ACTION MEMORANDUM TO THE USAID/ZAIRE MISSION DIRECTOR

FROM: PHO, Clifford Belcher CBelcher Date: September 27, 1980

SUBJECT: Approval of the Health Systems Development (660-0057) Revised Project Paper

Problem: To seek your approval of the Project Paper (PP) revision for Health Systems Development with life of project funding of $1,277,000.

Discussion: This project paper has been revised to meet the concerns in the Project Evaluation Summary of August 1980, AAG/Nairobi's report of December 1979 and USAID/Zaire's concerns regarding project implementati This project was developed in 1974 and designed and approved in 1975. For various reasons, initiation of project activities did not begin until October 1978. The AAG/Nairobi performed an audit in December 1979. As a result, it was suggested that the PP be revised to conform to the activities that were taking place under the project and to define what project activities should take place in the future. The Mission received the authority to approve the PP revision per action memorandum to the AA/AFR on May 9, 1980.

A comprehensive evaluation was performed in July 1980. This PP revision is based on the findings and recommendations of this evaluation. A summary of the evaluation was transmitted to the GOZ on August 14, 1980. The findings in summary are as follows:

A. (1) That the project was poorly designed and lacked the time and resources to realize its objectives.

(2) That the Chief of Party's skills were inappropriate to the requirements of the project.

(3) That there were a series of factors that further hindered project performance. These included a long delay between project conception and implementation, a complete change of AID and GOZ personnel, and the problems of delay and the non-arrival of critical commodities. In addition, the period 1974-1980 saw the beginning of a general and serious economic decline. This coincided with the removal of health as a stated national priority.

B. As a result, the project accomplished only a few of its objectives and these only partially. The project did establish a planning cell in the Ministry of Health. However, the project did not produce either the six (6) national plans or the integrated replicable health delivery system planned under the project. The project did initiate some worthwhile activities which will impact on GOZ efforts to establish a workable, replicable integrated delivery system. These include the

introduction of planning and management techniques as well as the initiation of basic low cost preventive health interventions. These interventions demonstrated that rural villagers can identify and address some of their immediate health problems using only those resources affordable at the village level. These interventions included:

- Initiation of a successful Measles Vaccination Program in the Kongolo town area and the villages of Kaseya and Kayanza.

- Initiation of a nutrition status survey in these same areas.

- Establishment of two village and four town health committees.

- Initiation of a water source protection program.

- Plans for family planning education.

C. The evaluation team presented USAID with the following recommendations which have been accepted.

1. Termination of Contract with P & HS - As a result of the project's nearing completion (albeit not as envisaged in the PP) the contract should be permitted to expire on schedule the end of August 1980.

2. Termination of PSC's with Diana Koehn and Cit. Utshudi - These contracts should be permitted to expire as scheduled the end of August 1980.

3. AID assistance to the health sector should be continued in Kongolo, North Shaba using the Peace Corps as the action agent through its Volunteers.

4. USAID should make short term technical assistance available to the Department of Public Health on an as needed basis.

5. USAID should extend the life of the Health Systems Development (HSD) project through August 1982, making use of the remaining funds under the project for the following activities:

a) Provision of a national health planner to the Department of Public Health for a period of up to three months to assist the GOZ in the preparation of a National Health Strategy and an action plan for carrying it out. The same planner would also be responsible for refining the Zonal Health Plan, which is presently under preparation in Kongolo, North Shaba.

b) Upon receipt of such plans USAID should make available to Kongolo medicines and equipment for the twelve (12) health centers

and dispensaries that the GOZ medical team is preparing to open in the coming twelve (12) months. USAID or GOZ, using counterpart funds, would also provide cement, hand tools and visual aids for initiation of preventive health programs using Peace Corps Volunteers as the action agents. These inputs would be on the basis of one time only assistance to provide an initial stock of equipment and basic medicines ; restocking would continue under an auto-finanaced system.

c) Provision of per diem transportation costs and training aids for the training of village animateurs in workshops as well as recycling of present salaried health workers under the aegis of Peace Corps Volunteers and the Medical Director of Kongolo.

Based on the findings of the project evaluation the following revisions are made to the Project Paper:

Part I - Project Summary and Recommendation

A. The Face Sheet is modified to reflect an increase in life of project and estimated total funding (See Annex 1).

B. Recommendation is modified to read as follows:

Grant	1,277,000
Total AID obligation	1,277,000

C. The description of the project is modified as follows:

(1) Paragraph 4 of page 4 is removed entirely

(2) Paragraph 1 of page 6 is removed entirely and is replaced by the following paragraph:

In addition, the project will prepare and implement an action plan for the development of a replicable low-cost integrated health delivery system in the Kongolo zone. This system will capitalize on the capacity of the local population to identify and address the most serious health problems using locally available and affordable resources. The project will do this through the use of short term consultants, Department of Public Health professionals and Peace Corps Volunteers.

Part II - Background and Detailed Description

A. Background

The last two paragraphs on page 13 are removed entirely and replaced by the following paragraph:

The system described herein is judged to be the ideal model for Zaire. The installation of the actual system will take into consideration the local environment and may require modification of the model. This will be the case for the Kongolo zone, where for the present, the system will include only three of the proposed four components discussed above. These are the village animateurs (with village level pro-pharmacies where appropriate), 12 rural dispensaries (staffed by a single A-2 or A-3 category nurse) and a single zonal general hospital staffed by two to three physicians and 15-20 nurses. The establishment of the intermediate level Community Welfare Center will be initiated as resources permit after the establishment of 12 functioning dispensaries.

Because of the nature of the project's innovations which include attitudinal changes on the part of health care providers, changes in financing of pharmaceuticals, emphasis on preventive versus curative, initiation of propharmacies and stimulation and utilization of community participation, the project will limit its activities to only one (1) of Zaire's two hundred and fifteen (215) Zones. This will permit the concentration of scarce project and GOZ resources on the successful trial and modification and development over time of the new orientation. After the system has been successfully refined and is working, the GOZ can begin to export the system with its new orientation to other zones on a phased in basis. It is planned that this can be done using primarily the resources already in place and available to the GOZ.

The following paragraph is added to the bottom of page 17:

Recent economic developments have made it unlikely that the health sector will receive increases in the level of budgetary assistance from the GOZ. The level of assistance may, in fact, be reduced at least through CY 1982. Therefore, the Department of Public Health must look to those alternative methods of providing health services to the population that will not require additional resources.

The following paragraph is added after the third (3rd) paragraph on page 19:

While the National Health Council will continue to set long term general health policy for the GOZ, the specific short term strategy and implementation planning will be done by the DPH's (Department of Public Health) Health Planning Group. This group is made up of the Directors of the five (5) Bureaus and several statistical and other technical specialists, is charged with the coordination of donor support to the health sector and is the central conduit for project assistance. This group presently meets twice monthly to discuss problems in administration and general planning.

Paragraph 3 of page 24 (Project Outputs) is removed entirely and is replaced by the following paragraph:

As a result of the training, commodity and TDY technical assistance inputs the following specific outputs are expected:

A. A cadre of Department of Public Health, health professionals trained and capable of effective health planning.

B. The preparation of a health sector strategy for identifying, rank ordering and addressing the health problems of the country. This strategy should be the result of identification, evaluation and selection of alternatives taking into considerations the environment and resources with which the strategy will have to work. The strategy will include plans for initiation of activities on the zonal level.

C. The establishment of one (1) replicable integrated health delivery system in Kongolo zone. This system will include at least those components discussed on page 13.

D. The preparation of concrete action plans to extend the system developed in Kongolo to other zones.

The paragraph under Commodity Support on Page 28 is deleted entirely and is replaced with the following paragraph:

The commodity element of this project will be grant funded: $157,000 total for FY 1976 and FY 1977 and $241,000 for FY 1980. Commodities will include:

(A) Drugs (with emphasis on those basic drugs that can be safely distributed by non-medical personnel).

(B) Basic medical supplies, and clinical equipment for the central hospital at Kongolo and the twelve (12) dispensaries in the zone of Kongolo.

(C) Vehicles (2) four-wheel drive vehicles for use in Kinshasa and/or Kongolo.

(D) Audio visual materials and spare parts.

These commodities will be used for the development of the integrated health system in Kongolo zone. It is planned that these inputs be a one time assistance to provide an initial stock of equipment and basic drugs; restocking will continue under an auto-financed system.

Other Costs

The project will provide the equivalent of $640,000 in local currency from counterpart funds and the GOZ budget. Breakdown as follows for other costs:

GOZ (A)	(Counterpart Funds)	200,000
	Per diem Local materials In-country transport Repair of dispensaries	
(B)	Direct Department of Public Health Operating and Expense Budget	440,000
	Counterpart salaries and support Administrative costs	
	TOTAL GOZ	640,000

In the section entitled "Communication Aspect of Technical Assistance" on page 29, the first paragraph is deleted entirely and replaced with the following paragraph:

Since Communication is an important part of a health education and health delivery system, the project will field short term communication consultants on an as needed basis. These consultants will assist the GOZ with the planning, preparation and evaluation of health education, and communication material. The project will also collaborate as appropriate, with mass media efforts presently being developed by the Nutrition Planning Project (660-0055).

The following paragraph is added to the "Technical Analysis" section on page 31.

While the project will use appropriate models that have proven successful in other developing countries, it will take into careful consideration the Zairian work environment, present system, and capacity to absorb increased resources and actvities. It is the express intent of the project to assist the GOZ in exploring and perfecting ways to improve the delivery of health services without incurring additional expenses and in making maximum use of the salaried personnel already in place. The project will concentrate on preventive and basic health, utilizing the capacity of the villagers to help themselves using locally available and affordable resources.

Under Section B "Financial Analysis and Plan" on page 33, the second paragraph is deleted entirely and is replaced by the following paragraph:

A grant of $1,277,000 is proposed for the project. AID's role consists of grant funding for commodities, training, technical assistance and other costs. A detailed breakdown of the AID budget is contained in the "Financial Section of the Project Paper".

Section 2 "Recurrent Budget Analysis" on pages 34 and 35 are deleted entirely and are replaced with the following paragraph:

While both AID and GOZ will incur certain extraordinary costs (per diem, transport, and miscellaneous expenses) as a direct result of project implementation, it is planned that the health delivery system developed in Kongolo zone will be replicable using only those resources that are currently available to the GOZ. The project does not plan to add personnel to the GOZ payroll nor will it require initiation of activities that demand increased material resources or operational expenses. As noted in the technical analysis, the project will emphasize preventive and basic health using resources locally available at no increased cost to the GOZ.

Financial Plan/Budget tables on pages 36 and 37 are deleted entirely and are replaced with the attached table.

The third paragraph on page 38 is modified to read as follows:

The short term consultant skills needed are varied and will differ as the project progresses.

The following paragraph is added after the last paragraph on page 38:

In addition to the consultants noted above, the project will make available, on an as needed basis, 12 PM of short term technical assistance using FY 1980 funding.

The Table IV on page 39 is deleted entirely.

Section 4 "Summary Opinion" on page 39 and Table V on page 40 are deleted entirely.

Under the Section "Analysis of the Recipient and AID's Administrative Arrangements", the final paragraph on page 49 is deleted entirely and replaced with the following paragraph:

While the functions of the Council are to set broad national policy for health the actual planning and administration for this policy will be the responsibility of the Planning Group in the Department of Public Health. This group will be made up of the Directors of the five offices and technical representatives from statistics and other appropriate services and will be chaired by the Secretary of State for Health. The group will serve as a coordinator of donor inputs in the health sector and will advise the Commissaire d'Etat for health on policy matters.

The fifth paragraph on page 50 which continues through the top of page 51 is deleted entirely.

The following paragraph is added after the last entry on page 55:

The implementation plan noted above is modified to include the following:

- PP Revision Approved by USAID	September 80
- CN Approved	September 80
- Project Agreement Negotiated and Signed	September 80
- Technical Specifications Prepared for First Technician (PIO/T) for National Health Planning	September 80
- National Health Planning Technician Identified, Recruited	October 80
- National Health Planning Technician Arrives in Zaire for 3 Months	November 80
- Health Plans Prepared by Consultant and Submitted for Both National and Zone (Kongolo) Levels	January 81
- Commodities Ordered for Out of Country Procurement	February 81
- Commodities Ordered for Local Repair of Health Dispensaries	April 81

- First Seminar for Animateurs Held	May 81
- Candidates for MPH Programs Identified	May 81
- Second Seminar for Animateurs and Local Health Officials	July 81
- Short In-House Evaluation	August 81
- Candidates Depart for MPH	September 81
- Final Evaluation	August 81
- Candidates Return from MPH	August 81

Throughout the entire two-year period, August 1980 - August 1982, the project will initiate the following re the schedule prepared in the Kongolo Zone health plan:

- Opening and stocking of the twelve (12) dispensaries.
- Initiation of water source protection and environmental sanitation activities.
- Continuation and expansion of vaccination activities.
- Expansion of health education through formation of village health committees.
- Expansion of nutrition surveys, family planning education and referral.
- Development, as appropriate, of a system of propharmacies.

Under Section C "Evaluation Plan" on page 56, the last sentence of the second paragraph is modified to read as follows:

Evaluations are scheduled for August 1981 and August 1982.

The fourth paragraph on page 56 is deleted entirely.

The section "Covenants and Negotiating Status" on page 57, is deleted entirely.

Recommendation: That you approve the Project Paper revision as stated herein.

Approved: Norman L. Scott

Disapproved: _____

Date: 9/29/80

DRAFTER:PHO:RL RLT Thornton:no:9-27-80

Clearances: PHO: J. Jacobs RLT for
PHO: C. Belcher RLT for
CONT:R. Deschambault MT for
PRM:W. Boehm 9/29

Table III

1. AID	Original PP		Inputs ($000) Obligations through August 80	Proposed Obligation September 1980		Revised	Total
Technical Assistance		325	545		120		665
Long term	24 PM	(120)		None		24 PM	(240)
Short term	41 PM	(205)		12 PM,	(120)	53 PM	(425)
Training		70	15		199		214
Long term out of country	48 PM	(53)		None	(136)	48 PM	(109)
Short term out of country	17 PM	(17)		12 PM	(63)	35 PM	(105)
Commodities		235	157		241		398
Vehicles							
(Inflation factor)		45					(45)[1]
Total		675	717		560		1,277
2. GOZ (A) (Counterpart funds)					200		200
Per diem							
Local materials							
In-country transport							
Repair of dispensaries							
(B) Direct DSP budget		440					
Counterpart salaries							
Administrative costs							
Total		440			200		440
							640

Project Title and Number Health Systems Development 660-0057

Annex B

Life of Project:
From FY 76 to FY 80
Total U.S. Funding 1,277,00
Date Prepared: Sept. 80

NARRATIVE SUMMARY	OBJECTIVELY VERIFIABLE INDICATORS	IMPORTANT ASSUMPTIONS
Program or Sector Goal: To establish an integrated national health delivery system.	Measures of Goal Achievement: 1. Increased access by Zairians throughout Zaïre to health services. 2. Reduction in mortality and morbidity rates. 3. Desired births program included as part of MCH services.	Assumptions for achieving goal targets 1. That a stable political situation continues. 2. That GOZ continues present commitment to health services development 3. That increased management capabilities and improved systems focus on actual delivery of health services to the general population.
Project Purpose: To strengthen the GOZ institutional capacity to plan and deliver health services.	Conditions that will indicate purpose has been achieved: End of project status: 1. MCH and DSP structure capable of planning and delivering improved health services country-wide. 2. Trained Zairian staff working on various aspects of health delivery.	Assumption for achieving purpose: 1. That the GOZ support plans for systems development and extension. 2. That the GOZ authorizes adequate budgets in a timely fashion. 3. That interested individuals and communities support the establishment and operation of services.
tputs 1-A comprehensive national health strategy for identifying, rank ordering and addressing the health problems of the country taking into consideration the GOZ DSP resources. 2-A cadre of DSP health professionals trained and capable of effective health planning. 3-The establishment of one (1) functioning replicable integrated low cost health delivery system in Kongolo zone. 4-The preparation of action plans for the extension of the system developed in	Output Indicators: 1-Documents prepared and available for inspection. 2-Health Planning ongoing without expatriate input. 3-Visual inspection 4-Documents available for inspection.	Assumptions for achieving outputs: 1-That the GOZ supports NHC plan to proceed with health structure development. 2-That NCH provides the expected leadership and direction for new system. 3-That NCH makes good use of consultants and will assign trained Zairians to staff positions.

Inputs:	Budget Schedule:	Assumptions for providing inputs:
I. AID		AID - Suitable consultants can be located and assigned expeditiously; proper training programs can be provided [illegible]
Technical Assistance	665,000	
(Lt) (24 PM)	(240,000)	
(St) (53 PM)	(425,000)	GOZ - Effective counterparts can be provided for administration; suitable candidates can be identified.
Training	214,000	
Lt [illegible] (48 PM)	(109,000)	
St [illegible]	(105,000)	
Commodities	398,000	
Vehicles		
Drugs		
Medical supplies		
Audio-Visual Equipment		
TOTAL AID	1,277,000	
II. GOZ (A) (Counterpart funds)	200,000	
Per diem		
Local materials		
Transitory [illegible]		
Repair of [illegible]		
(B) Direct GOZ budget	440,000	
Counterpart salaries [illegible]		
Administrative costs		
TOTAL GOZ	[illegible]	

13

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT PAPER FACESHEET

1. TRANSACTION CODE: A = ADD, C = CHANGE, D = DELETE

PP

2. DOCUMENT CODE: 2

3. COUNTRY/ENTITY: ZAI

4. DOCUMENT REVISION NUMBER:

5. PROJECT NUMBER (7 digits): 660-0057

6. BUREAU/OFFICE: A. SYMBOL: AFR; B. CODE:

7. PROJECT TITLE (Maximum 40 characters): Health Systems Development

8. ESTIMATED FY OF PROJECT COMPLETION: FY 82

9. ESTIMATED DATE OF OBLIGATION: A. INITIAL FY 76; B. QUARTER 4 (Enter 1, 2, 3, or 4); C. FINAL FY 80

10. ESTIMATED COSTS ($000 OR EQUIVALENT $1 =)

A. FUNDING SOURCE	FIRST FY B. FX	FIRST FY C. L/C	FIRST FY D. TOTAL	LIFE OF PROJECT E. FX	LIFE OF PROJECT F. L/C	LIFE OF PROJECT G. TOTAL
AID APPROPRIATED TOTAL	150		150	1,277		1,277
(GRANT)	(150)	( )	(150)	(1,277)	( )	(1,277)
(LOAN)	( )	( )	( )	( )	( )	( )
OTHER U.S. 1.						
OTHER U.S. 2.						
HOST COUNTRY		115			640	640
OTHER DONOR(S)						
TOTALS	150	115	215	1,277	640	1,917

11. PROPOSED BUDGET APPROPRIATED FUNDS ($000)

A. APPROPRIATION	B. PRIMARY PURPOSE CODE	PRIMARY TECH. CODE C. GRANT	PRIMARY TECH. CODE D. LOAN	E. 1ST FY 76 F. GRANT	E. 1ST FY 76 G. LOAN	H. 2ND FY 77 I. GRANT	H. 2ND FY 77 J. LOAN	K. 3RD FY 78 L. GRANT	K. 3RD FY 78 M. LOAN
(1) PH	429	536		15				517	
(2)									
(3)									
(4)									
TOTALS				15				517	

A. APPROPRIATION	N. 4TH FY 80 O. GRANT	N. 4TH FY 80 P. LOAN	Q. 5TH FY ___ R. GRANT	Q. 5TH FY ___ S. LOAN	LIFE OF PROJECT T. GRANT	LIFE OF PROJECT U. LOAN
(1)	610				1,277	
(2)						
(3)						
(4)						
TOTALS	610				1,277	

12. IN-DEPTH EVALUATION SCHEDULED: MM 08 FY 82

13. DATA CHANGE INDICATOR. WERE CHANGES MADE IN THE PID FACESHEET DATA, BLOCKS 12, 13, 14, OR 15 OR IN PRP FACESHEET DATA BLOCK 12? IF YES, ATTACH CHANGED PID FACESHEET.

1 (1 = NO, 2 = YES)

14. ORIGINATING OFFICE CLEARANCE

SIGNATURE

TITLE: Norman L. Sweet, Director

DATE SIGNED: MM DD YY

15. DATE DOCUMENT RECEIVED IN AID OR FOR AID/W DOCUMENTS; DATE OF DISTRIBUTION: DD YY

AID 1330-4 (3-76)