resources used efficiently. This integrated planning requires, inter alia, considering the health impact of agricultural, educational and other developmental activities, as well as the role of commercial and traditional mechanisms in treatment and medication. A.I.D. proposes \$4.2 million for this category in FY 1978. (Some nine projects are presently underway).
- Control of environmental conditions (particularl provision of potable water and management of human waste) remains essential in preventing or curtailing the spread of both the common enteric viral or bacterial diseases and some major

parasitic diseases like amebiasis and schistosomiasis. As the chart below illustrates, most people in today's developing world lack piped water connections. A.I.D. proposes \$37.9 million for this category in FY 1978. Other diseases like malaria and onchocerciasis which spread through water-inhabiting vectors can also be reduced through effective water management.



** In the Philippines, a barangay or local water systems program is being developed that will train personnel and help establish a clean water system.

- ** In Costa Rica and Bolivia health loans will contribute to the establishment and maintenance of clean water systems.
- Control of major tropical diseases such as malaria, schistosomiasis, trypanosomiasis and onchocerciasis remains essential to assuring good health in most LDCs.
 - ** 25 million people in LDCs still suffer malaria;
 - ** 40 million people have onchocerciasis;
 - ** 200 million have schistosomiasis.

A.I.D. proposes \$24.9 million for this category in FY 1978. While a resurgence of malaria has unfortunately occurred in some places where control lapsed, progress is notable in other areas.

- In Nepal, efforts are underway to eradicate malaria in fertile Terai lands; as malaria declines, malaria workers will be retrained to provide basic health services.

- With A.I.D. assistance the WHO campaign against smallpox is winding up and the world's last few cases of smallpox should be eliminated within the next few months in Ethiopia, thus eradicating a scourge that once threatened millions of lives.

FY 1978 Program

The FY 1978 Program proposes \$113.5 million for health.

The FY 1978 proposal by country is shown in the table on the following page, "Summary of Health Program Proposal -- FY 1978." Details are in the geographic regional and interregional volumes of A.I.D.'s FY 1978 submission to the Congress.

SUMMARY
HEALTH PROGRAM PROPOSAL -- FY 1978
(in millions of dollars)

	<u>TOTAL</u>	<u>GRANTS</u>	<u>LOANS</u>
<u>TOTAL PROGRAM</u>	120. 88	53. 71	67.7
<u>AFRICA</u>	17.8	17.8	-
Cameroon	1.8	1.8	-
Cape Verde	.2	.2	-
Central African Republic	.2	.2	-
Chad	.4	.4	-
Ghana	1.0	1.0	-
Liberia	2.6	2.6	-
Mali	.8	.8	-
Niger	1.5	1.5	-
Senegal	1.0	1.0	-
Togo	.1	.1	-
Africa Regional	8.3	8.3	-
<u>ASIA</u>	67.2	11.2	56.0
Bangladesh	5.0	5.0	-
Indonesia	.6	.6	-
Nepal	.9	.9	-
Pakistan	40.0	-	40.0
Philippines	10.0	1.0	9.0
Sri Lanka	7.0	-	7.0
Asia Regional	3.7	3.7	-
<u>LATIN AMERICA</u>	17.9	9.2	8.7
Bolivia	5.7	.5	5.2
Dominican Republic	.3	.3	-
El Salvador	.7	.7	-

	<u>TOTAL</u>	<u>GRANTS</u>	<u>LOANS</u>
<u>LATIN AMERICA (continued)</u>			
Guatemala	3.7	.2	3.5
Haiti	5.9	5.9	-
Honduras	.2	.2	-
Jamaica	.1	.1	-
Nicaragua	.2	.2	-
Latin America Regional	1.4	1.4	-
<u>NEAR EAST</u>	<u>9.4</u>	<u>6.4</u>	<u>3.0</u>
Afghanistan	1.2	1.2	-
Morocco	.5	.5	-
Tunisia	3.5	.5	3.0
Yemen	3.7	3.7	-
Near East Regional	.4	.4	-
<u>WORLDWIDE TECHNICAL ASSISTANCE AND RESEARCH PROGRAMS</u>	<u>8.5</u>	<u>8.5</u>	<u>-</u>
<u>INSPECTOR GENERAL OF FOREIGN ASSISTANCE</u>	<u>.1</u>	<u>.1</u>	<u>-</u>

Note: Totals may not add due to rounding.

AFRICA

Country: CENTRAL AFRICAN EMPIRE

CONTINUING ACTIVITY

Table IV

TITLE Ouham Province Rural Health	FUNDS Population Planning Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	435	220
NUMBER 676-0002	PRIOR REFERENCE	INITIAL OBLIGATION	ESTIMATED FINAL OBLIGATION	ESTIMATED COMPLETION DATE
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Africa Programs, p. 197	FY 1977	FY 1979	OF PROJECT FY 1980

Purpose: To develop an indigenous health management capacity at the provincial level which will contribute to the more effective allocation and use of health sector resources.

attendants and 5 village healers will be trained; 10 village health committees operational and initial design work begun on the provincial management system.

Major Outputs:

FY 77 FY 78
(Cumulative as of end of FY)

Provincial health management system designed and operational	-	-
Village health committees formed and functional	10	30
Traditional health workers trained:		
Village healers	5	15
Birth attendants	100	400
Mechanics trained for vehicle maintenance center	-	x

FY 1978 Program: A.I.D. will continue to provide technical assistance to the Ministry of Health to coordinate all donor inputs with particular emphasis on training programs.

A.I.D.-financed Inputs
(\$ Thousands)

	<u>FY 78</u>
Personnel	170
Two long-term contract technicians (24 pm)	
Short-term (3 pm)	
Participants	55
Three long-term U.S. training (33 pm)	
Seven short-term third country training (21 pm)	
Construction	70
Renovation of health centers	
Commodities	140
Vehicles, fuel, medical equipment	
Total	435

Host Country and Other Donors:

Host Country	Technicians, training, basic health budget
United Nations	Technical assistance, vehicles, retraining programs, training materials

Funding by Functional Account
(\$ Thousands)

Population Planning	315
Health	220
Total	435

Progress to Date: The Government of the Central African Empire and A.I.D. have negotiated the details of project implementation and agreement on final project design was reached in December 1976. Implementation of the project is expected to commence during the second quarter of FY 1977. By the end of the fiscal year, 100 birth

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	Personal Service Contracts
Estimated Fiscal Year 1977	600	400		
Estimated through September 30, 1977	600	400	200	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	435	665	1,700	

Country: CAMEROON

CONTINUING ACTIVITY

Table IV

TITLE University Center for Health Sciences	FUNDS Population Planning Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78 1,717 1,287		
NUMBER 631-0531	PRIOR REFERENCE	INITIAL OBLIGATION	ESTIMATED FINAL OBLIGATION	ESTIMATED COMPLETION DATE
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Africa Programs, p. 193	FY 1972	FY 1978	OF PROJECT FY 1979

Purpose: To provide doctors, nurses, medical technicians, and other paramedical personnel enrolled at the University Center for Health Sciences training required to put into practice the maternal and child health and preventive medicine knowledge and skills acquired from the projects teaching, research and demonstration programs in maternal and child health care.

Progress to Date: The Maternal and Child Health division of the Center has active teaching, research and service components which are integrated into the Center's curriculum. The Harvard contract technicians are demonstrating the team approach to the teaching and delivery of maternal and child care. The Center has now graduated two full classes totaling 64 physicians and several classes of nurses and medical technicians, nearly all of whom are working in rural areas. Construction of the out-patient section of the teaching hospital is completed and construction of the remainder of the hospital is in progress.

Major Outputs:

	9/30/76	FY 77	FY 78
	(Cumulative as of end of FY)		
Maternal and child health program fully developed and integrated into the Center's curriculum	-	-	-
Cameroonian Maternal and Child Health faculty trained at the Center	1	2	5
Maternal and Child Health hospital facilities built and in use	-	1	1

FY 1978 Program: A.I.D. will provide final funding of the Harvard contract and final payment of the hospital construction costs.

A.I.D.-financed Inputs
(\$ Thousands)

	FY 78
Personnel:	
Harvard contract technicians (36 pm)	217
Construction:	
Teaching hospital	<u>1,500</u>
Total	1,717

Funding by Functional Account
(\$ Thousands)

Population Planning	490
Health	<u>1,287</u>
Total	<u>1,717</u>

Host Country and Other Donors:

Host Country	Faculty, facilities, construction and operating funds, scholarships
France	Technicians, construction funds, scholarships, equipment
United Nations	Technicians, scholarships
Canada	Technicians, construction funds, equipment

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	3,384	2,839	545	
Estimated Fiscal Year 1977	277	700		
Estimated through September 30, 1977	3,761	3,539	222	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	1,717	-	5,476	Harvard University School of Medicine

Country: CAMEROON

CONTINUING ACTIVITY

Table IV

TITLE	Practical Training in Health Education	FUNDS	Health		
NUMBER	631-0009	PRIOR REFERENCE	FY 1977 Africa Programs, p. 196		
GRANT <input checked="" type="checkbox"/>	LOAN <input type="checkbox"/>				
		PROPOSED OBLIGATION (In thousands of dollars)			
		FY 78		500	
		INITIAL OBLIGATION	ESTIMATED FINAL OBLIGATION	ESTIMATED COMPLETION DATE OF PROJECT	
		FY 1977	FY 1980	FY 1981	

Purpose: To develop and implement a nationally coordinated practical training system of health education activities responding to the needs of the rural population. Initial project activities will take place in the Mefou and Kadey districts of Cameroon.

Progress to Date: Project implementation is expected to begin in mid-FY 1977 with the procurement of technical services. There has been a very high degree of coordination and cooperation demonstrated by the numerous donors to this project, all of whom participated in its design.

Major Outputs:

	FY 77	FY 78
	(Cumulative as of end of FY)	
Village health committees formed	-	300
Primary school teachers retrained	-	150
Health workers retrained	-	75
University students trained	-	200
Health technicians trained	-	250

FY 1978 Program: Through an institutional contract signed in FY 1977, A.I.D. will provide three health educators to assist the Cameroon Ministry of Health coordinate all donor inputs; complete design of health education training programs; and initiate training classes for all levels of personnel from university students through field level health workers.

Host Country and Other Donors:

		(\$ Thousands)
Host Country	Scholarships, retraining facilities, technical personnel	1,235
UNICEF	Vehicles, training and materials	240
WHO	Training specialists	315
Canada	Teaching faculty	165
Central African Regional Organization	Scholarships, training, consultants	415

A.I.D.-financed Inputs

	(\$ Thousands)	FY 78
Personnel:		
Contract extension for three health educators (45 pm)		300
Short-term consultants (6 pm)		40
Training:		
In-country, short-term for 115 trainees (280 pm)		135
Other Costs:		
Health education conferences and logistical support		25
Total		500

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	
Estimated Fiscal Year 1977	600	300		
Estimated through September 30, 1977	600	300	300	
Proposed Fiscal Year 1978	500	800	1,900	
		Future Year Obligations	Estimated Total Cost	

To be selected

Country: CAPE VERDE

NEW ACTIVITY

Table V

TITLE Sal Desalination/Power	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 655-0005	Selected Development Activities	FY 78	FY 78 4,700 (200 Grant, 4,500 Loan)	
GRANT <input checked="" type="checkbox"/> LOAN <input checked="" type="checkbox"/>		INITIAL OBLIGATION FY 1978	ESTIMATED FINAL OBLIGATION FY 1980	ESTIMATED COMPLETION DATE OF PROJECT FY 1981

Goal: To improve public health and stimulate economic growth.

Purpose: To increase the availability of fresh water and electrical energy to the population of Sal Island at a lower per unit cost than at present.

Background: The people of Sal Island presently consume fresh water at the rate of seven liters per person daily and pay a very high cost per unit. Half of this is brackish groundwater with a purity rating of 2,000 to 5,000 parts per million (PPM). Normal water consumption standards for developed countries are 350 to 450 liters per person daily, with a purity rating of 200 to 500 PPM. As a result of this situation, there is a high incidence of diseases related to impure and insufficient water. Electrical power is also in very short supply, is expensive and is presently available principally for commercial purposes. The project will maintain the present price of power, despite a great reduction in production costs, in order to assure a low rate for water. An adequate supply of potable water and electrical power, moreover, will stimulate development of the economic potential of the area, particularly tourism and fishing.

<u>Major Outputs:</u>	<u>FY 78</u>	<u>All Years</u>
	(Cumulative as of	end of FY)
Water/power plant constructed		x
Water and power lines (per cent completed)	x	100
Plant technicians trained	8	12

Host Country and Other Donors:

(\$ Thousands)

Host country Contract supervision, labor, materials and land 1,925

FY 1978 Program: A U.S. contractor will assist the Cape Verde Government in planning and constructing a new desalination plant and utility lines and in training local personnel.

A.I.D.-financed Inputs
(\$ Thousands)

	<u>FY 78</u>	<u>All Years</u>
<u>Grant</u>		
Personnel: U.S. consultants (15 man-months of short-term services)	100	300
Training: Technical training (30 man-months, short-term)	<u>100</u>	<u>200</u>
Total	200	500

Loan

~~Plant, utility lines and equipment 4,500 4,500~~

Funding by Functional Account
(\$ Thousands)

Health (Grant)	200	500
Selected Development Activities (Loan)	4,500	4,500
Total	4,700	5,000

CONTINUING ACTIVITY

Table IV

Country: GHANA

TITLE Danfa Rural Health and Family Planning	FUNDS Health Population Planning	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 641-0055	PRIOR REFERENCE FY 1977 Africa Programs, p-43	FY 78 600-535	ESTIMATED FINAL OBLIGATION FY 1978	ESTIMATED COMPLETION DATE OF PROJECT FY 1979
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>				

Purpose: To (a) identify, test and demonstrate practical, replicable approaches to the delivery of rural health and family planning services; (b) strengthen the capability of the Ghana Medical School to conduct such research and provide training in delivery of rural health and family planning services; (c) demonstrate several cost effective health/family planning delivery models; and (d) transfer project developed information to relevant Government of Ghana agencies.

those for satellite clinic operations, organization of health posts, mass immunization and family planning education. Medical students participate in field orientation programs with para-medical and Ministry of Health personnel. Writing of operational manuals has begun which will record and make available the knowledge and experience gained.

FY 1978 Program: Drafting and distribution of operational manuals will be completed. Further training of personnel and analysis of data will take place.

Major Outputs:

	9/30/76	FY 77	FY 78
	(Cumulative as of end of FY)		
Establish and conduct research in four project test areas	X	X	X
Conduct continuing series of health and epidemiological sample surveys	11	15	15
Data analysis for health/population reports/publications	28	40	62
Produce manuals on delivery of health/family planning services for field use	-	4	8

A.I.D.-financed Inputs
(\$ Thousands)

	FY 78
Personnel: 24 pm of long-term and 40 pm of short-term advisory services	465
Participants: Training (12 pm) for four participants	19
Commodities: Vehicles spare parts and other commodities	24
Other Costs: Local costs of field operations and publication of operational manuals	92
Total	600

Host Country and Other Donors:

Host Country: Salaries and support costs for all personnel; project facilities - \$2,511,000

Funding by Functional Account
(\$ Thousands)

Population Planning	65
Health	535
Total	600

Progress to Date: Nine model health delivery systems have been developed from data provided by four test areas. The various areas utilized differing approaches applicable to various areas of Ghana. Model systems developed include

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	4,608	3,867	741	Univ. of California, Los Angeles (UCLA)
Estimated Fiscal Year 1977	910	830		
Estimated through September 30, 1977	5,518	4,697	821	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	600	-	6,118	

Country: GHANA

CONTINUING ACTIVITY

Table IV

TITLE Management of Rural Health Services	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	430	
NUMBER 641-0068	PRIOR REFERENCE	INITIAL OBLIGATION	ESTIMATED FINAL OBLIGATION	ESTIMATED COMPLETION DATE
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Africa Programs, p.45	FY 1974	FY 1978	OF PROJECT FY 1979

Purpose: To develop in the Ministry of Health suitable organizational arrangements and systems for the planning, management, and administration of broad low cost and effective rural health services coverage in Ghana.

<u>Major Putputs:</u>	<u>9/30/76</u>	<u>FY 77</u>	<u>FY 78</u>
Planning Unit permanently established	X	X	X
Planning Unit staff trained	2	3	6
Completed 5-year health sector plan	-	X	X
Planning Unit analysis and recommendations completed for follow-on technical assistance for delivery of rural health services project	-	X	X
Vehicle maintenance facilities developed	0	12	17

Host Country and Other Donors:

Host Country: Planning Unit personnel, facilities and operating budget - \$514,000.

Progress to Date: The Planning Unit has been established in the Ministry of Health and two professional staff members have completed advanced studies in the U.S. National health

policy guidelines have been established for the Five Year Plan. An inventory of existing manpower has been completed. Health facility designs have been prepared. A nation-wide system for budget requests from each region and district has been prepared and officials trained in its use.

FY 1978 Program: The Ministry of Health Planning Unit staff will be fully localized. In addition to providing support in the formulation of policy and budgets the Planning Unit will conduct seminars and conferences for personnel in the health field. The initial group of Ghanaians trained under this project will have returned and will be working at positions in the health field. Two major and fifteen minor vehicle maintenance centers will have been completed and be operational.

A.I.D.-financed Inputs
(\$ Thousands)

	<u>FY 78</u>
Personnel: long-term advisory services (32 pm)	210
Training: 7 long-term academic and 5 short-term non-academic participants (102 pm)	108
Commodities: audio visual aids and training materials	12
Construction: support for Health Management Training Institute	100
Total	430

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	860	529	331	Kaiser Foundation International
Estimated Fiscal Year 1977	427	505		
Estimated through September 30, 1977	1,287	1,034	253	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	430	-	1,717	

Country: LIBERIA

CONTINUING ACTIVITY

Table IV

TITLE Lofa County Rural Health	FUNDS Population Planning Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	615 540	
NUMBER 669-0125	PRIOR REFERENCE	INITIAL OBLIGATION FY 1975	ESTIMATED FINAL OBLIGATION FY 1978	ESTIMATED COMPLETION DATE OF PROJECT FY 1979
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Africa Programs, p. 77			

Purpose: To establish an effective integrated health and family planning delivery system in Lofa County which will provide accessible, improved health services to the people of the county and may be appropriate for replication in other Liberian counties.

facilities in Lofa County. The class size for the Physician Assistant training school has been expanded and the first new teaching module developed. A new simplified health record system has been developed and usage initiated. Health care costs for Lofa County have been further identified.

Major Outputs:

9/30/76 FY 77 FY 78
(Cumulative as of end of FY)

Personnel System	0%	0%	100%
Medical Records System	30%	75%	100%
Records of Births, Deaths, etc.	10%	15%	20%
Acceptance Family Planning Services and Contraceptives	2%	3%	4%
Physician Assistant Training Program	20%	50%	100%
Systematized Immunization Prog.	10%	25%	75%
Supply Network, Transportation/ Communications	20%	75%	90%

FY 1978 Program: Provides last year of funding for this on-going project. Technical services financed through completion of project.

A.I.D.-financed Inputs
(\$ Thousands)

	<u>FY 78</u>
Personnel: 4 long term advisors (84 pm) and short term consultants (6 pm)	605
Contract for independent evaluation of project	<u>10</u>
Total	615

Host Country and Other Donors:

Host Country: Health Ministry personnel, facilities, transportation

Funding by Functional Account
(\$ Thousands)

Health	540
Population	75
Total	615

Progress to Date: The supply and logistical support system has been put into operation. Initial family planning program efforts have been made in twenty-one health

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	1,425	1,012	413	Indian Health Service of the U.S. Public Health Service.
Estimated Fiscal Year 1977	615	713		
Estimated through September 30, 1977	2,118	1,725	393	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	615	-	2,733	

Country: LIBERIA

CONTINUING ACTIVITY

Table IV

TITLE Integrated Rural Health System	FUNDS Population Planning Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	2,000	1,870
NUMBER 669-0129	PRIOR REFERENCE FY 1977 Africa Programs, pp.79/85	INITIAL OBLIGATION FY 1977	ESTIMATED FINAL OBLIGATION FY 1982	ESTIMATED COMPLETION DATE OF PROJECT FY 1983
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>				

Purpose: Establish a rural-oriented integrated national health system supported by a National Health Council ensuring coordination and effective utilization of all health services in Liberia, with interacting operational components at the national, county, and local levels.

Progress to Date: The design of this project will be completed by mid-1977 with its implementation to begin late in the fiscal year. In addition to the grant funds shown below, the project also includes a \$2.5 million loan to be authorized in FY 1977 for the construction/renovation of regional and local health facilities throughout Liberia.

Major Outputs:

FY 77 FY 78
(Cumulative as of end of FY)

National Health Services

National Medical Center Outreach - X
Trained professional personnel - X

Regional Health Services

Operational health services facilities - X
Operational in-service training program - X
Physicians' assistants graduated/assigned - X
Operational data collection, supply and logistics systems - X

Local Health Services

Operational Health Services Facilities - X
Health workers trained and operational in targeted communities - X
Villagers using improved health practices - X
Referral/supervisory system installed - X
Reliable supply chain operating - X

Host Country and Other Donors:

Host Country: Office and training facilities and budgetary support. Operating costs of National Medical Center.
Netherlands Paramedical training.

FY 1978 Programs: The National Medical Center outreach component of the system is the major additional element of funding in FY 1978.

A.I.D.-financed Inputs
(\$ Thousands)

	<u>FY 78</u>
Personnel: 11 long-term advisors (198 pm) and short-term consultants (20 pm)	1,460
Training: 6 long-term in U.S.	70
Commodities: supplies, training materials and equipment	470
Total	2,000

Funding by Functional Account
(\$ Thousands)

Population	190
Health	1,870
Total	2,000

	U.S. GRANT FINANCING (In thousands of dollars)			PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-0-	-0-	-0-	To be selected
Estimated Fiscal Year 1977	1,482	300	1,182	
Estimated through September 30, 1977	1,482	300	1,182	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	2,000	4,575	8,057	

Country: LIBERIA

CONTINUING ACTIVITY

Table IV

TITLE Health Management Planning	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	200	
NUMBER 669-0126	PRIOR REFERENCE	INITIAL OBLIGATION FY 1976	ESTIMATED FINAL OBLIGATION FY 1980	ESTIMATED COMPLETION DATE OF PROJECT FY 1981
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Africa Programs, p. 78			

Purpose: To institute effective health planning, evaluation and manpower development in the Ministry of Health and Social Welfare to include public and private health sector resource allocation within a national health plan; identification of the health impact on the non-health sectors; and collection, analysis, interpretation and translation into policy of information and data on health sector development.

Major Outputs:

9/30/76 FY 77 FY 78
(Cumulative as of end of FY)

Annual health plan specifying objectives, approaches, resources, applications	-	X	X
Analyses, recommendations on productivity/cost effectiveness of health	-	X	X
Special management studies	X	X	X
Budget formulation process relating to budget levels and program objectives	-	X	X
Manpower development planning	X	X	X
Reliable data collection, tabulation, analysis systems	-	-	X
System to follow up recommendations with actionable plans, proper execution	-	X	X
Trained Liberian health planners	-	X	X

Design, location and staffing plans for 45 rural health posts and 15 health clinics

Posts.....	5	15	25
Clinics.....	-	3	7

Host Country and Other Donors:

Host Country: Ministry personnel, facilities, transportation

Progress to Date: Project implementation commenced in mid-1976. The national inventory of health posts and centers in Liberia is nearly completed. Preliminary examination of logistics/management/personnel situation within the Ministry of Health and Social Welfare has been initiated.

FY 1978 Program: Chiefly provides supplementary funding of technical services contract as required.

A.I.D.-financed Inputs
(\$ Thousands)

	<u>FY 78</u>
Personnel: 3 long-term advisors (18 pm) and short-term consultants (5 pm)	158
Training: 2 long-term	22
Other Costs: local data processing & printing	20
Total	200

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	665	50	615	Medical Services Consultants, Inc.
Estimated Fiscal Year 1977	500	541		
Estimated through September 30, 1977	1,165	591	574	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	200	585	1,950	

CONTINUING ACTIVITY

Table IV

Country: TOGO

TITLE Togo Family Health Training	FUNDS Population Planning Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78 300 50		
NUMBER GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	PRIOR REFERENCE FY 1977 Africa Program, p. 295	INITIAL OBLIGATION FY 1977	ESTIMATED FINAL OBLIGATION FY 1979	ESTIMATED COMPLETION DATE OF PROJECT FY 1980
693-212				

Purpose: To establish a family health training center for the training and retraining of primary health care personnel in Togo. The center will 1) provide training in basic family health and family planning to nurses and midwives who will be assigned primarily to rural health facilities; 2) will serve as a regional training institution for trainers from the West African region; and 3) provide comprehensive family health care and family planning to the low income, densely populated suburban section of the Be district of Lome.

Host Country and Other Donors:

Government of Togo	Land-site, local personnel, recurring expenses
UN Fund for Population Assistance	Equipment, commodities, technical assistance, training

Progress to Date: Project design will be completed in mid-1977.

FY 1978 Program:

A.I.D.-financed Inputs
(\$ thousands)

Major Outputs:

	FY 77	FY 78	FY 79
	(Cumulative as of end of FY)		

Construct, Equip and Staff Center	X	X	X
Physicians (Togolese) Trained	-	-	12
Nurses (Togolese) Trained	-	20	40
Nurses' Aides	-	25	50
Auxiliary Midwives (Togolese)	-	40	80

	FY 78
Consultants, short term (24 pm)	50
Participants (22 pm)	20
Commodities	50
Construction	100
Other Costs	80
Total	300

Funding by Functional Account
(\$ thousands)

Population Planning	250
Health	50
Total	300

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	
Estimated Fiscal Year 1977	400	200		
Estimated through September 30, 1977	400	200	200	
Proposed Fiscal Year 1978	300	250	950	
		Future Year Obligations	Estimated Total Cost	

To be selected

Country: ASIA REGIONAL

CONTINUING ACTIVITY

Table IV

TITLE Program Development and Support	FUNDS Various HEALTH	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78 3,000 800		
NUMBER 498-0249	PRIOR REFERENCE	INITIAL OBLIGATION FY 1976	ESTIMATED FINAL OBLIGATION FY 1980	ESTIMATED COMPLETION DATE OF PROJECT FY1981
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Asia Programs, p. 183			

Purpose: To improve project design, evaluations, program development, and the data base for program planning; to provide selected grants to regional organizations; and, through training grants, to establish an ambience in selected areas for accepting new and innovative ideas for economic and social development.

Major Outputs:	9/30/76	FY 77	FY 78
	(Illustrative)		
Project Design	x	x	x
Evaluation	x	x	x
Program and Sector Studies	x	x	x
Research and Special Studies	x	x	x
Women in Development	x	x	x
Training and Other	x	x	x

Progress to Date: During the past year, the following activities were undertaken and were illustrative of those funded under this project:

- A land tenure study in Bangladesh as part of an effort to clarify the agriculture sector strategy for the country
- Training of 30 leaders from East and South Asian countries in rural electrification concepts and experience as a means of enhancing their participation in sector and project development
- An Asian wide malaria strategy study to identify the means by which to address the recent resurgence of malaria in East and South Asia

- An assessment of the use of agriculture inputs and their impact on small farmer production in Pakistan
- Completion of a number of social soundness analyses, environmental impact statements and other analyses necessary to determine the feasibility of project proposals, e.g., Kansas State University's extensive analyses in the Philippines necessary to prepare the Integrated Agriculture Production and Marketing Project.

The funds are used primarily to gather and analyze data to provide the basis for program development activities, project design and evaluations. Training activities are designed to familiarize key host country persons with the problems and potential of development programs and to involve them as participants in sector strategy studies and project development.

FY 1978 Programs: \$3,000,000 is requested to finance various consultants for special studies, project design and evaluation and for seminars and special training activities. Estimates for utilizing FY 1978 funds identified by appropriation categories are as follows:

Funding by Functional Account	
(\$ Thousands)	
Food and Nutrition (280 pm)	1,400
Health (160 pm)	800
Education and Human Resources Development (80 pm)	400
Selected Development Activities (80 pm)	400
Total	3,000

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	1,407	928	479	
Estimated Fiscal Year 1977	4,475	4,954		
Estimated through September 30, 1977	5,882	5,882		
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	3,000	8,000	16,882	

Country: ASIA REGIONAL

CONTINUING ACTIVITY

Table IV

TITLE Private and Voluntary Organizations	FUNDS Various HEALTH	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 498-0251	PRIOR REFERENCE	FY 78	FY 78 6,000 1,000	
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Asia Programs, p. 182	INITIAL OBLIGATION FY 1976	ESTIMATED FINAL OBLIGATION FY 1979	ESTIMATED COMPLETION DATE OF PROJECT FY 1979

Purpose: To support, through Operational Program Grants (OPGs), development activities of private and voluntary organizations (PVOs) which are designed to assist directly low income groups in developing countries in Asia.

and integrated rural development programs, improvement of cooperatives in Indonesia, and assistance to cooperatives in Thailand.

FY 1978 Program: \$6,000,000 is requested to finance the costs of 30 to 40 new and continuing OPGs.

Major Outputs:

	9/30/76	FY 77	FY 78
	(Cumulative as of end of FY)		

OPG Projects	17	45	75
Countries with OPGs	5	7	9
Indigenous PVOs receiving OPGs	1	4	7
U.S. PVOs receiving OPGs	10	14	18

A.I.D.-financed Inputs
(\$ Thousands)

	FY 78
OPGs	6,000

Host Country and Other Donors: (\$000)

Contributions by U.S. PVOs, local community and local PVOs	5,371	9,500	16,000
--	-------	-------	--------

Funding by Functional Account
(\$ Thousands)

Food and Nutrition	2,500
Health	1,000
Education and Human Research Development	500
Selected Development Activities	1,000
Total	6,000

Progress to Date: During the last half of 1976 an increasing number of PVOs have submitted proposals for funding under this project and several local PVOs have submitted proposals for projects jointly with a few of these U.S. PVOs. These proposals are for activities in Korea, Thailand, Pakistan, Philippines and Indonesia. Their life-of-project A.I.D. contributions range from \$64,000 to \$282,000. The proposals include a comprehensive nutrition program, non-formal education for Hill tribes in Thailand

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	2,241	201	2,040	
Estimated Fiscal Year 1977	2,890	2,930		
Estimated through September 30, 1977	8,131	3,131	5,000	
Proposed Fiscal Year 1978	6,000	6,000	20,151	
		Future Year Obligations	Estimated Total Cost	

Private and Voluntary Organizations

Country: ASIA REGIONAL

CONTINUING ACTIVITY

Table IV

TITLE Cholera Research Laboratory	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78 1,900		
NUMBER 498-0020	PRIOR REFERENCE	INITIAL OBLIGATION FY 1959	ESTIMATED FINAL OBLIGATION FY 1978	ESTIMATED COMPLETION DATE OF PROJECT FY 1978
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Asia Programs, p. 178			

Purpose: To develop, evaluate and demonstrate effective techniques for worldwide application to prevent, treat, and eradicate cholera and other diarrheal diseases; and to interphase on-going diarrheal research with other research activities in the fields of nutrition, population and general health care practices.

Major Outputs: Research will continue in the following areas:

- Environmental epidemiology and etiology of diarrheal diseases
- Immunology of the intestinal tract
- Diarrheal field work in Matlab area
- Theory, mechanisms, and treatment of shigellosis
- Information network for diarrheal diseases
- Effects of diarrheal morbidity on child development
- Relationship of nutrition, immunity and infectious diseases
- Nutritional and physiological determinants of fertility
- Prolongation of puerperal infertility
- Effects of domestic tubewells on health

Other areas for research may include specific therapy for cholera-type diseases, utilization of excreta, consumer programmatic planning, and parasitology.

Host Country and Other Donors:

Bangladesh \$430,000 in rupiahs for costs of operating the laboratory
 United Kingdom, Equivalent of \$60,000 in FY 1977 and
 Australia \$200,000 in FY 1978 for commodities

Progress to Date: Since 1960, the staff of the Cholera Research Laboratory (CRL) in Bangladesh has been working on diarrheal diseases. The death rate due to cholera in Bangladesh has been reduced from 50% to less than 1.0% through innovations in treatment methods. Oral re-hydration on an outpatient basis (a treatment method developed at CRL) has replaced long hospital stays and intravenous feedings, and is now being used in many other countries in the developing world. Efforts are now under way to internationalize the CRL and increase its scope of interest to include research in nutrition, population and general health care. The Ford Foundation has given \$140,000 to support the internationalization effort.

FY 1978 Program: \$1,900,000 is requested to finance technicians under a participating agency service agreement with the National Institutes of Health. In FY 1979, project control will shift to the Technical Assistance Bureau.

A.I.D.-financed Inputs
(\$ Thousands)

	<u>FY 78</u>
Advisors (84 mm)	575
Consultants, short-term (8)	45
Local Costs	1,030
Supplies and Equipment	<u>250</u>
Total	1,900

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	5,766	5,095	671	
Estimated Fiscal Year 1977	1,700	1,425	946	
Estimated through September 30, 1977	7,466	6,520	946	
Proposed Fiscal Year 1978	1,900	-	9,366	

National Institutes of Health

CONTINUING ACTIVITY

Table IV

Country: AFRICA REGIONAL

TITLE Maternal and Child Health Extension	FUNDS Health Population Planning	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78 700 412		
NUMBER 698-0358	PRIOR REFERENCE FY 1977 Africa Programs, p. 253	INITIAL OBLIGATION	ESTIMATED FINAL OBLIGATION	ESTIMATED COMPLETION DATE
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>		FY 1971	FY 1978	OF PROJECT FY 1979

Purpose: To find and demonstrate simple but effective ways to improve MCH services, including nutrition and child spacing and to extend these services to previously unreached rural population groups without necessitating substantial increases in facilities, personnel or operating costs.

stantial increases in facilities, personnel or operating costs in pilot areas of each of the participating countries (Gambia, Benin, and Lesotho). These activities and outputs are described in the prior reference. The Phase II target is to duplicate improved MCH/FP services in at least two additional areas of Benin and Gambia. Contractor personnel have begun working in the two expansion areas of Gambia and Benin, and training of host country personnel has begun. The training of Lesotho personnel has been completed and the improved services developed under the project have been incorporated into the country's rural health delivery system.

Major Outputs: 9/30/76 FY 77 FY 78
(Cumulative Phase II as of end of FY)

Health Personnel			
Trained	12	97	189
Nurse Auxilliaries			
Trained	12	50	68
Day Care Workers and			
Traditional Birth			
Attendants Trained			
in Outreach Educ.	18	70	121
Village Leaders			
Trained	8	16	24
MCH/FP Practitioners			
Trained (U.S.)	-	16	28

FY 1978 Program:

	<u>A.I.D.-financed Inputs</u>	
	(\$ Thousands)	<u>FY 78</u>
Personnel: Eight full- and part-time contractor staff (138 pm), and consultants (12 pm)		330
Training: 14 short-term U.S. (28 pm)		45
Commodities: Medical equipment and supplies, vehicles, and contraceptives		145
Other Costs: Administrative, travel and transportation, supplies and equipment		<u>180</u>
Total		<u>700</u>

Host Country and Other Donors:
Host Countries - Salaries of Counterparts and Trainees, Vehicles/Medical Equipment and Supplies, Office Space/Health Facilities

Funding by Functional Account
(\$ Thousands)

Health	412
Population	288
Total	700

Progress to Date: Phase I of this project demonstrated that rural MCH/FP services can be improved without requiring sub-

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	4,348	4,081	267	University of California at Santa Cruz
Estimated Fiscal Year 1977	508	810		
Estimated through September 30, 1977	5,098	4,891	207	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	700	-	5,798	

Country: AFRICA REGIONAL

CONTINUING ACTIVITY

Table IV

TITLE MCH/FP/Nutrition Training and Development.	FUNDS Health Population Planning	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78 686 636		
NUMBER 698-0392	PRIOR REFERENCE	INITIAL OBLIGATION FY 1977	ESTIMATED FINAL OBLIGATION FY 1978	ESTIMATED COMPLETION DATE OF PROJECT FY 1978
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Africa Programs, p. 257			

Purpose: To increase the capabilities of less developed sub-Saharan African governments to plan and implement programs to provide integrated health services (maternal and child health, family planning and nutrition) to rural residents.

Progress to Date: This project enables the Meharry Medical College, through its Maternal and Child Health/Family Planning Training Center, to provide assistance to African governments in the delivery of MCH/FP services at the community level and to assist in planning and administering nutrition programs at the community level. Meharry has made numerous contacts with African governments to determine the type and level of training most appropriate to participants included under the program, and has designed and presented appropriate training programs. The first MCH/FP training programs under this project included 20 nurse practitioners from nine African countries, while the first nutrition workshop included 18 mid-level nutrition planners from eight African countries.

Major Outputs: 9/30/76 FY 77 FY 78
(Cumulative as of end of FY)

Participants trained at Nutrition Workshops (3 weeks each)	-	40	80
Participants trained at MCH/FP Training Programs (4.5 months each)	-	40	80
Participants trained at MCH/FP Training Programs (1 week)	-	25	50
Assistance to African governments in Nutrition Planning	-	x	x
MCH/FP Assistance to African governments	-	x	x

FY 1978 Program:

	<u>A.I.D.-Financed Inputs</u> (\$ Thousands)	<u>FY 78</u>
Personnel: 15 full-time contractor staff (135 pm) and consultants (7 pm)		200
Training: 40 students in the United States (180 pm); 40 students in Africa (30 pm)		386
Other Costs: Travel, supplies and equipment, clinical costs, overhead		200
Total		<u>686</u>

Host Country and Other Donors:
Host Countries - Continue participant salary. Provide in-country travel and per diem.

	<u>Funding by Functional Account</u> (\$ Thousands)	
Health		636
Population Planning		50
Total		686

	U.S. GRANT FINANCING (In thousands of dollars)			PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	Meharry Medical College
Estimated Fiscal Year 1977	535	500		
Estimated through September 30, 1977	535	500	35	
		<u>Future Year Obligations</u>	<u>Estimated Total Cost</u>	
Proposed Fiscal Year 1978	686	-	1,221	

Country: AFRICA REGIONAL

CONTINUING ACTIVITY

Table IV

TITLE Strengthening of Health Delivery Systems	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 698-0398	PRIOR REFERENCE FY 1977 Africa Programs, p. 194	FY 78 2,365		
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>		INITIAL OBLIGATION FY 1973	ESTIMATED FINAL OBLIGATION FY 1979	ESTIMATED COMPLETION DATE OF PROJECT FY 1980

Purpose: To strengthen the health delivery systems of participating governments in the African Region to provide affordable health, maternal and child health, family planning and nutrition services to increasing numbers of rural poor populations.

Major Outputs: 9/30/76 FY 77 FY 78
(Cumulative as of end of FY)

<u>Short Term Training</u> - Health planning, surveillance, supervision, teaching methods, family health, etc., at Regional Centers	x	x	x
<u>Long Term Training</u> - Public Health, teaching methodology	-	6	12
Initiation of integrated rural health delivery services in cooperating countries; integration of surveillance and delivery systems	6	14	19

Host Countries and Other Donors:
Nineteen participating African - Facilities and Personnel governments
French Cooperation Agency, WHO - Financial Support
UNICEF

Progress to Date: A project office is now operational in

Ivory Coast, and consultants are assisting the field staff with implementation of activities. The third meeting of the Project Coordinating Committee was held in Kampala to examine progress to date and review future plans. In addition, three countries are now procuring measles vaccine on an independent basis, and, under the project, 1.5 million doses are on order and are planned to be distributed as quickly as possible after receipt. Criteria for selection of U.S. participants have been established, and short term courses continue at the three Africa regional centers, including "practical training" for nurses, health planning, teaching methods, and family health. Also, integrated rural health activities have begun in Chad, Niger, Senegal, Benin, Mali, Cameroon, and Upper Volta.

FY 1978 Program:

	A.I.D.-financed Inputs (\$ Thousands)	FY 78
Personnel: Two full-time advisors and short-term consultants for a total of 92 pm		592
Training: Long-term training in the United States for 12 trainees for 144 pm and for short-term training in Africa for varied numbers of students for 430 pm		550
Commodities/Construction: Medical supplies, vaccines, and construction and/or renovation of Regional Centers		1,140
Other Costs: Meetings, Secretariat support and operations		183
Total		2,365

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	3,447	2,122	1,325	American Public Health Association
Estimated Fiscal Year 1977	1,900	2,100		
Estimated through September 30, 1977	5,347	4,222	1,125	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	2,365	2,000	9,712	

Country: AFRICA REGIONAL

CONTINUING ACTIVITY

Table IV

TITLE Onchocerciasis Control	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars) FY 78 1,000		
NUMBER 698-0399 GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	PRIOR REFERENCE FY 1977 Africa Programs, p. 195	INITIAL OBLIGATION FY 1974	ESTIMATED FINAL OBLIGATION FY 1979	ESTIMATED COMPLETION DATE OF PROJECT FY 1980

Purpose: To continue support of an international effort to control onchocerciasis (river blindness) in the Volta River Basin area of Benin, Ghana, Ivory Coast, Mali, Niger, Togo and Upper Volta. The control program is to interrupt transmission of the disease by eliminating the vector, simulium damnosum (blackfly), a major obstacle to socio-economic development in these fertile valleys.

Major Outputs:

	9/30/76	FY 77	FY 78
	(Cumulative as of end of FY)		

Information Program established	X	X	X
Spraying operations	X	X	X
Surveillance operations	X	X	X
Training (biology, ecology, public health, ophthalmology)	X	X	X

Host Country and Other Donors: Belgium, Canada, France, West Germany, Japan, Kuwait, Netherlands, Great Britain, North Ireland, African Development Bank, IBRD, IDA, UNDP, WHO. Financial support (a total of \$11.6 million from all donors in CY 1977).

Progress to Date: The control program was initiated in 1974 to permit population resettlement and economic development. The operations consist of weekly aerial application of insecticides to breeding sites phased over three years to cover the entire riverine areas. All activities are on schedule. Phase I has been completed and Phase II is underway. This will be followed by spray operations in Phase III area, which includes Southwest Niger, Togo and Benin on the east of the control area, and the extreme western area covering parts of Mali, Upper Volta and Ivory Coast. Research continues on evaluation of insecticides and wind movement of the blackfly, and mobile medical teams are continuing epidemiological evaluations.

One fixed wing aircraft and five helicopters sprayed 90,000 liters of insecticide in 1975 and 160,000 liters in 1976. Surveys and surveillance show a satisfactory reduction in the fly population in Phase I and II areas.

FY 1978 Program: Grant funding of \$1 million is requested for continuing support of the control program. A.I.D. contributions are not tied to specific budget items.

A.I.D.-financed Inputs
(\$ Thousands)

FY 78

Grant to the World Health Organization

1,000

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	3,000	3,000	-	World Health Organization
Estimated Fiscal Year 1977	1,000	1,000	-	
Estimated through September 30, 1977	4,000	4,000	-	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	1,000	1,000	6,000	

Country: AFRICA REGIONAL

NEW ACTIVITY

Table V

TITLE Health Constraints to Rural Production	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78 1,000		
NUMBER 698-0408		INITIAL OBLIGATION FY 1978	ESTIMATED FINAL OBLIGATION FY 1982	ESTIMATED COMPLETION DATE OF PROJECT FY 1983
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>				

Goal: To reduce the adverse impact of the physical environment on the quality of human life by addressing most critical health problems of the poor majority in Africa and to strengthen the capacity of African Governments to respond to the health needs of their people.

Purpose: To improve the effectiveness of existing methods for control of parasitic tropical diseases which require surface water in their development, primarily trypanosomiasis, schistosomiasis and onchocerciasis; to link new methods of control with improved/expanded rural health services in selected demonstration areas; and to train local personnel to use the new methods.

Background: All three of these major endemic diseases are responsible for a high degree of debilitation among rural populations, particularly in fertile areas where water is in abundance. As a consequence, productivity is reduced and life spans are shortened. There is an urgent need to test various methods of control through demonstration projects: to conduct field operational research to identify the most cost-effective methods; and to apply existing or emerging technology for control of these diseases. Such technology should rely on low-cost, self-help methods which later can be adapted into national health systems. In this connection, every effort will be made through "Affirmative Action" to involve U.S. black institutions in the design and implementation of special elements of the activity.

Major Outputs:

	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>
	(Cumulative as of end of FY)		
Control programs initiated	x	x	x
Operational research projects completed	x	x	x
Health Trainers trained	x	x	x

Host Country and Other Donors:

Participating African countries WHO, IBRD

Staff and facilities
Current activities to be coordinated with efforts under this project

FY 1978 Program: A.I.D. will contract with appropriate U.S. organizations to assist and advise on selected pilot programs on parasitic disease control in test areas and to design appropriate training courses for local professional personnel.

A.I.D.-financed Inputs
(\$ Thousands)

	<u>FY 78</u>	<u>All Years</u>
Personnel: Two long-term contract technicians (24 pm) and short-term consultants (26 pm)	250	2,150
Training: Long- and short-term participants in the United States and third countries for (150 pm)	150	1,250
Commodities: Vector control chemicals and equipment	500	4,700
Other Costs: Conferences and workshops	100	500
Total	1,000	8,600

Country: CHAD

CONTINUING ACTIVITY

Table IV

TITLE Rural Health Planning and Management	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78 411		
NUMBER 677-0004 GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	PRIOR REFERENCE FY 1977 Africa Programs p. 198	INITIAL OBLIGATION FY 1977	ESTIMATED FINAL OBLIGATION FY 1981	ESTIMATED COMPLETION DATE OF PROJECT FY 1981

Purpose: Establish planning unit in the Ministry of Health for the systematic analysis of health needs and resources, the development of health strategies and programs, and to provide a more effective Ministry of Health contribution to national planning efforts.

Major Outputs:

	FY 77	FY 78	FY 79
	(Cumulative as of end of FY)		
Academic Training Completed	-	3	3'
On job and short-term training	5	10	10
Regularized and improved collection and analysis of demographic data and program statistics	-	x	x
Annual statistical report on demographic data prepared	-	1	1
Functional planning office	-	-	1

Host Country and Other Donors:

Chad	Six planning personnel, facilities
WHO, FED, FAC, Switzerland	Technicians, contribution and repair of health facilities, and provision of health personnel

Progress to Date: Major activities anticipated for FY 1977 include: the start up of participant training, collection of a verified data base, revision of statistics collection procedures and preparation of initial health strategy.

FY 1978 Program:

	A.I.D. -financed Inputs (\$ Thousands)	FY 78
Personnel:		
Four long-term technicians (48 pm)		275
Short-term consultants (8.5 pm)		43
Training:		
Three long-term participants (36 pm)		32
Commodities:		
Office supplies and other office equipment (typewriters, calculators and vehicles.)		61
Total		411

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	To be selected
Estimated Fiscal Year 1977	669	365		
Estimated through September 30, 1977	669	365	304	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	411	613	1,693	

Country: MALI

CONTINUING ACTIVITY

Table IV

TITLE Rural Health Services Development	FUNDS Population Planning Health	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 688-0208	PRIOR REFERENCE FY 1977 Africa Programs, p. 199	FY 78	FY 78 1,065 800	
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>		INITIAL OBLIGATION FY 1977	ESTIMATED FINAL OBLIGATION FY 1980	ESTIMATED COMPLETION DATE OF PROJECT FY 1981

Purpose: To design, implement and evaluate a demonstration rural health system which the Government of Mali will use as the basis for a national rural health system. The demonstration system will include the following elements: effective distribution of basic health services (emphasizing health promotion and disease prevention) at the village levels, integration of rural health activities with rural community development activities taking place in other sectors, and demonstration that such health services can be operated at a minimal per capita operational cost.

Major Outputs:

	9/30/76	FY 77	FY 78
	(Cumulative as of end of FY)		
Villages in demonstration zones served by projects	-	40	80
Trained health workers at village level	-	50	100

Host Country and Other Donors:
Government of Mali 18% of project costs including personnel, logistics, facilities and operating costs

Progress to Date: The project received final approval in January 1977, and the contractor is to be selected shortly. Activities under the project are expected to be underway by the summer of 1977.

FY 1978 Program: FY 78 will be the period when the program will become fully operational and some population activities will be introduced.

<u>A.I.D. - financed Inputs</u>		
(\$ Thousands)		FY 78
<u>Personnel:</u>		
Rural Health Advisors - long-term (36 pm)		210
Short-term consultants (6 pm)		40
Peace Corps personnel		60
<u>Commodities:</u>		
Medicines		295
Vehicles		65
Dispensary materials		30
<u>Other Costs:</u>		
Local salary supplements, office equipment, etc.		100
<u>Population Activities:</u>		
Long-term Population specialists (36 pm)		200
Contraceptives		65
Total		1,065

Funding by Functional Account
(\$ Thousands)

Population Planning	265
Health	800
Total	1,065

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	To be selected
Estimated Fiscal Year 1977	450	150		
Estimated through September 30, 1977	450	150	300	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	1,065	2,375	3,890	

Country: NIGER

NEW ACTIVITY

Table V

TITLE Improving Rural Health	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 683-0208		FY 78	1,500	
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>		INITIAL OBLIGATION FY 1978	ESTIMATED FINAL OBLIGATION FY 1982	ESTIMATED COMPLETION DATE OF PROJECT FY 1982

Goal: To improve, at low cost, the life expectancy and working capacity of all Nigeriens.

Purpose: To improve the Rural Health Delivery System of the Government of Niger with the objective of providing basic promotive, preventive and curative health care services at the village level. This project will provide health care services in 50% of the country's 9,000 villages, using primarily volunteer village health teams consisting of secouristes (basic village health workers) and matrones (re-trained and reoriented traditional midwives), who will be supervised and coordinated by the Government of Niger.

Background: The Government of Niger places strong emphasis in its development plans on improved rural productivity, and the 1976-78 Development Plan gives special importance to the social sector and to health as a key human resource area. The Three Year Program of the Ministry of Health provides the framework within which this project will support the rural health services development and operations. To achieve its overall objectives, the Ministry of Health will improve and expand its health care system to provide preventive, educative and curative health services in rural areas, with community participation and using trained personnel, improved administrative structures, and rational health methodology.

Major Outputs:

	FY 78	FY 79	FY 80
	(Cumulative as of end of FY)		
New dispensaries equipped, staffed	20	115	143
Logistical System (including drug distribution)	-	-	-
Operating Mobile networks	-	-	-
Vehicle Maintenance capability	-	-	-
Village Health Teams trained, equipped and functioning	50	200	300
Training and retraining programs of Ministry of Health personnel	-	-	-

Host Country and Other Donors:

	(\$ Thousands)
Host Country budget support	In kind and budgeting support for life of project
France-Technical Assistance	245 (FY 78)
EEC Construction and Maintenance	4,622 (FY 76-78)
Federal Republic of Germany	600 (five physicians, one mechanic, vehicle and parts)
Belgium	396 (six physicians - FY 77-78)
United Nations (UNDP, World Food, WHO)	1,510 (FY 78)

FY 1978 Program:

	A.I.D.-financed Inputs (\$ Thousands)	
	FY 78	All Years
Personnel:		
One full-time project advisor	-	230
Participants: (230 pm)	200	861
Commodities:	1,225	7,950
Reconstruction/repair of dispensaries	(600)	
Medical equipment	(325)	
Medication	(200)	
Vehicles	(100)	
Other Direct Costs	75	3,459
Total	1,500	12,500

Country: SENEGAL

CONTINUING ACTIVITY

Table IV

TITLE Rural Health Services Development	FUNDS Population Planning and Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78 1,235 1,000		
NUMBER 685-0210	PRIOR REFERENCE	INITIAL OBLIGATION	ESTIMATED FINAL OBLIGATION	ESTIMATED COMPLETION DATE
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Africa Programs, p. 200	FY 1977	FY 1980	OF PROJECT FY 1981

Purpose: (1) Create within the Region of Sine Saloum a network of staffed village health posts supported by local communities, (2) Strengthen a backstopping system of secondary health posts supported by the National Government.

Major Outputs:

	FY 77	FY 78
	(Cumulative as of end of FY)	
Training manual prepared	1	1
Regional supervisor teams in place	2	4
Health posts renovated	-	22
Construction of new health posts	-	4
Health posts staffed	-	52
Khombole School renovated	-	X
Rural health huts constructed	-	282

Host Country and Other Donors:

Government of Senegal Supervisory and health post personnel; operating costs for Khombole School; regional supervisory teams and health posts.

Villagers Compensation to health workers; renovation of 600 health huts; payment for medicine

UNICEF, Canada Project will coordinate with their activities within the Region.

Progress to Date: The project will begin in early CY 77. The Government of Senegal has prepared site inspections and detailed cost estimates for renovation of 24 health post sites. Cost estimates have also been prepared for the renovation and new construction at Khombole School.

FY 1978 Program:

A.I.D.-financed Inputs
(\$ Thousands)

	FY 78
<u>Personnel:</u>	
Project Director and Public Health Advisor (36 pm)	210
<u>Training:</u>	
In-country village health workers (30 pm)	10
Ten Health post personnel (10 pm)	10
Two Departmental supervisors (10)	10
Six Short-term undergraduates (36 pm)	35
<u>Commodities:</u>	
Training materials	20
Equipment for health posts	40
Vehicles (2) and transport	30
Medicines	190
Contraceptives	50
<u>Other Costs:</u>	
Construction and refurbishing of health posts	630
Total	1,235

Funding by Functional Account
(\$ Thousands)

Population planning	235
Health	1,000
Total	1,235

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	
Estimated Fiscal Year 1977	721	500	-	
Estimated through September 30, 1977	721	500	221	
Proposed Fiscal Year 1978	1,235	1,482	3,458	
		<u>Future Year Obligations</u>	<u>Estimated Total Cost</u>	

To be selected

ASIA

Country: BANGLADESH

NEW ACTIVITY

Table V

TITLE Malaria Control	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 388-0034		FY 78 5,000		
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>		INITIAL OBLIGATION FY 1978	ESTIMATED FINAL OBLIGATION FY 1980	ESTIMATED COMPLETION DATE OF PROJECT FY 1984

Goal: To reduce the rate of incidence of malaria to five cases per 10,000 nationwide.

Purpose: To bring malaria under control in high risk areas of Bangladesh, reducing the incidence to less than one case per thousand in these areas.

Background: Malaria is effectively under control in most of Bangladesh. Exceptions are Sylhet and the Chittagong Hill areas which have a population of about 7,800,000. If the recent expansion of malaria in these more remote areas is not checked, malaria will spread to the low endemic areas and result in the need for a costly nationwide malaria control program. A.I.D. is considering an emergency grant to provide essential commodities in FY 1977. For the longer term, A.I.D. is working with the Bangladesh Government and the World Health Organization to develop a program to control malaria in the Sylhet and Chittagong areas, beginning in FY 1978.

<u>Major Outputs:</u>	<u>FY 78</u>	<u>All Years</u>
Houses sprayed	1,500,000	1,500,000 annually
Population protected by spraying	6,000,000	6,000,000 annually
Antimalarial drugs for population	x	x

Host Country and Other Donors: (\$000 equivalent)

Host Country 5,800 in FY 1977 and 6,100 in FY 1978 for local costs

World Health Organization 55 in FY 1977 and 44 in FY 1978 for staff, training and commodity costs

FY 1978 Program: \$5,000,000 is requested to finance consultants, training, pesticides and antimalarial drugs.

A.I.D.-financed Inputs
(\$ Thousands)

	<u>FY 78</u>	<u>All Years</u>
Advisor, full-time, and consultants (53 pm)	130	530
Training, short-term (60 pm)	15	60
Commodities	4,720	7,355
Contingency	<u>135</u>	<u>615</u>
Total	5,000	8,560

Country: INDONESIA

NEW ACTIVITY

Table V

TITLE Health Training, Research and Development	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 497-0273		FY 78	600	
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>		INITIAL OBLIGATION FY 1978	ESTIMATED FINAL OBLIGATION FY 1980	ESTIMATED COMPLETION DATE OF PROJECT FY 1980

Goal: To improve the health status of the Indonesian people with emphasis on lower income groups in rural areas.

Purpose: To strengthen the capabilities of Indonesia's Ministry of Health at all administrative levels to improve the coverage and quality of health delivery systems.

Background: The project will provide consultant services and training resources to the Ministry of Health to assist it to meet health sector goals of the Indonesian Five-Year Development Plan which include improvement of family health services and wider outreach of preventive health systems such as sanitation and health education. The proposed grant focuses on institution building and manpower development among the major operating agencies of the Indonesian Ministry of Health. These include, in part, the National Institute of Health, Research and Development, the Bureau of Planning, and the Directorate of Health Education. It is planned that training and research will focus on such priority areas as (1) development of techniques for delivery of primary health care to villages to increase use of indigenous medicine, village health insurance schemes and results of behavioral studies, and (2) development of evaluation systems for both service and management performance within the Ministry of Health at all levels.

Major Outputs:

	FY 78	All Years
	(Cumulative as of end of FY)	
Staff with M.P.H. and other U.S. technical degrees	13	49
Staff trained in-service in research, planning, management, and education	761	1,493
Research projects completed	-	25

Various health-related education, evaluation, and data collection programs carried out

X X

Host Country and Other Donors:

Host Country	\$8,500,000 in rupiah for support costs
World Health Organization	Consultants and 97 pm of fellowships in various health fields
UNICEF	Technical assistance in primary health care
Canada, New Zealand, Netherlands	Capital and technical assistance in nurse training programs

FY 1978 Program: \$600,000 is requested to finance participants for long-term training and to provide technical assistance for sub-project design and implementation in the areas of health planning, management, field research and feasibility analysis.

A.I.D.-financed Inputs
(\$ Thousands)

	FY 78	All Years
Training, long-term (13 py)	146	755
Technical Assistance		
Advisors long-term (60 pm)	240	390
Consultants short-term (176 pm)	153	883
Commodities	-	68
Other Costs		
Research Grants and In-service training	61	904
Total	600	3,000

Country: NEPAL

CONTINUING ACTIVITY

Table IV

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	167	
Malaria Control	Health			
NUMBER 367-0115	PRIOR REFERENCE	INITIAL OBLIGATION	ESTIMATED FINAL OBLIGATION	ESTIMATED COMPLETION DATE
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 77 Asia Programs, p.85	FY 1976	FY 1978	OF PROJECT FY1980

Purpose: To bring malaria under control at an incidence level of five cases per 10,000 population.

Major Outputs:

	FY 77	FY 78
	(Cumulative as of end of FY)	

Trained personnel	26	38
-------------------	----	----

Percent of population changed from spray to surveillance status	53.6	54.7
---	------	------

Cases detected per year	7,500	4,000
-------------------------	-------	-------

Host Country and Other Donors: (\$000 equivalent)

Host Country:	
Personnel and facilities	10,300
Commodities	2,170
Total	12,470

World Health Organization:	
Advisory services	453
Commodities	296
Participant training	19
Total	768

United Nations Development Program:	
Commodities	3,120

Progress to Date: The Government of Nepal continues to meet the annual target established in the malaria control program. The active case detection program has been expanded and data provided show the incidence of malaria has fallen from 15,000 cases in 1974 to approximately 10,000 by the end of 1976. An A.I.D. malariologist is assisting the Government in developing a management system to plan for training and commodity procurement.

FY 1978 Program: \$167,000 is requested to finance a U.S. technician, commodities and local support costs.

A.I.D.-financed Inputs
(\$ Thousands)

	FY 78
Advisor (10 pm)	72
Commodities	20
Other Costs	75
Total	167

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	75	45	30	To be selected
Estimated Fiscal Year 1977	73	75		
Estimated through September 30, 1977	148	120	28	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	167	-	315	

Country: NEPAL

CONTINUING ACTIVITY

Table IV

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	685	
Integration of Health Services	Health			
NUMBER 367-0126	PRIOR REFERENCE	INITIAL OBLIGATION FY 1976	ESTIMATED FINAL OBLIGATION FY 1979	ESTIMATED COMPLETION DATE OF PROJECT FY 1980
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Asia Programs, p.82,84			

Purpose: To establish an integrated health care system utilizing multipurpose house visitors with paramedical training.

Major Outputs:

FY 76 FY 77 FY 78
(Cumulative as of end of FY)

New integrated health posts established	155	180	230
Existing Health posts converted to integrated model	36	59	95
In-country paramedical personnel trained	335	909	1,582

Host Country and Other Donors: (\$000 equivalent)

Host Country	
Personnel costs	8,286
Commodities/construction	6,251
Total	14,537
World Health Organization	
Advisory services	1,130
Commodities	91
Participant	212
Total	1,433
Canadian Aid	
Advisory services	358
Commodities	100
Construction	34
Participant	650
Total	1,142

Progress to Date: In 1973, USAID provided assistance to Nepal to develop and test a prototype of an integrated health care delivery system utilizing multipurpose house visitors with paramedical level training. Extensive field work was carried out in two districts. In 1975 the Government of Nepal, WHO and U.S. health experts conducted a joint assessment of the experience in the two pilot districts and concluded that the concept and methodology of integrating Nepal's independent health services was valid.

The pilot activity (Project 0227) demonstrated that modestly educated multipurpose health workers, trained in the basics of preventive and curative medicine, can effectively deal with the majority of Nepal's health problems; but it was also shown that failure to institutionalize good management and supervision, even in the pilot areas, soon resulted in a breakdown of the delivery system.

In FY 1976 project activities shifted from pilot to implementation of a National program to establish Nepalese capability to organize and manage an effective Basic Health Service.

FY 1978 Program: \$685,000 is requested to finance advisory assistance and training to develop and consolidate management and control systems and to assist in developing in-country training programs for paramedical workers.

A.I.D.-financed Inputs
(\$ Thousands)

Advisors (86 pm)	607
Training (57 pm)	78
Total	685

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	340	-	340	Management Sciences for Health, Inc.
Estimated Fiscal Year 1977	225	300		
Estimated through September 30, 1977	565	300	265	
Proposed Fiscal Year 1978	685	675	1,925	
		Future Year Obligations	Estimated Total Cost	

Country: PAKISTAN

CONTINUING ACTIVITY

Table IV

TITLE Malaria Control		FUNDS Health		PROPOSED OBLIGATION (In thousands of dollars)		
				FY 78	7,500	
NUMBER 391-0163	PRIOR REFERENCE FY 1977 Asia Programs, p. 108, 109		INITIAL OBLIGATION FY 1975	ESTIMATED FINAL OBLIGATION FY 1978	ESTIMATED COMPLETION DATE OF PROJECT FY 1978	
GRANT <input type="checkbox"/>	LOAN <input checked="" type="checkbox"/>					

Purpose: To reduce the incidence of malaria in Pakistan to a level of five cases per 10,000 people.

temporarily halted spraying operations; precautionary measures are now being instituted.

Major Outputs:	FY 76	FY 77	FY 78
Structures sprayed (000 per year)	8,200	8,200	5,750
Population protected by spraying (000 per year)	47,560	47,560	33,350
Insecticides imported (metric tons)	7,249	8,500	5,000

FY 1978 Program: \$7,500,000 is requested to finance insecticides and other commodities related to the malaria program.

A.I.D.-financed Inputs
(\$ Thousands)

	<u>FY 78</u>	<u>All Years</u>
Commodities: insecticides, hand sprayers, and spare parts	7,500	35,000

Host Country and Other Donors:

Host Country Equivalent of \$40,000,000 for project support costs and hiring of local workers

World Health Organization Equivalent of \$1,250,000 (WHO)

Progress to Date: The Government of Pakistan has established a Federal Directorate of Malaria Control. On the provincial level, organizations responsible for implementing the program are fully operational. The first spraying season in 1976 provided coverage in 85% of the high incidence areas and substantially reduced mosquito densities in those areas. A four-member WHO team is supplying the Government of Pakistan with technical advice. In 1976, a problem with malathion toxide

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	
Estimated Fiscal Year 1977	-	-	-	
Estimated through September 30, 1977	-	-	-	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	-	-	-	

Country: PAKISTAN

CONTINUING ACTIVITY

Table IV

TITLE Rural Clean Water Supply - Phase I (Hand Pumps)	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	10,000	
NUMBER 391-0406	PRIOR REFERENCE	INITIAL OBLIGATION FY 1977	ESTIMATED FINAL OBLIGATION FY 1978	ESTIMATED COMPLETION DATE OF PROJECT FY 1981
GRANT <input type="checkbox"/> LOAN <input checked="" type="checkbox"/>	FY 1977 Asia Programs, p. 114			

Purpose: To establish clean water hand pump systems and the capability to maintain these systems in rural areas. While mechanical water treatment and distribution systems are preferred in densely populated rural communities, these are not feasible in many rural areas; therefore, it is necessary to install hand pumps to ensure an availability of potable water.

<u>Major Outputs:</u>	<u>FY 77</u>	<u>FY 78</u>
Handpumps installed and maintained	20,000	40,000
Population served	1,500,000	3,000,000

Host Country and Other Donors:

Host Country	<u>Initially</u> -Payment of all project costs as they occur with reimbursement by A.I.D. of about 75% of these costs after certification of agreed expenditures. <u>Ultimately</u> -Net contribution will be the equivalent of \$5,000,000 at the end of the project.
UNICEF and United Nations Development Program	Supply and distribution of hand pumps in areas affected by the 1973 floods, valued at the equivalent of \$1,500,000.

Progress to Date: The Government of Pakistan recognizes the severity of the problem of polluted water for household use and has declared as an objective of the Fifth Five-Year Plan that the population served by water supply in rural areas be increased from 17% in 1977 to 34% in 1982. In FY 1977, \$5,000,000 will be made available to initiate the fabrication and installation of hand pumps. FY 1978 funding will continue this effort.

FY 1978 Program: \$10,000,000 is requested to finance foreign exchange requirements and some of the local costs in the fabrication and installation of hand pumps in rural areas.

A.I.D.-financed Inputs
(\$ Thousands)

	<u>FY 78</u>	<u>All Years</u>
Partial reimbursement to the Government of Pakistan for the foreign exchange costs of hand pump manufacturing and a portion of the local costs of installation	10,000	15,000

*Listed in FY 1977 Congressional Presentation as "Rural Potable Water Supply."

	U.S. GRANT FINANCING (In thousands of dollars)			PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	
Estimated Fiscal Year 1977	-	-	-	
Estimated through September 30, 1977	-	-	-	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	-	-	-	

Country: PAKISTAN

CONTINUING ACTIVITY

Table IV

TITLE Basic Health Services	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	7,500	
NUMBER 391-0415	PRIOR REFERENCE	INITIAL OBLIGATION	ESTIMATED FINAL OBLIGATION	ESTIMATED COMPLETION DATE
GRANT <input type="checkbox"/> LOAN <input checked="" type="checkbox"/>	FY 1977 Asia Programs, p. 113	FY 1977	FY 1978	OF PROJECT FY 1979

Purpose: To establish a functioning, integrated rural health system and the capability within the national and regional health offices to train, deploy and logistically support an auxiliary health force for its rural health program.

Progress to Date: A project plan has been developed, and project authorization is expected in the Second Quarter of FY 1977 for a FY 1977 loan of \$6,000,000 and a grant of \$1,500,000.

Major Outputs (Cumulative as of end of FY)

	FY 77	FY 78
Mid-level health workers trained	-	270
Health worker instructors trained	36	72
Community health workers trained (1,350 by FY 1979)	-	-
Curriculum developed	x	x
Rural Health Centers and Sub-units established (each to serve up to 100,000 population)	-	12

FY 1978 Program: \$7,500,000 is requested to finance consultant services, training, and constructing and equipping rural health facilities.

A.I.D.-financed Inputs
(\$ Thousands)

	FY 78	All Years
<u>Grant</u>		<u>1,500</u>
Consultants long-term (13 py) short-term (40 pm)		
<u>Loan</u>	<u>7,500</u>	<u>13,500</u>
Reimbursement for general project costs (construction, training, and equipment and supplies)		
Total	7,500	15,000

Host Country and Other Donors:

Host Country \$9,795,00 in rupees for life of project

World Health Organization \$480,000 in rupees for life of project

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	MEDEX Consortium of University of Hawaii, University of Washington and University of Utah
Estimated Fiscal Year 1977	1,500	1,000	500	
Estimated through September 30, 1977	1,500	1,000	500	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	-	-	1,500	

Country: PAKISTAN

NEW ACTIVITY

Table V

TITLE Rural Clean Water Supply - II (Village water systems)	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 391-0425		FY 78 15,000		
GRANT <input type="checkbox"/> LOAN <input checked="" type="checkbox"/>		INITIAL OBLIGATION FY 1978	ESTIMATED FINAL OBLIGATION FY 1978	ESTIMATED COMPLETION DATE OF PROJECT FY 1981

Goal: To improve health status of the rural population.

Purpose: To establish mechanical clean water systems and the capability to maintain these systems in rural communities in Pakistan.

Background: In a recent series of World Health Organization (WHO) studies, it is reported that 87% of the rural population of Pakistan lack reasonable access to safe water. The unsanitary conditions which result are a major source of infectious disease, constituting at least 25% of the total disease picture. The Government of Pakistan recognizes the severity of this problem and has declared as an objective of the Fifth Five-Year Plan that the population served by water supply in rural areas be increased from 17% in 1977 to 34% in 1982. This project complements Rural Clean Water Supply - Phase I (Hand Pumps) project (no. 0406).

Major Outputs:

	<u>FY 78</u>	<u>All Years</u>
	(Cumulative as of end of FY)	
Small village water systems	10	45
Water works operator training centers	-	3
Population served	50,000	225,000

Host Country and Other Donors:

Host country Initially-Payment of all project costs as they occur with reimbursement by A.I.D. of about 75% of these costs after certification of agreed expenditures. Ultimately-Net contribution will be the equivalent of \$5,200,000

World Bank Sector studies on water supply and sewerage
WHO

FY 1978 Program: \$15,000,000 is requested to finance the costs of construction of mechanical clean water systems and the training necessary to ensure that they are maintained.

A.I.D.-financed Inputs

	<u>FY 78</u>
Reimbursement to the Government of Pakistan of about 75% of the costs of construction and training for small water treatment and distribution systems	15,000

Country: PHILIPPINES

NEW ACTIVITY

Table V

TITLE Barangay Water	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	3,100	(100 Grant, 3,000 Loan)
NUMBER 492-0291		INITIAL OBLIGATION FY 1978	ESTIMATED FINAL OBLIGATION FY 1979	ESTIMATED COMPLETION DATE OF PROJECT FY 1980
GRANT <input checked="" type="checkbox"/> LOAN <input checked="" type="checkbox"/>				

Goal: To improve the general health of the rural people in Barangay water system areas.

Purpose: To provide safe, reliable, low-cost water to residents of selected small rural communities (under 5,000 population) by establishing the capability of selected local governments to identify, plan, organize and maintain functional cooperative water systems; to construct water systems used by the people of these areas.

Background: Waterborne diseases are a major health problem in the rural areas of the Philippines because community water systems are either non-existent, woefully inadequate or considered unsafe for human consumption. This project is designed to develop the Provincial Governments' staff capability to plan, design, organize and install functional cooperative water systems in the rural barangays (village) that will help to eliminate the problem. The Department of Local Government and Community Development intends to approve the Provincial Governments' selection of 320 barangays for installation of water systems in FY 1978 and conduct Water Resources Development training for 140 people involved in planning, designing and implementing the project. This project also is consonant with the Government's objectives of strengthening the capacity of local government bodies in order to upgrade the quality of life of the rural poor.

<u>Major Outputs:</u>	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>
	(Cumulative as of end of FY)		
Provincial staff trained to plan water resources development	140	175	175
Staff trained in cooperatives organization and management	105	140	175
Workshop participants	1,105	140	175
Annual Conference participants	105	140	175
Profiles for Five-Year Water Resources Development submitted	15	20	25

Major Outputs: (cont'd)

	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>
	(Cumulative as of end of FY)		
Barangays selected	320	480	480
Barangay water associations organized	120	320	480
Barangay water associations officially "federated"	120	320	480
Water systems constructed	120	240	480

Host Country and Other Donors:

Host Country	\$2,150,000 in pesos
Local water associations	Full operational costs and amortization of 25% to 50% of capital costs

FY 1978 Program: \$3,100,000 is requested to finance water systems in fifteen provinces that are participating in the Local Development Project. The same criteria for selection of projects, and the same Fixed Amount Reimbursement Plan as utilized in the Rural Roads loan will be used in implementing this project.

A.I.D.-financed Inputs
(\$ Thousands)

	<u>FY 78</u>	<u>All Years</u>
<u>Grant</u>		
Waterworks management advisory services (24 pm)	100	184
<u>Loan</u>		
Water system construction	3,000	3,000
Total	<u>3,100</u>	<u>3,184</u>

Country: PHILIPPINES

NEW ACTIVITY

Table V

TITLE Panay Unified Services for Health (PUSH)	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	6,900 (900 Grant, 6,000 Loan)	
NUMBER 492-0312		INITIAL OBLIGATION FY 1978	ESTIMATED FINAL OBLIGATION FY 1978	ESTIMATED COMPLETION DATE OF PROJECT FY 1980
GRANT <input checked="" type="checkbox"/> LOAN <input checked="" type="checkbox"/>				

Goal: To improve the health of rural residents of the Philippines.

Purpose: To strengthen the institutional health system to deliver services to the barangay (village) level. The achievement of the purpose will be measured by the following indicators:

- Infant Mortality Rate reduced from 68 per 1,000 to 34 per 1,000,
- Malnutrition (1st, 2nd, and 3rd degree) in children to six years of age reduced from 83% to 40% with 3rd degree less than 2.0%,
- Tuberculous morbidity reduced from 368 per 100,000 to 184 per 100,000,
- Pneumonia morbidity reduced from 224 per 100,000 to 112 per 100,000,
- Gastro-enteritis morbidity reduced from 520 per 100,000 to 260 per 100,000,
- Influenza morbidity reduced from 712 per 100,000 to 356 per 100,000,
- Bronchitis morbidity reduced from 852 per 100,000 to 426 per 100,000.

Background: Panay Island is made up of four provinces, all of which were recipients of A.I.D. Provincial Development Assistance funds under the Local Development Project. A strong provincially based planning component is located in all of the provinces and the infrastructure is ready for additional program development. The provinces all have identified health services in general, and water and sanitation in particular, as a major priority for development and have pledged support of the PUSH project. All four provinces participated in the project design, and agreed to re-structure their health systems to accommodate the PUSH program personnel.

Major Outputs:

- The health services infrastructure will be revised to accommodate the 1,800 Barangay Health Workers deployed in the poorest barangays on the island of Panay.
- Family planning services and information will be made available in all of the barangays served.
- Barangay Health Workers will make nutrition information available in rural barangays and will identify and treat malnourished children.
- 132,000 sanitary toilet facilities will be constructed over a three-year period.
- 30,900 water supplies will be improved.
- Four regional laboratories will be supplied.
- 318 local health centers will be stocked with drugs.

Host Country and Other Donors:

Host Country \$4,344,000 in pesos

FY 1978 Program: \$6,900,000 is requested to support the local costs of the PUSH project and to provide imported commodities required for the activity.

<u>A.I.D.-financed Inputs</u>		
(\$ Thousands)		<u>FY 78</u>
<u>Grant</u>		<u>900</u>
Imported Commodities		
<u>Loan</u>		<u>6,000</u>
Partial reimbursement of local operation costs		
Total		6,900

CONTINUING ACTIVITY

Table IV

Country: SRI LANKA

TITLE Malaria Control	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78 7,000		
NUMBER 383-0043	PRIOR REFERENCE	INITIAL OBLIGATION	ESTIMATED FINAL OBLIGATION	ESTIMATED COMPLETION DATE
GRANT <input type="checkbox"/> LOAN <input checked="" type="checkbox"/>	FY 1977 Asia Programs, p.153	FY 1977	FY 1978	FY 1981

Purpose: To bring malaria under control on a sustained, institutionalized basis.

There is a resurgence of malaria in Sri Lanka of epidemic proportion compared to 1967 when the disease seemed contained through previous strict eradication and control programs. At the end of the project an effective malaria surveillance program will be in operation and the Antimalarial Campaign (AMC) organization integrated into the general health services. More immediately, certain targeted outputs will be realized by FY 1978.

Major Outputs: (\$ Millions)

	FY 77	FY 78
	(Cumulative as of end of FY)	
Houses sprayed	1.0	2.0
Population protected by spraying*	6.0	12.0

*Antimalarial drugs will be available for remainder of population.

Host Country and Other Donors: (\$000 equivalent)

Host Country	26,800
World Health Organization	500 for advisors, training and commodities
United Kingdom	4,300 for pesticides and vehicles
Netherlands	4,300 for commodities
France	1,100 for commodities

Progress to Date: Malaria control program design and environmental, social, and economic analyses have been completed. The existing AMC organization is being reorganized, and field workers and technicians are being trained and deployed. The Netherlands and the United Kingdom contributions to the program are being finalized; as a result A.I.D. assistance will possibly be reduced from the funding level in the FY 1977 Submission to Congress. It is expected that A.I.D.'s contribution of \$12,000,000 to the five-year program will be in two tranches--\$5,000,000 in FY 1977 and \$7,000,000 in FY 1978. Spraying operations are expected to begin in the spring of 1977.

FY 1978 Programs; \$7,000,000 is requested to finance insecticides, consultant services and training.

A.I.D.-financed Inputs
(\$ Thousands)

	FY 78	All Years
Commodities (insecticides and antimalarial drugs)	6,915	11,820
Advisors (10 pm)	70	150
Training, short-term (11 pm)	15	30
Total	7,000	12,000

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	
Estimated Fiscal Year 1977	-	-	-	
Estimated through September 30, 1977	-	-	-	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	-	-	-	

Country: ASIA REGIONAL

CONTINUING ACTIVITY

Table IV

TITLE Cholera Research Laboratory		FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
			FY 78 1,900		
NUMBER 498-0020	PRIOR REFERENCE		INITIAL OBLIGATION	ESTIMATED FINAL OBLIGATION	ESTIMATED COMPLETION DATE
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Asia Programs, p. 178		FY 1959	FY 1978	OF PROJECT FY 1978

Purpose: To develop, evaluate and demonstrate effective techniques for worldwide application to prevent, treat, and eradicate cholera and other diarrheal diseases; and to interphase on-going diarrheal research with other research activities in the fields of nutrition, population and general health care practices.

Major Outputs: Research will continue in the following areas:

- Environmental epidemiology and etiology of diarrheal diseases
- Immunology of the intestinal tract
- Diarrheal field work in Matlab area
- Theory, mechanisms, and treatment of shigellosis
- Information network for diarrheal diseases
- Effects of diarrheal morbidity on child development
- Relationship of nutrition, immunity and infectious diseases
- Nutritional and physiological determinants of fertility
- Prolongation of puerperal infertility
- Effects of domestic tubewells on health

Other areas for research may include specific therapy for cholera-type diseases, utilization of excreta, consumer programmatic planning, and parasitology.

Host Country and Other Donors:

Bangladesh \$430,000 in rupiahs for costs of operating the laboratory
 United Kingdom, Equivalent of \$60,000 in FY 1977 and
 Australia \$200,000 in FY 1978 for commodities

Progress to Date: Since 1960, the staff of the Cholera Research Laboratory (CRL) in Bangladesh has been working on diarrheal diseases. The death rate due to cholera in Bangladesh has been reduced from 50% to less than 1.0% through innovations in treatment methods. Oral re-hydration on an outpatient basis (a treatment method developed at CRL) has replaced long hospital stays and intravenous feedings, and is now being used in many other countries in the developing world. Efforts are now under way to internationalize the CRL and increase its scope of interest to include research in nutrition, population and general health care. The Ford Foundation has given \$140,000 to support the internationalization effort.

FY 1978 Program: \$1,900,000 is requested to finance technicians under a participating agency service agreement with the National Institutes of Health. In FY 1979, project control will shift to the Technical Assistance Bureau.

A.I.D.-financed Inputs
(\$ Thousands)

	FY 78
Advisors (84 mm)	575
Consultants, short-term (8)	45
Local Costs	1,030
Supplies and Equipment	250
Total	1,900

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	5,766	5,095	671	National Institutes of Health
Estimated Fiscal Year 1977	1,700	1,425	-	
Estimated through September 30, 1977	7,466	6,520	946	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	1,900	-	9,366	

Country: ASIA REGIONAL

CONTINUING ACTIVITY

Table IV

TITLE Private and Voluntary Organizations	FUNDS HEALTH <i>Thailand</i>	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 498-0251	PRIOR REFERENCE FY 1977 Asia Programs, p. 182	FY 78	6,000 1,000	
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>		INITIAL OBLIGATION FY 1976	ESTIMATED FINAL OBLIGATION FY 1979	ESTIMATED COMPLETION DATE OF PROJECT FY 1979

Purpose: To support, through Operational Program Grants (OPGs), development activities of private and voluntary organizations (PVOs) which are designed to assist directly low income groups in developing countries in Asia.

and integrated rural development programs, improvement of cooperatives in Indonesia, and assistance to cooperatives in Thailand.

FY 1978 Program: \$6,000,000 is requested to finance the costs of 30 to 40 new and continuing OPGs.

Major Outputs:

	9/30/76	FY 77	FY 78
	(Cumulative as of end of FY)		
OPG Projects	17	45	75
Countries with OPGs	5	7	9
Indigenous PVOs receiving OPGs	1	4	7
U.S. PVOs receiving OPGs	10	14	18

A.I.D.-financed Inputs
(\$ Thousands)

	FY 78
OPGs	6,000

Host Country and Other Donors: (\$000)

	9/30/76	FY 77	FY 78
Contributions by U.S. PVOs, local community and local PVOs	5,371	9,500	16,000

Funding by Functional Account
(\$ Thousands)

Food and Nutrition	3,500
Health	1,000
Education and Human Research Development	500
Selected Development Activities	1,000
Total	6,000

Progress to Date: During the last half of 1976 an increasing number of PVOs have submitted proposals for funding under this project and several local PVOs have submitted proposals for projects jointly with a few of these U.S. PVOs. These proposals are for activities in Korea, Thailand, Pakistan, Philippines and Indonesia. Their life-of-project A.I.D. contributions range from \$64,000 to \$282,000. The proposals include a comprehensive nutrition program, non-formal education for Hill tribes in Thailand

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES Private and Voluntary Organizations
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	2,241	201	2,040	
Estimated Fiscal Year 1977	5,890	2,930		
Estimated through September 30, 1977	8,131	3,131	5,000	
Proposed Fiscal Year 1978	6,000	6,000	20,131	
		Future Year Obligations	Estimated Total Cost	

LATIN AMERICA

Country: BOLIVIA

NEW ACTIVITY

Table V

TITLE Rural Health Delivery System	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 511-0483		FY 78 5,700 (500 Grant, 5,200 Loan)		
GRANT <input checked="" type="checkbox"/> LOAN <input checked="" type="checkbox"/>		INITIAL OBLIGATION FY 1978	ESTIMATED FINAL OBLIGATION FY 1982	ESTIMATED COMPLETION DATE OF PROJECT FY 1983

Goal: To improve the standard of health of rural low-income groups, particularly the young.

Purpose: To strengthen the planning and administrative capacity of the Ministry of Social Welfare and Public Health and establish a low-cost, comprehensive health delivery system in selected rural areas, focusing especially on the young.

Background: The health of the Bolivian population, especially in rural areas, is very poor. Estimates of the crude death rate in those areas are as high as 27/1,000. The overall infant mortality rate may approach 250/1,000. These rates are among the highest in Latin America. As indicated in its Five-Year National Development Plan, the Government intends to:

- reduce sickness, especially among children and pre-school age groups;
- broaden the coverage of health services, particularly in rural areas, while strengthening them by improving institutional coordination.

The proposed project will establish a comprehensive health delivery system in selected rural areas. It will be based on the results of an A.I.D.-funded pilot project authorized in FY 1975.

Major Outputs:	All	
	FY 78	Years
Personnel trained	x	396
Health delivery systems operational at the following levels:		
District Health Centers	-	11
Rural Health Centers	-	35
Village Sanitary and Medical Posts		280
(Intermediate outputs will be further refined during project development.)		

Host Country and Other Donors:

Host country	\$5.1 million for personnel and operational costs
Local community contributions	\$5.3 million
WHO/PAHO	Technical services in epidemiology and planning

FY 1978 Program: Program development activities and design work for facilities to be constructed will begin.

A.I.D.-Financed Inputs
(\$ Thousands)

	<u>FY 78</u>	<u>All Years</u>
<u>Grant</u>		
Advisory assistance for administrative improvement, planning and evaluation, and training of project personnel	500	1,760
<u>Loan</u>		
Administrative improvement in planning and information, evaluation and training of project personnel	850	850
Operational costs	1,600	1,600
Equipment and materials	1,170	1,170
Construction	<u>1,580</u>	<u>1,580</u>
Total	5,200	5,200

Country: DOMINICAN REPUBLIC

CONTINUING ACTIVITY

Table IV

TITLE Health/Nutrition Sector Development	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	266	
NUMBER 517-0107	PRIOR REFERENCE FY 1977	INITIAL OBLIGATION FY 1975	ESTIMATED FINAL OBLIGATION FY 1978	ESTIMATED COMPLETION DATE OF PROJECT FY 1979
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	Latin American Programs, p. 94			

Purpose: To provide the Government of the Dominican Republic with the institutional resources necessary to research, analyze, and plan for the resolution of the nation's public health problems.

in pre-school children. Participants funded through this project in the past year have studied data processing, use of media in mass communications, the role of women in development, and nutrition.

Major Outputs:

	9/30/76 (Cumulative as of end of FY)	FY 77	FY 78
Research Projects	1	2	3
Short Term Participants in Health Planning	10	14	18

FY 1978 Program: A.I.D. will continue to provide technical assistance and training support to health planning. This project also supports the Health Sector loan program.

Host Country and Other Donors:

Host country	Counterpart personnel, participant salaries, office support facilities, research personnel and facilities.
UNFPA, WHO, OAS, IPPF, Pathfinder Fund	Technicians, family planning materials.

U.S. contract technicians in public health planning, nutrition, etc. (3 long term and 4 short term)
Participant training in health planning, epidemiology, nutrition, etc. (4 short term - 12 pm)
Other costs (invitational travel)

A.I.D.-Financed Inputs
(\$ Thousands)

FY 1978

	236
	27
	3
TOTAL	<u>266</u>

Progress to Date: A seminar was held to make key Dominicans aware of national nutritional problems so that there will be broader participation in and understanding of newly developed nutrition programs. In addition, an A.I.D.-financed contract with the Pan American Health Organization is assisting the Health Secretariat (SESPAS) to plan the details of a large program of administrative reform. Project funds also supported a study undertaken by a Dominican hospital of the socio-economic determinants of malnutrition

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	449	273	176	Commonwealth of Puerto Rico, various personal services contracts
Estimated Fiscal Year 1977	273	285		
Estimated through September 30, 1977	722	558	164	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	266	-	988	

Country: EL SALVADOR

NEW ACTIVITY

Table V

TITLE Rural Health Delivery System	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 519-0179		FY 78	652	
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>		INITIAL OBLIGATION FY 1978	ESTIMATED FINAL OBLIGATION FY 1978	ESTIMATED COMPLETION DATE OF PROJECT FY 1979

Goal: To improve the health status of the rural poor in El Salvador.

Purpose: To design and test, on a pilot basis, an integrated low cost rural health delivery system using selected local communities and rural health workers.

Background: 60% of El Salvador's 4.1 million population is classified as rural. The rural population suffers higher rates of infant mortality, malnutrition and sickness than the urban minority. The Ministry of Health is responsible for providing health services to 85% of the population. Despite the existence of 14 public hospitals and another 206 widely dispersed Ministry of Public Health fixed facilities, only a small portion of the population actually receives medical services. Provisions for improved rural health services have been established as a priority concern in the Government's new Five-Year Health Plan (1977-1981). The Ministry has developed a Rural Penetration Project to upgrade nurses, train and place community-based Rural Health Aides, and train rural midwives. The proposed project will finance the training, equipment, supplies and materials necessary to extend the benefits of improved health coverage to the rural poor. Between January 1978 and December 1979, 380 Rural Health Aides (RHAs) will be trained and placed in communities, in addition to 120 RHAs that have been previously trained under an A.I.D.-financed family planning and population project.

Major Outputs:

FY 78 FY 79
(Cumulative as of end of FY)

Rural poor receiving benefits of extended health coverage	126,000	336,000
Rural Health Aides trained	180	520
Supervisors/evaluators trained	10	15

Host Country and Other Donors:

Host country \$915,000 in personnel, training and facility costs

UNICEF \$25,000 technical assistance in project evaluation

FY 1978 Program

	<u>A.I.D.-Financed Inputs</u> (\$ Thousands)	<u>FY 78</u>	<u>All Years</u>
Salaries for 180 RHAs, and 10 evaluators		297	297
Medical equipment and supplies		21	214
Training of 380 RHAs, and educational materials		72	72
Technical assistance in project evaluation		<u>69</u>	<u>69</u>
Total		652	652

CONTINUING ACTIVITY

Table IV

Country: GUATEMALA

TITLE Evaluation of Rural Health Care Delivery System	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	156	
NUMBER 520-0230	PRIOR REFERENCE FY 1977 Latin America Programs, p. 129	INITIAL OBLIGATION FY 1976	ESTIMATED FINAL OBLIGATION FY 1979	ESTIMATED COMPLETION DATE OF PROJECT FY 1981
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>				

Purpose: To evaluate the Rural Health System and to begin to improve the Ministry of Health's capability in planning monitoring, evaluating and controlling its rural health programs.

Academy of Medical, Physical and Natural Sciences, with collaboration of the Ministry of Health and selected Private Voluntary Organizations working in rural health. A seminar was held April/July 1976 in which the rural health evaluation field team was trained in the techniques of task analysis, planning and programming. A series of baseline community studies are in progress or completed. U.S. technical assistance is being provided to the Academy on experimental design and sample stratification.

Major Outputs: 9/30/76 FY 77 FY 78
(Cumulative as of end of FY)

Organizational structure and personnel for evaluation:

Administrative unit established within Academy		X		
Trained field staff	11	11	18	
Operating field unit		X		

FY 1978 Program: Two short-term U.S. consultants (3 pm) will advise the Academy on technical features of evaluation design, data gathering and data processing. They will be assisted by local consultants (4 pm).

Component studies completed:

Review of information and information needs		X		
Activities analyses		1	2	
Community studies		1	2	
Rural health systems studies		1	2	
Economic analyses			1	
Information sub-system installed by regions	1		4	

A.I.D.-Financed Inputs
(\$ Thousands)

Office and medical supplies	16
Consultants	35
Administrative and field evaluation staff, data collection from 4 selected rural communities; vehicle operation and maintenance	105

Host Country and Other Donors:

Host country	Ministry of Health personnel	Total	156
--------------	------------------------------	-------	-----

Progress to Date: The administrative unit for the project has been established and fully staffed in the Guatemala

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	175	14	161	American Public Health Association
Estimated Fiscal Year 1977	152	130		
Estimated through September 30, 1977	327	144	183	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	156	115	598	

Country: GUATEMALA

NEW ACTIVITY

Table V

TITLE		FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
Low Cost Rural Health Systems			Health	FY 78 3,500	
NUMBER	520-0251	INITIAL OBLIGATION FY 1978		ESTIMATED FINAL OBLIGATION FY 1978	ESTIMATED COMPLETION DATE OF PROJECT FY 1981
GRANT	<input type="checkbox"/>	LOAN		<input checked="" type="checkbox"/>	

Goal: To improve the well-being of rural Guatemalans by increasing the quality and coverage of low-cost, basic rural health services.

Purpose: To improve the effectiveness of Rural Health Technicians (TSRs) by:

- strengthening the Ministry of Health's ability to provide administrative, technical, and supervisory support;
- financing public health outreach projects developed by the TSRs and the communities in which they work.

Background: The Government of Guatemala places high priority on increasing and improving basic rural health services. In 1971, the Ministry began a program to train paramedics, supported by A.I.D. loans totaling \$5.9 million. The paramedical approach, needed because of a lack of trained medical personnel in rural areas, emphasizes preventive medical care and community organization. To be fully effective, rural health technicians must have adequate administrative, supervisory, and financial support.

The proposed loan will finance:

- area health teams with medical, sanitary engineering, nursing, and administrative skills;
- training of health administrators;
- self-help village-level health projects jointly designed and carried out by the TSRs and the community.

Major Outputs:

	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>
	(Cumulative as of end of FY)		
TSR support program			
Supervisory & management personnel trained and area teams in place	10	20	22
Area health administrators trained (for each health area)	7	14	22
Community health projects completed			
Water systems	75	150	200
Latrines	10,000	18,000	25,000
Market sanitation	50	100	150
Community sanitation	50	100	150
Communicable disease control units	125	256	476

Host Country and Other Donors:

Host country	\$2.2 million counterpart contribution
IDB	\$28 million in 1976 and a projected \$30 million in 1977 for construction of hospitals, rural health centers and health posts, and \$7 million for rural water systems.
CARE	Village water systems

FY 1978 Program: A.I.D. will finance training in health administration and basic supervisory skills and provide materials, equipment, vehicles, and technical assistance required for village projects.

A.I.D.-Financed Inputs
(\$ Thousands)

	<u>FY 78</u>
Improving health administration to support area health teams	\$00
Village health projects	3,200
Total	3,500

CONTINUING ACTIVITY

Table IV

Country: HAITI

TITLE Strengthening Health Services II		FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
			FY 78 1,200		
NUMBER 521-0086		PRIOR REFERENCE FY 1977	INITIAL OBLIGATION FY 1977	ESTIMATED FINAL OBLIGATION FY 1981	ESTIMATED COMPLETION DATE OF PROJECT FY 1983
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	Latin America Programs, p. 162				

Purpose: To assist the Government of Haiti to strengthen its institutional capabilities for controlling malaria and for developing a national health service system.

will be developed under this project for replication under a planned FY 1978 project -- Rural Health Delivery System -- which will further accelerate development of the human resources and delivery system required for a national health service.

Major Outputs: 9/30/76 FY 77 FY 78
(Cumulative as of end of FY)

Malaria control (cases per million population, non-cumulative)	3,000	2,000	1,500
Drainage projects implemented	9	19	36
Five-year plan of anti-malaria operation approved		X	X
Interim studies for national health planning		X	X
Five-year national health plan			X

Progress in the attack on malaria, also financed under the earlier Strengthening Health Services project, has been highlighted by a new effort in drainage and vector control and by better epidemiology throughout the areas of high transmission. U.S. support of the malaria control campaign will continue. In FY 1977, \$7.1 million is being authorized to provide \$5.6 million over a five-year period for the malaria campaign and \$1.5 million for the health delivery system.

FY 1978 Program: 1978 will see the beginning of system development as a result of the health planning activity which began with the arrival of U.S. contract personnel in Haiti during January 1977.

Host Country and Other Donors:

Host country	\$1.9 million during 1976-78 for malaria control
Inter-American Development Bank	\$6.3 million health facility loan
Pan American Health Organization	Five malaria advisors and five health advisors

<u>A.I.D.-Financed Inputs</u>		<u>FY 78</u>
(\$ Thousands)		
Malaria technical assistance		100
Training and health services development		1,100
Total		1,200

Progress to Date: A model health service delivery system

	U.S. GRANT FINANCING (In thousands of dollars)			PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	To be selected
Estimated Fiscal Year 1977	7,100	-	-	
Estimated through September 30, 1977	7,100	-	7,100	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	1,200	2,200	10,500	

Country: HAITI

NEW ACTIVITY

Table V

TITLE Rural Health Delivery System	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 521-0091		FY 78 4,650		
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>		INITIAL OBLIGATION FY 1978	ESTIMATED FINAL OBLIGATION FY 1982	ESTIMATED COMPLETION DATE OF PROJECT FY 1983

Goal: To improve the quality of life in rural Haiti by improving rural health services.

Purpose: To develop an integrated rural health system that will provide basic health services to 70% of the rural population of Haiti.

Background: Health services in Haiti are inadequate to meet even the most basic needs of the rural population. Institutional problems, primarily lack of adequate planning and management capability, are just beginning to be addressed through A.I.D. and United Nations' projects designed to strengthen the Ministry of Health. Lack of trained personnel, including basic-level health workers, inadequate rural health care coverage, and budgetary constraints limit the Government's progress toward its health goals. A continuing A.I.D. project, Strengthening of Health Services II, is the model for the Rural Health Delivery System (RHDS) implemented under this project.

<u>Major Outputs:</u>	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>
Human resource development	x	x	x
Administrative and support networks for the RHDS	x	x	x

Host Country and Other Donors:

Host country Approximately \$3.4 million for commodities, personnel and operating costs

IDB \$6.3 million loan for construction and renovation of health facilities

PAHO Technical advisory assistance

FY 1978 Program: A prototype training and administrative and support system will be developed.

A.I.D.-Financed Inputs
(\$ Thousands)

	<u>FY 78</u>	<u>All Years</u>
Establishment of training facilities; technical assistance for administrative and support network for RHDS	650	1,700
Commodities and equipment for transportation, communications and logistic support system	4,000	4,000
Total	4,650	5,700

Country: NICARAGUA

CONTINUING ACTIVITY

Table IV

TITLE Rural Health Institutional Development	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	190	
NUMBER 524-0114	PRIOR REFERENCE FY 1977 Latin America Programs, p. 216	INITIAL OBLIGATION FY 1976	ESTIMATED FINAL OBLIGATION FY 1978	ESTIMATED COMPLETION DATE OF PROJECT FY 1979
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>				

Purpose: To strengthen health sector institutions and increase community participation in planning, managing, training and implementing basic community health delivery activities.

Major Outputs:

	FY 77	FY 78
	(Cumulative as of end of FY)	
National Health Services Delivery School (NHSD) established and continuing education program functioning	X	X
Health personnel trained	10	215
Information system established	X	X
Evaluation system established		X
Wells drilled	47	129
Latrines constructed	800	2,400
Emergency care program established and personnel trained	6	6
Radiographic curriculum established and technicians trained	X	18

Host Country and Other Donors:

Host country	\$5.6 million for personnel, equipment, facilities and laboratory services	14 pm of short-term technical services	70
		Commodities and bacteriological supplies	28
		Local and other cost support	30
		Research	32
		Viral and bacterial cultures	30
Pan American Health Organization	Technical assistance and personnel	Total	190

Center for Communicable Disease Control Technical assistance

Progress to Date: The Ministry of Health and the National Social Assistance Board have completed studies on training requirements. Agreements were signed, including a \$5.0 million A.I.D. loan, to initiate project activities in FY 1976. Commodities have been ordered, technical advisory services contracts have been signed, and the Government has assigned personnel to complete final planning needed to begin implementation of most project activities in early FY 1977.

FY 1978 Program: A.I.D. will provide assistance to evaluate the impact of Nicaragua's recent initiatives in rural health delivery. The evaluator will focus on changes in the health status of the rural population and the Government's capacity to administer health sector projects.

A.I.D.-Financed Inputs
(\$ Thousands)

FY 78

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	372	-	372	American Public Health Association and various contractors and consultants.
Estimated Fiscal Year 1977	170	270		
Estimated through September 30, 1977	542	270	272	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	190	-	732	

Country: LATIN AMERICA REGIONAL

CONTINUING ACTIVITY

Table IV

TITLE Sector Analysis Support	FUNDS Various HEALTH	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78		
NUMBER 598-0554	PRIOR REFERENCE FY 1977 Latin America Programs, p. 352	INITIAL OBLIGATION FY 1974	ESTIMATED FINAL OBLIGATION FY Continuing	ESTIMATED COMPLETION DATE OF PROJECT FY Continuing
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>				

Purpose: To provide Latin American countries and A.I.D. with information needed to better allocate resources in key development sectors, and develop and test methods for carrying out analytical work at the sector level.

Major Outputs:

	9/30/76	FY 77	FY 78
Guatemala Farm Analysis	X		
Dominican Republic Agriculture Analysis			
Farm survey	X		
Farm level analysis		X	
Sector level analysis			X
El Salvador Education Analysis			
Data collection and processing phase	X		
All analytical work complete		X	
Haiti - design for plans for future analytical work		X	

Host Country and Other Donors: Host countries - Appropriate personnel from ministries of Agriculture, Education, Health, Nutrition, etc.

Progress to Date: Detailed studies of the impact of various farm and agricultural sector policies and programs have been carried out in Guatemala and Colombia and are underway in the Dominican Republic. These are proving to be useful in assessing the effects of alternative A.I.D. and host-country programs on small-farm production and income and on

development of the agriculture sector as a whole.

Functioning analytical planning units have been established in El Salvador (Ministry of Education), the Dominican Republic (Agriculture) and Colombia (Agriculture). Numerous documents describing techniques developed have been produced to facilitate carrying out sector analyses by Latin American Governments.

FY 1978 Program: U.S. personnel will support sector analytical work in agriculture, nutrition, health and education, including analyses in the Dominican Republic, Bolivia and Haiti. A.I.D. may also assist with other similar efforts where critical needs are identified and commitment exists.

A.I.D.-Financed Inputs
(\$ Thousands)

	FY 78
288 person-months of services	718
Supplies, rent, keypunching, printing, etc.	50
Computer time	262
Total	1,030

Funding by Functional Account
(\$ Thousands)

Food and Nutrition	514
Health	258
Education and Human Resources Development	258
Total	1,030

U.S. GRANT FINANCING (In thousands of dollars)	PRINCIPAL CONTRACTORS OR AGENCIES		
	Obligations	Expenditures	Unliquidated
Through September 30, 1976	3,272	2,919	353
Estimated Fiscal Year 1977	1,030	1,433	
Estimated through September 30, 1977	4,371	4,352	19
Proposed Fiscal Year 1978	1,030	-	
		Future Year Obligations	Estimated Total Cost

Bureau of the Census
U.S. Dept. of Agriculture
U.S. Dept. of Health, Education & Welfare
Others to be selected.

Country: LATIN AMERICA REGIONAL

CONTINUING ACTIVITY

Table IV

TITLE Program Development and Support		FUNDS Various HEALTH	PROPOSED OBLIGATION (In thousands of dollars)		
			FY 78 5,189 483		
NUMBER 598-0000	PRIOR REFERENCE FY 1977 Latin American Programs, p. 353	INITIAL OBLIGATION FY 1969	ESTIMATED FINAL OBLIGATION FY Continuing	ESTIMATED COMPLETION DATE OF PROJECT FY Continuing	
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>					

Purpose: To provide A.I.D. Missions in Latin America a source upon which to draw to finance program development costs for new loan and grant projects.

Major Outputs: A.I.D. funds provide for 1) the preparation of sector assessments; 2) grant and loan project analysis and design; 3) loan evaluations; and 4) special studies. Funds are also utilized for participant training related to developing or improving local project development capabilities; and to accommodate Host Government requests for technical assistance in priority development areas of particular significance to A.I.D., including the support of loan activities, whenever such assistance cannot be provided for under existing Mission technical assistance grant activities.

Progress to Date: In FY 1977, consultants funded under the project will help A.I.D. missions develop and design the following types of projects: 1) agriculture sector loans; 2) small-farmer irrigation projects; 3) nutrition activities; 4) health assessments and evaluations; 5) small-farmer marketing schemes; 6) earthquake housing reconstruction; 7) access road construction and maintenance schemes; 8) small-farmer technology activities; 9) manpower development programs; 10) rural development activities; and 11) fresh-water fisheries programs.

FY 1978 Program: The majority of the activities financed under this project are directly related to the development of loan and grant activities. Project funds will be utilized primarily for short-term consultants to prepare sector assessments, feasibility studies and analyses and project design activities in the functional areas. To a lesser extent, project funds will finance participant training, evaluations and contractor costs related to the support of loan-project implementation.

A.I.D.-Financed Inputs
(\$ Thousands)

	FY 78
Food and Nutrition	2,852
Health	483
Education and Human Resources Development	952
Selected Development Activities	901
Total	5,189

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	8,349	6,950	2,019	Various
Estimated Fiscal Year 1977	5,765	5,380		
Estimated through September 30, 1977	14,114	11,710	2,404	
Proposed Fiscal Year 1978	5,189	-	-	
		Future Year Obligations	Estimated Total Cost	

Country: LATIN AMERICA REGIONAL

CONTINUING ACTIVITY

Table IV

TITLE Private Voluntary Agency Operational Program Grant (OPG)		FUNDS Various HEALTH	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 598-0577		PRIOR REFERENCE FY 1977 Latin America Programs, p. 354	FY 78 5,000 676	INITIAL OBLIGATION FY 1975	ESTIMATED FINAL OBLIGATION FY Continuing
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>				ESTIMATED COMPLETION DATE OF PROJECT FY Continuing	

Purpose: To mobilize the expertise of private voluntary organizations (PVOs) in pursuing A.I.D. goals through innovative development projects.

Major Outputs: Through Operational Program Grants (OPGs), A.I.D. has intensified its efforts to strengthen the developmental role of the PVOs. A.I.D. is supporting overseas programs, planned and carried out by these organizations with minimum A.I.D. input and supervision, in the key sectors of rural development, education, health and nutrition, pursuant to A.I.D. development assistance strategy for each country.

OPGs seek to encourage PVOs to experiment with strategies and technologies for reaching the poorest majority, particularly through projects which have the potential for replication. Preference is being given to proposals that involve institutions that assume the carrying on of the programs after A.I.D. inputs are completed. In particular, A.I.D. seeks PVO projects that strengthen local institutions and provide them the organizational means to carry forward effectively the local activities developed from the PVO effort. A.I.D. is also emphasizing PVO projects that can reach significant numbers of people and can be institutionalized with national or other non-A.I.D. resources.

Since the inception of the OPG program, A.I.D. and the PVOs have adopted a collaborative relationship which has led to

the simplification of procedures for the approval and implementation of projects. The Latin America Bureau has also delegated to its Missions authority to approve projects requiring A.I.D. support of up to \$100,000 per year but not exceeding \$250,000 for life of project. This procedure permits quicker implementation of projects with considerable simplification of administrative procedures.

Progress to Date: FUNDE, a Nicaraguan PVO, has successfully established credit unions in 20 rural communities providing loan assistance to small merchants and farmers. CARE is carrying out a potable water and latrine program in Guatemala which, in spite of the earthquake in February 1976, is on target with six water systems functioning, 770 latrines constructed, and five miles of excavations for water lines completed. A nutrition program in Haiti sponsored by CARE is exceeding expectations, with 72 nutritional surveys completed against 20 projected; 249 teachers trained instead of the 180 originally planned. In the Dominican Republic, the Community Development Foundation is training community leaders in three localities to identify and develop future community action programs. In FY 1976, based on funds available, 11 projects received approval with an additional five being approved during the Transitional Quarter. Twenty-seven projects have been proposed for FY 1977.

FY 1978 Programs: A.I.D. proposes to provide \$5 million for FY 1978, of which approximately 50% will be required for continuation of ongoing projects. Because PVO programming

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	5,032	1,380	3,652	Various Private and Voluntary Organizations
Estimated Fiscal Year 1977	4,000	3,725		
Estimated through September 30, 1977	9,032	5,105	3,927	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	5,000	-	-	

TITLE	NUMBER
Private Voluntary Agency Operational Program Grant (OPG)	598-0577

cycles tend to run behind A.I.D.'s, it is not possible to identify now all of the OPG proposals which will be submitted for possible FY 1978 funding.

A.I.D.-Financed Inputs
(\$ Thousands)

	<u>FY 78</u>
Food & Nutrition	2,433
Population Planning & Health	676
Education & Human Resources Development	592
Selected Development Activities	1,299
Total	5,000

NEAR EAST

Country: AFGHANISTAN

CONTINUING ACTIVITY

Table IV

TITLE Basic Health Services	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	1,222	
NUMBER 306-0144	PRIOR REFERENCE FY 1977	INITIAL OBLIGATION	ESTIMATED FINAL OBLIGATION	ESTIMATED COMPLETION DATE
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	Near East Programs, p.27	FY 1976	FY 1979	OF PROJECT FY 1979

Purpose: To provide basic health services, with emphasis on services for women and children, to 830,000 persons living in 50 minor civil divisions within four of Afghanistan's six health regions; to provide two or more Alternative Health Delivery Systems (AHDS) which when widely replicated will provide a minimal health service for those persons who will not have reasonable access to a Basic Health Center (BHC).

	FY 77	FY 78
Two or more AHDS designed and approved for testing	X	X
Existing BHC's upgraded	35	54
Elements of one or more AHDS demonstrated effective and financially and administratively feasible		X

Major Outputs:

9/30/76 FY 77 FY 78
(Cumulative as of end of FY)

Four operational regional health training centers supporting 50 BHC and AHDS experiments:		
Regional training center		1
Polyclinics	12	
Basic health centers		19
BHC personnel trained and assigned:		
Physician or senior nurse	12	31
ANMs	12	31
Paramedical personnel expanded	24	62
Auxiliary, nurse midwife (ANM) school operating at optimal level (Students in training)	70	150
BHC supply systems expanded	X	X
Client record system operating	X	X

Host Country and Other Donors:

Government of Afghanistan 25% direct construction costs of BHCs. Land, personnel, drugs, expendable materials and equipment for BHCs and office space.

UNICEF Maternal/Child Health drugs, equipment, 220 vehicles and potable water supplies.

Progress to Date: The Auxiliary Nurse Midwife School has opened and training sequences are on schedule. Basic Health Center construction sites have been chosen for nine new centers and three previously constructed but incomplete BHC locations have been selected to be completed under this project. Building specifications have been agreed upon. Initial field surveys and model designs have been completed for the Alternative Health Delivery Systems. The upgrading of 54 existing Basic Health Centers is on schedule with 35 centers inspected, reorganized and personnel given in-service training.

	U.S. GRANT FINANCING (In thousands of dollars)			PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	1,420	111	1,309	
Estimated Fiscal Year 1977	1,485	344		
Estimated through September 30, 1977	2,905	455	2,450	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	1,222	121	4,248	

CONTINUING ACTIVITY

Continuation Sheet

TITLE	Basic Health Services	NUMBER	306-0144
-------	-----------------------	--------	----------

FY 1978 Program:

<u>A.I.D.-financed Inputs</u>		<u>FY 78</u>
(\$ Thousands)		
Personnel		
Two direct-hire advisors		130
Seven short-term contract advisors		148
Participants		
Three long-term and eight short term		53
Demonstration and training equipment and supplies		60
Construction costs		<u>831</u>
Total		1,222

Country: MOROCCO

NEW ACTIVITY

Table V

TITLE Family Health	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 608-0133		FY 78 475		
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>		INITIAL OBLIGATION FY 1978	ESTIMATED FINAL OBLIGATION FY 1980	ESTIMATED COMPLETION DATE OF PROJECT FY 1981

Goal: To improve the health status of the Moroccan poor.Host Country:Purpose: To strengthen the capacity of the Government of Morocco to deliver health services, particularly to the rural areas.

Ministry of Public Health (MOPH)

Personnel and facilities

Local costs for operational studies and analyses

Background: The public health system in Morocco is designed to serve the needs of the 80% of the population which cannot afford or cannot find access to private health care. In spite of impressive achievements in building a total system, the government still faces problems in getting services to the sparsely populated rural areas and in managing a fast growing system. Planning and management continue to center on the existing system which works well in areas of reasonable population density but which have serious shortcomings in more rural areas.

FY 1978 Program:

A.I.D. will provide technical assistance and training in operations management, systems analysis and health planning.

A.I.D.-financed Inputs
(\$ Thousands)

	<u>FY 78</u>	<u>All Years</u>
Personnel	275	750
Two long-term technicians		
Short-term consultants		
U.S. training for six long-term participants and non-academic short-term training	100	400
Pilot demonstration equipment and materials	<u>100</u>	<u>400</u>
Total	475	1,550

In November 1976, a U.S. health team that visited Morocco to review in-service training requirements concluded that while the Moroccan Government was making good progress in these programs, U.S. assistance could be of benefit in expanding services in the rural areas through improving management of ambulatory care and upgrading the capacity of the government to plan for the better use of their health resources.

<u>Major Outputs:</u>	<u>FY 78</u>	<u>All Years</u>
Pilot demonstration areas established	X	X
Rural dispensaries created	X	X
Rural health centers created	X	X
New management and planning systems installed	X	X
Central planning unit established	1	1

Country: TUNISIA

NEW ACTIVITY

Table V

TITLE	Rural Community Health	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
		Health	FY 78	3,300	(300 Grant, 3,000 Loan)
NUMBER	664-0296		INITIAL OBLIGATION FY 1978	ESTIMATED FINAL OBLIGATION FY 1980	ESTIMATED COMPLETION DATE OF PROJECT FY 1980
GRANT	<input checked="" type="checkbox"/>	LOAN	<input checked="" type="checkbox"/>		

Goal: To improve living conditions of the poor and, thereby, to provide for a more productive Tunisian rural population.

Purpose: To improve rural health institutions by developing a cadre of Tunisian community health workers able to deliver primary health services to the rural populace.

Background: The principal problem in Tunisia's health sector is environmental health including inadequate sanitation, nutrition and preventive health programs. Over-concentration on curative rather than preventive health care is the rule. Primary health care is beyond the reach of the remote rural population. A recent sector study suggested the need to reduce the health system's physician-dependence by restructuring the jobs of the non-physician front-line workers and retraining these paraprofessionals to carry out expanded duties.

The project will be undertaken in a pilot area comprising two least-developed interior provinces. The study also showed a need for equipment and infrastructure.

Major Outputs:

	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>
	(Cumulative as of end of FY)		
Curriculum and short-term training program developed for health workers	1	1	1
Community health programs established	1	X	X
Health personnel exposed to primary health programs in other settings	10	25	40
Health facilities constructed/renovated	X	20	35
Health programs, policies revised	X	X	X

Host Country:

Government of Tunisia Health services budget, purchase/rental of additional rural facilities, staffing as necessary

FY 1978 Program: A contract team will develop a curriculum and a short-term training program and establish a community health program in the pilot area. Construction and equipment requirements will be loan-financed.

A.I.D.-financed Inputs
(\$ Thousands)

<u>Grant</u>	<u>FY 78</u>	<u>All Years</u>
Two contract technicians and two short-term consultants	225	585
Training and observation tours for seven Tunisians	25	95
Demonstration and training aids.	50	150
Total	300	830
<u>Loan</u>		
Renovation of rural dispensaries	500	500
Construction of family health centers for ambulatory care	2,000	2,000
Upgrading of specialized components of provincial hospitals (e.g., x-ray, lab. facilities, etc.)	500	500
Total	3,000	3,000

Country: TUNISIA

CONTINUING ACTIVITY

Table IV

TITLE Integrated Pre-School Feeding	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	90	
NUMBER 664-0297	PRIOR REFERENCE Advice of Program	INITIAL OBLIGATION FY 1977	ESTIMATED FINAL OBLIGATION FY 1978	ESTIMATED COMPLETION DATE OF PROJECT FY 1978
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	Change to be Transmitted			

Purpose: To increase the effectiveness of the pre-school feeding program and to integrate preventive health and health education components within the presently existing program.

Major Outputs:

	FY 77	FY 78
	(Cumulative as of end of FY)	
Orientation of regional officials to new integrated program and its coordination and management in 450 centers	X	X
Trained Tunisian social workers in applied health and nutrition	X	X
Research on effectiveness of public health nurses and retrained social workers	X	X
Center-feeding program offers consistent balanced and varied meals	X	X
Feeding centers modified where necessary for program implementation	250	450
Establishment of clinical screening, referral and health record keeping system at the feeding centers	X	X

Host Country and Other Donors:

Government of Tunisia

Personnel and commodities from Ministry of Public Health, Ministry of Social Affairs, National Institute of Nutrition and National Committee for Social Solidarity

CARE/MEDICO and CRS

Administrative support

Peace Corps

Volunteers/Trainers

Progress to Date: Coordination of final program details with the Ministries of Education, Public Health and Social Affairs is underway and implementation of the program will begin in early 1977. This project is being implemented through an operational program grant (OPG) to the CARE/MEDICO and CRS private voluntary agencies.

FY 1978 Program: A.I.D. will finance the following in order to reach the project targets.

A.I.D.-financed Inputs
(\$ Thousands)

Training and seminars
Furniture and equipment for centers
Total

FY 78
11
79
90

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	
Estimated Fiscal Year 1977	378	350		
Estimated through September 30, 1977	378	350	28	
Proposed Fiscal Year 1978	90	-	468	

CARE/MEDICO

Country: TUNISIA

CONTINUING ACTIVITY

Table IV

TITLE	Kairouan Water Facilities	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
		Health	FY 78	118	
NUMBER	664-0298	PRIOR REFERENCE	INITIAL OBLIGATION	ESTIMATED FINAL OBLIGATION	ESTIMATED COMPLETION DATE
GRANT <input checked="" type="checkbox"/>	LOAN <input type="checkbox"/>	Advice of Program	FY 1977	FY 1978	OF PROJECT
		Change to be transmitted			FY 1978

Purpose: To improve primary health conditions in rural areas of Kairouan Province through the provision of potable water and the construction of family latrines.

Major Outputs:

	FY 77	FY 78
	(Cumulative as of end of FY)	
Motorized pumping facilities	10	25
Trained maintenance personnel	2	2
Trained health educators	2	2
Mason training programs	2	4
Family latrines built	100	200

Host Country and Other Donors:

Government of Tunisia	Ministry of Public Health and provincial personnel, facilities and commodities
Peace Corps	Volunteers
CARE/MEDICO	Administrative costs and commodities

Progress to Date: Hydrological data has been collected on twenty-five wells. Discussions are continuing on the composition of health education and wells maintenance teams. This project is being implemented through an operational program grant (OPG) to the U.S. Voluntary Agency CARE/MEDICO.

FY 1978 Program: Basic water-related sanitation in Kairouan Province is to be expanded to the target population through the installation of additional water facilities and family latrines.

A.I.D.-financed Inputs
(\$ Thousands)

	FY 78
Locally procured construction materials	40
Latrine construction	3
Carpenter tools	3
Motor pumps	68
Education materials	4
Total	118

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	CARE/MEDICO
Estimated Fiscal Year 1977	228	228	-	
Estimated through September 30, 1977	228	228	-	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	118	-	346	

Country: YEMEN ARAB REPUBLIC

CONTINUING ACTIVITY

Table IV

TITLE Water Supply Systems Management	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78 325		
NUMBER 279-0028	PRIOR REFERENCE	INITIAL OBLIGATION	ESTIMATED FINAL OBLIGATION	ESTIMATED COMPLETION DATE
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Near East Program, p.88	FY 1977	FY1978	OF PROJECT FY 1981

Purpose: To improve the capability of the Yemen Government's National Water and Sewerage Authority (NWSA) to plan, design construct, operate and manage the water and sewerage systems of Yemen.

mutually agreed among the various donors and in conjunction with the Yemen Government that A.I.D. will provide a contract team with specialists in engineering, fiscal and personnel management and operations maintenance. The team will assist NWSA by providing advisory services, overseeing on-the-job training and designing a technical training curriculum to complement the projects' U.S. and third-country training activities.

Major Outputs:

	<u>FY 77</u>	<u>FY 78</u>
	(Cumulative as of end of 'FY)	

Returned Participants 0 2

Technicians trained 0 30

FY 1978 Program:

A.I.D.-financed Inputs
(\$ Thousands)

Host Country and Other Donors:FY 78

Host Country: Counterpart staff, facilities, participant salaries, and transportation.

Personnel (Contract)

Other Donors: This activity will complement capital assistance from The World Bank and Arab funds involved in building major water systems for the cities of Sana and Hodeida.

One Team Leader, one Sanitary Engineer 194
Short-Term Consultants

Training

Progress to Date: The project start was delayed while AID and the World Bank completed a joint study of NWSA manpower resources and training needs. Plans of staff needs for the Taiz, Sana and Hodeida and secondary city municipal water systems have now been completed. A scope of work for consultant services complementing the inputs of the World Bank and Arab donors was also completed. It has been

US degree training 70
In-Country administrative and operations training 40

Other Costs 21

Total 325

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	To be selected
Estimated Fiscal Year 1977	300	100		
Estimated through September 30, 1977	300	100	200	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	325	612	1,237	

Country: YEMEN ARAB REPUBLIC

CONTINUING ACTIVITY

Table IV

TITLE Water/Sewerage Systems Design for Rural Centers	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	270	
NUMBER 279-0029	PRIOR REFERENCE	INITIAL OBLIGATION FY 1977	ESTIMATED FINAL OBLIGATION FY 1978	ESTIMATED COMPLETION DATE OF PROJECT FY 1979
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Near East Programs, p.89			

Purpose: 1) To provide feasibility studies and final designs for potable water and sewerage systems for 15 rural population centers; 2) to increase the capability of the Yemen Government's National Water and Sewerage Authority (NWSA) to evaluate feasibility studies and to monitor design of medium size water and sewerage systems.

Government as to which agency would have jurisdiction over rural water and sewerage design systems. NWSA was assigned this responsibility in November 1976. This delay, and the inflation of costs in Yemen, have resulted in an increase in total project costs. Implementation is nevertheless expected to begin in FY 1977 by contract with a U.S. consulting firm.

Major Outputs:

	<u>FY 77</u>	<u>FY 78</u>
	(Cumulative as of end of FY)	

Test wells drilled	5	15
Feasibility studies completed	5	15
Final designs completed	-	10

FY 1978 Program: Funding will cover cost of contract services for the initial design of 15 water and sewerage supply systems, including test drillings and preliminary feasibility studies.

A.I.D.-financed Inputs
(\$ Thousands)

Host Country and Other Donors:

Host Country: Counterparts staff, trainees, land, local material, and drilling costs.

Arab Donors: Expected to fund construction of up to 11 systems based on these designs.

Consulting Engineering Firm	210
Participant Training in the United States	40
Other Costs	20
Total	270

Progress to Date: The Yemen Government has requested that A.I.D., in view of its considerable experience with water systems in Yemen, undertake this project which will improve the health and quality of life of people in the rural towns of Yemen. The request has been expanded to include sewerage as well as potable water design. Project start-up has been delayed awaiting determination by the Yemen

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	To be selected
Estimated Fiscal Year 1977	680	200	480	
Estimated through September 30, 1977	680	200	480	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	270	-	950	

Country: YEMEN ARAB REPUBLIC

NEW ACTIVITY

Table V

TITLE Water/Sewerage Systems Construction for Rural Centers	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	3,000	
NUMBER 279-0041		INITIAL OBLIGATION FY 1978	ESTIMATED FINAL OBLIGATION FY 1979	ESTIMATED COMPLETION DATE OF PROJECT FY 1980
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>				

Goal: To improve the health and quality of life of people in four rural population centers of Yemen.

Purpose: Construction of facilities to deliver uncontaminated and reliable water supplies and to provide for the effective and safe disposal of human and other wastes.

Background: The Yemen Government is devoting highest priority (50% of planned expenditures) in its 1976-1980 plan to providing infrastructure improvements to change the generally primitive conditions that exist throughout Yemen. This project as originally conceived consisted of the constructed of five basic "no frills" water systems for secondary cities. However, because the Government of Yemen requested A.I.D. to undertake feasibility studies and final design for 15 rural towns with population between 5,000 and 30,000 in the expectation that other Arab States would finance the construction of up to 11 of the systems, the project has been separated into two distinct projects. The first project, "Water/Sewerage System Design for Rural Centers" (0029) that will provide the basis for construction projects. This proposed FY 1978 project is a capital grant to construct four of the systems designed. Construction will include the laying of water and sewerage distribution networks, and construction of pumping stations, water storage and sewerage disposal areas and public water fountains.

Major Outputs:

	<u>FY 78</u>	<u>FY 79</u>	<u>FY 80</u>	<u>All Years</u>
Construction of Water and Sewerage Systems	1	2	4	4

(Cumulative as of end FY)

Host Country and Other Donors:

Host Country: Counterpart staff, facilities and locally available pipe, pumps, and fillings.

FY 1978 Program:

	<u>A.I.D.-financed Inputs</u> (\$ Thousands)	
	<u>FY 78</u>	<u>All Years</u>
<u>Contracts</u>		
Construction Supervision	200	400
Construction supplies cement, pipe and pumping equipment	2,800	3,100
Total	3,000	3,500

Country: YEMEN

CONTINUING ACTIVITY

Table IV

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	120	
Applied Health Nutrition	Health			
NUMBER 279-0035	PRIOR REFERENCE Advice of program	INITIAL OBLIGATION	ESTIMATED FINAL OBLIGATION	ESTIMATED COMPLETION DATE
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	change transmitted 6/11/76	FY 1976	FY 1978	FY 1978

Purpose: To support the development and operating costs of a pilot nutrition education program estimated to provide 10,000 mothers with basic information on health, nutrition, food preparation, sanitation, and child care through group classes, home demonstration, counseling, slide shows and kitchen garden projects.

Major Outputs:

	9/30/76	FY 77	FY 78
	(Cumulative as of end of FY)		
Health/Nutrition Specialists trained	-	20	30
Mothers trained	-	2,500	10,000
Children with improved nutritional status	-	1,500	5,000
Children indirectly benefitted	-	10-20,000	30-60,000
MCH Clinics functioning	-	10	20

Host Country and Other Donors:

Government of Yemen 50% of salaries of counterpart trainees and health nutrition specialist

Catholic Relief Services (CRS) \$34,000 for administrative support, salary, travel and per diem of an administrator/nutritionist and a regional advisor

Progress to Date:

- CRS project team in place.
- Training program started for first ten women health nutritionists.
- Mothers' classes and individual counseling of mothers begun.
- Basic training course for four Yemeni counterparts underway.

FY 78 Program:

A.I.D.-financed Inputs	FY 78
(\$ Thousands)	
Expatriate personnel: Three nutritionist educators	56
Local hire: Eight Yemeni office staff	25
In-country training of health/nutrition specialists	3
Participant travel and per diem associated with training	13
Fuel, maintenance and spare parts for a mobile unit; maintenance and parts for office and training equipment; spare parts for vehicles; educational and office supplies and local food purchased for demonstration	15
Other costs	8
Total	120

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	194	41	141	Catholic Relief Services
Estimated Fiscal Year 1977	120	267		
Estimated through September 30, 1977	314	308		
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	120	-	434	

Country: NEAR EAST REGIONAL

CONTINUING ACTIVITY

Table IV

TITLE Project Development and Support		FUNDS Various HEALTH	PROPOSED OBLIGATION (In thousands of dollars)		
NUMBER 298-0035		PRIOR REFERENCE	FY 78	1,025 280	
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>		FY 1977 Near East Programs, p.102	INITIAL OBLIGATION FY 1974	ESTIMATED FINAL OBLIGATION FY Continuing	ESTIMATED COMPLETION DATE OF PROJECT FY Continuing

Purpose: To develop technical assistance projects and programs in key activity areas in Near East Bureau countries, and provide for evaluation and problem-specific support of country and regional projects.

Progress to Date: This project finances specialized consultations, reconnaissance and feasibility studies, evaluations and design of field tests, research, conferences, pilot activities and training carried out directly or through contracts with organizations, cooperatives, voluntary agencies, and individuals; and related commodity and other support in areas critical to effective program and policy development, evaluation, and management. Primary areas addressed continue to be in the agriculture, health, family planning, and education sectors. Activities that offer significant potential for involving women in the development process are given particular attention.

Activities funded under this project in the past year include contract services to assist the Government of Tunisia prepare a project design proposal for a rural health project; a PASA with the Bureau of Census to identify, develop, design, implement and evaluate projects in the human resources/education sector; a Research Special Studies Agreement with the International Statistical Programs Center (ISPC) of the Bureau of Census to translate information needs into technically adequate scopes of work and study designs, including cost considerations; services of a design team to address a number of issues related to

nonformal education of women in Morocco; and a seminar conducted by the Institute of Development Anthropology to examine issues and bring together knowledge relevant to designing a rural development program in Yemen.

FY 1978 Program: A.I.D. requests \$1,025,000 for continued project development and support needs. Activities presently under consideration and development include water and agricultural sector surveys in Yemen; a rural community health and design team for Tunisia; an agricultural sector review in Afghanistan; and an agri-business survey in Morocco.

A.I.D.-financed Inputs
(\$ Thousands)

	<u>FY 78</u>
Contract and consultant services	1,025

Funding by Functional Account
(\$ Thousands)

Food and Nutrition	300
Health	280
Education and Human Resources Development	300
Selected Development Activities	145
Total	<u>1,025</u>

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	1,144	846	298	Bureau of Census Family Health Care, Inc. Checchi and Company Personal Service Contractors
Estimated Fiscal Year 1977	1,025	990		
Estimated through September 30, 1977	2,237	1,836	401	
		Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	1,025	-	-	

TITLE	FUNDS	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78	ESTIMATED FINAL OBLIGATION FY Continuing	ESTIMATED COMPLETION DATE OF PROJECT FY Continuing
Grants to Private Voluntary Organizations	Various HEALTH	850	150	
NUMBER 298-0036	PRIOR REFERENCE	INITIAL OBLIGATION FY 1976	ESTIMATED FINAL OBLIGATION FY Continuing	ESTIMATED COMPLETION DATE OF PROJECT FY Continuing
GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	FY 1977 Near East Program, p.103			

Purpose: To support and expand priority development activities of private voluntary organizations (PVOs) in the Near East countries.

Progress to Date: Though limited in number, those U.S. PVOs operating in the Near East countries have unique experience and capabilities in providing various types of assistance to the poor. These include food programs under Title II of PL 480, humanitarian relief to victims of disasters, poverty, and illness, and limited but growing economic and social development programs. This project encourages expansion of these development activities by setting funds aside, outside regular country program budgets for rapid response to worthwhile PVO proposals. Once approved, funding for each project generally becomes part of individual country programs.

Areas of interest for funding are projects that increase income, improve nutrition, health, and practical education, and benefit women in rural areas. Increasing emphasis is being given to projects that stimulate maximum local-level participation by low-income groups in planning and implementing assistance activities.

In FY 1976 and the Transition Quarter, the following PVO grants were approved:

Morocco

CRS - \$193,000 for a nutrition project complementing Title II support to MCH centers

Tunisia

CARE - \$50,000 for a public health project in Bizerte
 - \$76,000 for a nutrition-health education project
 - \$45,000 for improvement of wells and health education in the LeKef region

Yemen

CRS - \$100,000 to support the Al Olofy hospital in Hodeidah
 - \$194,000 for an applied health and nutrition training project

In FY 1977, \$250,000 is programmed under this project for a community-based rural development project in a disadvantaged province of Tunisia (Silliana), proposed by the U.S. Save the Children Federation/Community Development Foundation (CDF) as an integral part of the larger A.I.D.-assisted rural development program there. Other PVO projects approved or being considered for FY 1977 funding under country programs include:

Morocco

CRS - a rural development project emphasizing land reclamation through small dams and soil conservation in a mountainous dryland area

Tunisia

CARE- expansion of their wells improvement and sanitary education program into Kairouan province
 CARE- provision of potable water to people in the poorest rural areas in the Province of Silliana
 CARE- an integrated pre-school feeding project

	U.S. GRANT FINANCING (In thousands of dollars)			PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Through September 30, 1976	-	-	-	Catholic Relief Services
Estimated Fiscal Year 1977	610	450	-	CARE
Estimated through September 30, 1977	610	450	160	Community Development Foundation
		Future Year Obligations	Estimated Total Cost	Others to be selected
Proposed Fiscal Year 1978	850	-	-	

CONTINUING ACTIVITY

Continuation Sheet

TITLE	NUMBER
Grants to Private Voluntary Organizations	298-0036

Yemen

- CDF - a community-based rural development program being designed jointly with A.I.D. as a pilot program for broader replication
- CRS - a home and community garden demonstration program
- CRS - preventive health care in conjunction with the maternal child health program

FY 1978 Program: The \$850,000 requested will permit continuation and expansion of the kinds of grants to PVOs described above.

A.I.D.-financed Inputs: Funding by Functional Account
(\$ Thousands)

	<u>FY 78</u>
Food and Nutrition	350
Health	150
Education & Human Resources Development	200
Selected Development Activities	150
Total	850

INTERREGIONAL

Worldwide Technical
Assistance and Research

INTERREGIONAL ACTIVITY

TITLE Health Delivery Systems NUMBER 931-H011	FUNDS Health	PROPOSED OBLIGATION (in thousands of dollars) FY 78 3,370
	PRIOR REFERENCE FY 1977 Interregional Programs, p. 41	

PURPOSE AND COURSE OF ACTION: To extend the delivery of integrated health, family planning and nutrition services to the majority of populations of less developed countries at a cost which developing countries can support without prolonged external assistance. Priority groups being helped are women of child bearing age and children under five years.

Project activities include: (1) a prototype activity in Thailand for the development and evaluation of an affordable integrated delivery system; (2) provision of technical assistance related to feasibility project design and evaluation of affordable health delivery systems as part of A.I.D.'s bilateral programs, developing guidelines for evaluation of health delivery systems, and establishing an information network for prompt and widespread collection and dissemination of the principles and concepts of affordable health delivery systems; (3) development of a new approach and methodology for accelerated training and deployment of mid-level health manpower, and assistance in designing courses suited to local needs and resources for training the trainers of para-medicals and health auxiliaries.

Progress to Date: The health delivery system prototype project in Thailand with assistance from the University of Hawaii and the American Public Health Association (APHA) is in its third year of operation. The Ministry of Health has expedited extension of health and population services by utilizing its staff and trained volunteers including 35 medical assistants, 7092 health communicators, 379 health post volunteers and 204 traditional midwives. These numbers will increase significantly in FY'78 as training programs continue. In the past three years the APHA has provided assistance on an individual or team basis to more than thirty countries. Areas of consultation include service planning and delivery, sectoral assessment manpower development and program design and evaluation. APHA has initiated a network for collection and worldwide dissemination of information concerning health delivery systems. Tulane University will complete an extensive evaluation of a health delivery system project in Colombia by the end of 1978.

Consultations with international and voluntary health organizations continue to strengthen international support for promoting the concept of low-cost systems for the majority. WHO is actively supporting on a

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS/GRANTEES
	Obligations	Expenditures	Unliquidated	
Through 9/30/76*	11,779	8,527	3,252	American Public Health Association American Hospital Association Boston University Tulane University University of Hawaii
Estimated FY 77	2,151	3,292	2,111	
Proposed FY 78	3,370	4,323	1,158	

*Excludes activities which terminated prior to FY 1974

INTERREGIONAL ACTIVITY

Continuation Sheet

TITLE Health Delivery Systems	NUMBER 931-H011
----------------------------------	--------------------

world-wide basis the concept of integrated Health delivery systems (which it refers to as primary Health Care) through conferences, workshops, information dissemination and provision of technical assistance.

The University of Hawaii has provided consultative services to thirteen countries for the development of a new category of mid-level health manpower, the "physician extender" or "MEDEX." As a result, three countries, Guyana, Pakistan, and Thailand are planning or implementing such programs.

The Center for Educational Development in Health (CEDH) of Boston University, developed a methodology for teaching community medicine and trained one-hundred and sixty-seven public health teachers in this methodology. These teachers have designed 151 health courses adapted to diverse host country needs. The approach has been tested in six overseas locations. The CEDH is refining and simplifying the methodology for training the trainers of health professionals, paramedics and auxiliaries in the developing countries.

The American Hospital Association provides developing countries with assistance aimed at improving the operation and utilization of health facilities, equipment and structures.

FY 1978 Program: APHA and the University of Hawaii will continue to provide technical support to the Thailand Project. APHA will assist A.I.D. in meeting the growing demand for program assistance in planning and evaluating integrated health delivery system programs and will initiate a series of in-depth field studies in selected countries based upon information collected and analyzed on existing low-cost integrated health delivery projects. The Tulane University

evaluation in Colombia will be completed. The University of Hawaii will continue to provide mid-level manpower consultant services to requesting countries. Developing countries will be made aware of the MEDEX model and assist in designing programs applying the model to local requirements.

CEDH will refine the methodology for training the trainers of health personnel. The American Hospital Association will continue to assist developing countries improve their health facilities infra-structure.

Type of Activity - FY 1978	Amount (\$000)
Research	
Adaptation and Application	3,058
Field Services	312
Institutions Working w/LDCs	
Program Development and Support	
211(d) Institution Building Grants	
Total	3,370

Worldwide Technical Assistance and Research

INTERREGIONAL ACTIVITY

TITLE Health Planning NUMBER 931-H012	FUNDS Health and Population Planning	PROPOSED OBLIGATION (In thousands of dollars)
	PRIOR REFERENCE FY 1977 Interregional Programs, p. 43	FY 78 2,059 1,259

PURPOSE AND COURSE OF ACTION: To increase and maintain the linkages between health planning and economic development planning in less developed countries to bring about more efficient analysis and planning of health resources. A major portion of health resources are inefficiently utilized and inadequately allocated to meet stated national health goals, due to limited planning capabilities and inadequate problem identification in developing countries.

The project includes the following activities; (a) training economic and social planners in health planning and senior health officials in the concepts of economic development, (b) research for improving the health status of populations and assistance to developing countries in health planning, management, and analysis, (c) training and research services in the multidisciplinary approach to health planning and in the development of overseas institutions to train health planners, and (d) provision of expert technical advisory services to improve management and administration components of A.I.D.-financed LDC projects.

Progress to Date: Health sector analyses, either completed or underway in Asia, Near East, Africa and Latin America, are being reflected in improved planning of development projects. The Office of International Health (HEW) is continuing to provide technical advisory

services in health planning to the four geographic areas. John Hopkins University, supported by an A.I.D. grant and by complementary grants from other organizations, provides developing countries, A.I.D. missions and international organizations with a multidisciplinary institutional resource for education and training, research and advisory services focused on health sector analysis, planning, and low cost health delivery systems designed to reach the poor majority. It has provided technical advisory services in eight countries, is continuing collaborative institutional linkages with institutions in three developing countries, and is conducting research on alternative integrated health delivery systems. Johns Hopkins has trained fifty health personnel for developing countries in a special course in health planning. A multidisciplinary course of health macro-planning at the University of Michigan accepted its second class of developing country students in Fall 1976.

Seven health sector analysis methodological manuals are being written to assist LDCs in health planning. The National Library of Medicine continues to respond to LDC requests for health information.

The University of Michigan began research activity regarding LDC health economics. A demonstration of health policy analysis techniques is planned for three LDCs

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS/GRANTEES
	Obligations	Expenditures	Unliquidated	
Through 9/30/76*	6,163	4,812	1,351	University of Michigan Johns Hopkins University Office of International Health (HEW) National Library of Medicine (HEW) Contractor to be selected
Estimated FY 77	2,418	1,942	1,827	
Proposed FY 78	2,059	2,731	1,155	

*Excludes activities which terminated prior to FY 1974

INTERREGIONAL ACTIVITY

Continuation Sheet

TITLE Health Planning	NUMBER 931-H012
--------------------------	--------------------

and research has begun on the relationships of health sectors with other sectors.

Activities providing assistance in health management are beginning in 1977, one to develop criteria and guidelines for approving LDC health management systems and the second to develop methodology and materials for training health system managers. Together, they should significantly enhance present limited consultant capability in the health management field.

FY 1978 Program: The Johns Hopkins University will continue the training of health planners in micro- and macro-planning to help developing countries plan health programs within their own financial and manpower resources. Institutional contracts and a support agreement with the Office of International Health will make available technical advisory services to approximately ten developing countries in health planning and health sector analysis. New efforts will be made to develop methodologies, techniques, curricula and training materials in health management and planning. A service contract in health management will be instituted in FY 1978. New research in the health economics of LDCs is planned.

Funding by Functional Account
(\$ thousands)

Health	1,259
Population Planning	800
	<u>2,059</u>

Additional Program Requirement: If funds become available, A.I.D. will expand its health economics research activities by the development of an analytical model presenting relationships among health, population and the other sectors.

ADDITIONAL REQUIREMENT	
Type of Activity	Amount (\$000)
Research	100
Adaptation and Application	
Field Services	
Institutions Working w/LDCs	
Program Development and Support	
211(d) Institution Building Grants	
Total	100

Type of Activity - FY 1978	Amount (\$000)
Research	
Adaptation and Application	529
Field Services	835
Institutions Working w/LDCs	70
Program Development and Support	625
211(d) Institution Building Grants	
Total	2,059

**Worldwide Technical
Assistance and Research**

INTERREGIONAL ACTIVITY

TITLE Environmental Health	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)
NUMBER 931-H013	PRIOR REFERENCE FY 1977, Interregional Program p. 45	FY 78 3843

PURPOSE AND COURSE OF ACTION: To reduce the adverse impact of the physical environment on the quality of human life by developing the means for controlling the most critical disease problems of the poor majority. The major causes of morbidity and mortality in the LDCs stem from the adverse impact on humans of environmental pollution of water, soil and food contamination, and the major, endemic, vector-borne diseases, such as malaria and schistosomiasis. Warm temperatures and relatively high rainfall in most LDCs, exacerbated by some works of man, contribute to perennial breeding of insects and rapid growth of harmful organisms. The course of action includes: (1) providing guidelines, procedures, and assistance in assessing the impact on health of developmental projects which alter the environment; (2) continuing examination of problems associated with community water supply and sanitation, including the search for low-cost technologies for solving those problems and research efforts to determine the health benefits from increased availability of water; (3) articulating Agency guidelines for attacking in close collaboration with WHO the problem of schistosomiasis while concurrently supporting exploratory studies in the areas of improved drug therapy, methods for predicting the schistosomiasis prevalence from planned water projects, and the economic impact of schistosomiasis; (4) continuing support of

malaria immunity research leading, over the long run, to the development of a malaria vaccine, while supporting research leading to new technologies for the control of malaria in the short-range (including the development of an environmentally acceptable replacement for DDT), and providing technical support to A.I.D.- supported malaria control programs; (5) planning A.I.D. support, in collaboration with other donors, for the Special Program for Tropical Disease Research on malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis and leprosy.

A.I.D. is making greater efforts to work with the multi-lateral agencies and other donors to make our respective programs mutually supportive.

Progress to Date: Guidelines and procedures for assessing the impact on health of developmental projects are being prepared and Initial Environmental Examinations are being reviewed for validity. Data from the "Food Waste/Sanitation Cost-Benefit Methodology" activity are being prepared to analysis and interpretation. The results are expected to shed new light on the significance of sanitary interventions on the reduction of diarrheal diseases. Following completion of a feasibility study, further research is being conducted in Brazil to measure the health and nutrition benefits from expanded avail-

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS/GRANTEES
	Obligations	Expenditures	Unliquidated	
Through 9/30/76*	11,953	9,620	2,333	University of North Carolina; University of Oklahoma; Georgia Institute of Technology; John Hopkins University; University of New Mexico; New York University, New York University Medical Center; University of Hawaii; Parke Davis Company; Rockefeller University; Pan American Health Organization; World Health Organization; University of Illinois; Bureau of Census and HEW/Center for Disease Control
Estimated FY 77	1,757	2,813	1,277	
Proposed FY 78	3,843	3,461	1,659	

*Excludes activities which terminated prior to FY 1974

INTERREGIONAL ACTIVITY

Continuation Sheet

TITLE Environmental Health	NUMBER 931-H013
-------------------------------	--------------------

ability of water supplies. A methodology has been developed for use in selecting the optimal water and waste water treatment processes in terms of in-country manpower, material and acceptability. The methodology together with guidance materials on its application will be published and distributed to LDCs in 1977. The "Testing Predictive Sanitation Model" activities will both field-test the methodology and serve as a vehicle to promote its use in LDCs. The Georgia Institute of Technology is testing a specially developed hand water-pump in two or more LDCs.

The John Hopkins University is testing different analogs of an antischistosomal drug. Malaria immunity research has been accelerated and new research investigators are being invited to submit research proposals. Rapid progress has been made by the Rockefeller University in overcoming one of the principal, initial bottlenecks to possible production of a malaria vaccine, i.e., the maintenance of human malaria parasites in continuous culture in human red blood cells for more than 120 days. In the search for an environmentally acceptable replacement for DDT, two new biodegradable analogs of DDT have been delivered to Abbott Laboratories and are now being tested. Technical advisory services have been extended from four to nine countries in 1977.

FY 1978 Program: A.I.D. will finance (1) a two-year field-test of the methodology for selecting optimal water and waste water treatment processes in LDCs; (2) continuing research on health and nutrition benefits of new or improved water supplies; (3) a two-year contract to examine the impact of schistosomiasis on economic activity; (4) continued malaria immunity research by six or more institutions and a one-year extension of the search for an environmentally acceptable replacement for DDT; and (5) a grant to the

new multi-donor Tropical Disease Research and Training Program and/or A.I.D. bilateral contracts to research institutions for investigations closely coordinated with the Program.

Type of Activity - FY 1978	Amount (\$000)
Research	2,906
Adaptation and Application	137
Field Services	
Institutions Working w/LDCs	800
Program Development and Support	
211(d) Institution Building Grants	
Total	3,843

Additional Program Requirement: If funds become available, A.I.D. will fund: two field trials testing malaria control by genetic manipulation of mosquitos through village community self-help programs; the development of anti-schistosomal drugs; application of a schistosomiasis transmission simulation model to cost-effective studies of schistosomiasis control measures; and acceleration of the Tropical Disease Research Program.

ADDITIONAL REQUIREMENT	
Type of Activity	Amount (\$000)
Research	736
Adaptation and Application	505
Field Services	
Institutions Working w/LDCs	1,700
Program Development and Support	
211(d) Institution Building Grants	
Total	2,941

Country: SER INTERREGIONAL PROGRAMS

CONTINUING ACTIVITY

Table IV

TITLE Inspector General of Foreign Assistance	FUNDS Various HEALTH	PROPOSED OBLIGATION (In thousands of dollars)		
		FY 78 1,100 100		
NUMBER GRANT <input checked="" type="checkbox"/> LOAN <input type="checkbox"/>	PRIOR REFERENCE FY 1977 Inter-regional Program, p. 247	INITIAL OBLIGATION FY 1961	ESTIMATED FINAL OBLIGATION FY CONTINUING	ESTIMATED COMPLETION DATE OF PROJECT FY CONTINUING

The Inspector General of Foreign Assistance has broad statutory inspection and evaluation responsibilities for U.S. economic and military assistance programs.

The Office of Inspector General of Foreign Assistance is located organizationally in the Department of State. The Inspector General reports directly and solely to the Secretary of State.

Section 624(d)(7) of the Foreign Assistance Act provides that expenses of the IGA shall be charged to appropriations made for foreign assistance programs. The share for A.I.D. is as indicated on the table at right:

A.I.D. Appropriation Accounts	FUNDING SOURCE			
	FY 76	Transition Quarter	FY 77	FY 78
Food and Nutrition	300	30	400	400
Population Planning			200	200
Health	199	100	200	100
Education and Human Resources Development	139	25	200	200
Selected Development Activities	277		200	200
Total	915	155	1,200	1,100

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS OR AGENCIES
	Obligations	Expenditures	Unliquidated	
Actual Fiscal Year 1977/78	1,070	1,070	-	
Estimated Fiscal Year 1977	1,200	1,200	-	
Estimated through September 30, 1977	2,270	2,270	-	
	-	Future Year Obligations	Estimated Total Cost	
Proposed Fiscal Year 1978	1,100	-	-	

Worldwide Technical
Assistance and Research

INTERREGIONAL ACTIVITY

Additional Program Requirement

TITLE Environmental Health	FUNDS Health	PROPOSED OBLIGATION (In thousands of dollars)
NUMBER 931-H013	PRIOR REFERENCE FY 1977, Interregional Program p. 45	FY 78 2,941 2,941

PURPOSE AND COURSE OF ACTION: To reduce the adverse impact of the physical environment on the quality of human life by developing the means for controlling the most critical disease problems of the poor majority. The major causes of morbidity and mortality in the LDCs stem from the adverse impact on humans of environmental pollution of water, soil and food contamination, and the major, endemic, vector-borne diseases, such as malaria and schistosomiasis. Warm temperatures and relatively high rainfall in most LDCs, exacerbated by some works of man, contribute to perennial breeding of insects and rapid growth of harmful organisms. The course of action includes: (1) providing guidelines, procedures, and assistance in assessing the impact on health of developmental projects which alter the environment; (2) continuing examination of problems associated with community water supply and sanitation, including the search for low-cost technologies for solving those problems and research efforts to determine the health benefits from increased availability of water; (3) articulating Agency guidelines for attacking in close collaboration with WHO the problem of schistosomiasis while concurrently supporting exploratory studies in the areas of improved drug therapy, methods for predicting the schistosomiasis prevalence from planned water projects, and the economic impact of schistosomiasis; (4) continuing support of

malaria immunity research leading, over the long run, to the development of a malaria vaccine, while supporting research leading to new technologies for the control of malaria in the short-range (including the development of an environmentally acceptable replacement for DDT), and providing technical support to A.I.D.- supported malaria control programs; (5) planning A.I.D. support, in collaboration with other donors, for the Special Program for Tropical Disease Research on malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis and leprosy.

A.I.D. is making greater efforts to work with the multi-lateral agencies and other donors to make our respective programs mutually supportive.

Progress to Date: Guidelines and procedures for assessing the impact on health of developmental projects are being prepared and Initial Environmental Examinations are being reviewed for validity. Data from the "Food Waste/Sanitation Cost-Benefit Methodology" activity are being prepared to analysis and interpretation. The results are expected to shed new light on the significance of sanitary interventions on the reduction of diarrheal diseases. Following completion of a feasibility study, further research is being conducted in Brazil to measure the health and nutrition benefits from expanded avail-

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS/GRANTEES
	Obligations	Expenditures	Unliquidated	
Through 9/30/76*	11,952	9,620	2,333	University of North Carolina; University of Oklahoma; Georgia Institute of Technology; John Hopkins University; University of New Mexico; New York University, New York University Medical Center; University of Hawaii; Parke Davis Company; Rockefeller University; Pan American Health Organization; World Health Organization; University of Illinois; Bureau of Census and HEW/Center for Disease Control
Estimated FY 77	1,757	2,819	1,277	
Proposed FY 78	3,843	3,461	1,659	

*Excludes activities which terminated prior to FY 1974

INTERREGIONAL ACTIVITY

Continuation Sheet

TITLE Environmental Health	NUMBER 931-H013
-------------------------------	--------------------

ability of water supplies. A methodology has been developed for use in selecting the optimal water and waste water treatment processes in terms of in-country manpower, material and acceptability. The methodology together with guidance materials on its application will be published and distributed to LDCs in 1977. The "Testing Predictive Sanitation Model" activities will both field-test the methodology and serve as a vehicle to promote its use in LDCs. The Georgia Institute of Technology is testing a specially developed hand water-pump in two or more LDCs.

The John Hopkins University is testing different analogs of an antischistosomal drug. Malaria immunity research has been accelerated and new research investigators are being invited to submit research proposals. Rapid progress has been made by the Rockefeller University in overcoming one of the principal, initial bottlenecks to possible production of a malaria vaccine, i.e., the maintenance of human malaria parasites in continuous culture in human red blood cells for more than 120 days. In the search for an environmentally acceptable replacement for DDT, two new biodegradable analogs of DDT have been delivered to Abbott Laboratories and are now being tested. Technical advisory services have been extended from four to nine countries in 1977.

FY 1978 Program: A.I.D. will finance (1) a two-year field-test of the methodology for selecting optimal water and waste water treatment processes in LDCs; (2) continuing research on health and nutrition benefits of new or improved water supplies; (3) a two-year contract to examine the impact of schistosomiasis on economic activity; (4) continued malaria immunity research by six or more institutions and a one-year extension of the search for an environmentally acceptable replacement for DDT; and (5) a grant to the

new multi-donor Tropical Disease Research and Training Program and/or A.I.D. bilateral contracts to research institutions for investigations closely coordinated with the Program.

Type of Activity - FY 1978	Amount (\$000)
Research	2,906
Adaptation and Application	137
Field Services	
Institutions Working w/LDCs	800
Program Development and Support	
211(d) Institution Building Grants	
Total	3,843

Additional Program Requirement: If funds become available, A.I.D. will fund: two field trials testing malaria control by genetic manipulation of mosquitos through village community self-help programs; the development of anti-schistosomal drugs; application of a schistosomiasis transmission simulation model to cost-effective studies of schistosomiasis control measures; and acceleration of the Tropical Disease Research Program.

ADDITIONAL REQUIREMENT	
Type of Activity	Amount (\$000)
Research	736
Adaptation and Application	505
Field Services	
Institutions Working w/LDCs	1,700
Program Development and Support	
211(d) Institution Building Grants	
Total	2,941

Worldwide Technical Assistance and Research

INTERREGIONAL ACTIVITY

Additional Program Requirement

TITLE Health Planning NUMBER 931-H012	FUNDS Health and Population Planning	PROPOSED OBLIGATION (In thousands of dollars) FY 78 2,059 100
	PRIOR REFERENCE FY 1977 Interregional Programs, p. 43	

PURPOSE AND COURSE OF ACTION: To increase and maintain the linkages between health planning and economic development planning in less developed countries to bring about more efficient analysis and planning of health resources. A major portion of health resources are inefficiently utilized and inadequately allocated to meet stated national health goals, due to limited planning capabilities and inadequate problem identification in developing countries.

The project includes the following activities; (a) training economic and social planners in health planning and senior health officials in the concepts of economic development, (b) research for improving the health status of populations and assistance to developing countries in health planning, management, and analysis, (c) training and research services in the multidisciplinary approach to health planning and in the development of overseas institutions to train health planners, and (d) provision of expert technical advisory services to improve management and administration components of A.I.D.-financed LDC projects.

Progress to Date: Health sector analyses, either completed or underway in Asia, Near East, Africa and Latin America, are being reflected in improved planning of development projects. The Office of International Health (HEW) is continuing to provide technical advisory

services in health planning to the four geographic areas. John Hopkins University, supported by an A.I.D. grant and by complementary grants from other organizations, provides developing countries, A.I.D. missions and international organizations with a multidisciplinary institutional resource for education and training, research and advisory services focused on health sector analysis, planning, and low cost health delivery systems designed to reach the poor majority. It has provided technical advisory services in eight countries, is continuing collaborative institutional linkages with institutions in three developing countries, and is conducting research on alternative integrated health delivery systems. Johns Hopkins has trained fifty health personnel for developing countries in a special course in health planning. A multidisciplinary course of health macro-planning at the University of Michigan accepted its second class of developing country students in Fall 1976.

Seven health sector analysis methodological manuals are being written to assist LDCs in health planning. The National Library of Medicine continues to respond to LDC requests for health information.

The University of Michigan began research activity regarding LDC health economics. A demonstration of health policy analysis techniques is planned for three LDCs

U.S. GRANT FINANCING (In thousands of dollars)				PRINCIPAL CONTRACTORS/GRANTEES
	Obligations	Expenditures	Unliquidated	
Through 9/30/76*	6,163	4,812	1,351	University of Michigan Johns Hopkins University Office of International Health (HEW) National Library of Medicine (HEW) Contractor to be selected
Estimated FY 77	1,418	1,942	1,827	
Proposed FY 78	2,059	2,731	1,155	

*Excludes activities which terminated prior to FY 1974

INTERREGIONAL ACTIVITY

Continuation Sheet

TITLE Health Planning	NUMBER 931-H012
--------------------------	--------------------

and research has begun on the relationships of health sectors with other sectors.

Activities providing assistance in health management are beginning in 1977, one to develop criteria and guidelines for approving LDC health management systems and the second to develop methodology and materials for training health system managers. Together, they should significantly enhance present limited consultant capability in the health management field.

FY 1978 Program: The Johns Hopkins University will continue the training of health planners in micro- and macro-planning to help developing countries plan health programs within their own financial and manpower resources. Institutional contracts and a support agreement with the Office of International Health will make available technical advisory services to approximately ten developing countries in health planning and health sector analysis. New efforts will be made to develop methodologies, techniques, curricula and training materials in health management and planning. A service contract in health management will be instituted in FY 1978. New research in the health economics of LDCs is planned.

Funding by Functional Account
(\$ thousands)

~~Health 1,250~~
~~Population Planning 800~~
~~2,050~~

Additional Program Requirement: If funds become available, A.I.D. will expand its health economics research activities by the development of an analytical model presenting relationships among health, population and the other sectors.

ADDITIONAL REQUIREMENT	
Type of Activity	Amount (\$000)
Research	100
Adaptation and Application	
Field Services	
Institutions Working w/LDCs	
Program Development and Support	
211(d) Institution Building Grants	
Total	100

Type of Activity - FY 1978	Amount (\$000)
Research	
Adaptation and Application	529
Field Services	835
Institutions Working w/LDCs	70
Program Development and Support	625
211(d) Institution Building Grants	
Total	2,059