

MD [unclear] I. UMMA HARRIS
AFR/DP

AGENCY FOR INTERNATIONAL DEVELOPMENT

PROJECT DATA SHEET

1. TRANSACTION CODE

C
A = Add
B = Change
D = Delete

Supplement
NUMBER Number
2

DOCUMENT
CODE
3

COUNTRY/ENTITY

SUDAN

2. PROJECT NUMBER

650-0030

3. BUREAU/OFFICE

AFR

3. PROJECT TITLE (maximum 40 characters)

Rural Health Support Project

5. PROJECT ASSISTANCE COMPLETION DATE (PACD)

MM DD YY
01 8 | 2 | 16 | 81 7

7. ESTIMATED DATE OF OBLIGATION
(Under 3: show, enter 1, 2, 3, or 4)

A. Initial FY 80 B. Quarter C. Final FY 81 7

8. COSTS (\$000 OR EQUIVALENT \$1 =)

A. FUNDING SOURCE	FIRST FY 80			LIFE OF PROJECT		
	B. FA	C. L/C	D. Total	E. FX	F. L/C	G. Total
AID Appropriated Total	3000		3000	18063	(Sum 2, 475LS)	18063
(Grant)	3000		3000	18063		18063
(Loan)						
Other U.S.						
1.						
2.						
Host Country		1127	1127		7184	7184
Other Donors)						
TOTALS	3000	1127	4127	18063	7184	25247

9. SCHEDULE OF AID FUNDING (\$000)

A. APPRO- PRIATION (PURPOSE)	B. PRIMARY CODE	C. PRIMARY TECH. CODE		D. OBLIGATIONS TO DATE		E. AMOUNT APPROVED THIS ACTION		F. LIFE OF PROJECT	
		1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan	1. Grant	2. Loan
(1) H	530	510		16182		0		16182	
(2) P	440	440		1881		0		1881	
(3)									
(4)									
TOTALS				18063		0		18063	

10. SECONDARY TECHNICAL CODES (maximum 5 codes of 3 positions each)

520 350 960

11. SECONDARY PURPOSE CODE

12. SPECIAL CONCERNS CODES (maximum 7 codes of 4 positions each)

A. Code BRV PVOU TNG
B. Amount 31741 12332 1242

13. PROJECT PURPOSE (maximum 480 characters)

To strengthen the capacity of the GOS/MCH in the areas of management, planning and budgeting, logistics and supply, to improve the delivery of the primary health care and MCH/FP services in the project area.

14. SCHEDULED EVALUATIONS

Interim MM YY MM YY Final MM YY
0 2 | 8 | 5 | | | 0 5 | 8 | 9

15. SOURCE/ORIGIN OF GOODS AND SERVICES

900 941 Local Other (Specify) 935

16. AMENDMENTS/NATURE OF CHANGE PROPOSED (This is page 1 of 3 page PP Amendment)

In the Northern component, emphasis will be placed on linking the training and management activities with the direct delivery of services, particularly immunizations and oral rehydration therapy. In the Southern component, project activities will be restricted to Equatoria Region and will emphasise the institutionalization of MCH/FP Services in the PHC system.

17. APPROVED BY

Signature
Title
Director, USAID/Sudan

Date Signed
MM DD YY
04 | 03 | 86

18. DATE DOCUMENT RECEIVED IN AID/W. OR FOR AID/W. DOCUMENTS, DATE OF DISTRIBUTION

MM DD YY

**RURAL HEALTH SUPPORT, 650-0030
PROJECT PAPER SUPPLEMENT II
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LIST OF ACRONYMS

AMREF	African Medical Research and Education Foundation
BEG	Bahr El Ghazal Region
CHW	Community Health Worker
CMS	Central Medical Stores
DMA	District Medical Assistant
EPI	Expanded Program of Immunization
GOS	Government of Sudan
HIS	Health Information System
HPMB	Health Planning, Management, Budgeting
LOP	Life of Project
MA	Medical Assistant
MCH/FP	Maternal and Child Health/Family Planning
METU	Medical Education Training Unit
MOH	Ministry of Health
MOS	Ministry of Services
MTO	Medical Training Officer
OAI	One America, Inc.
ORT	Oral Rehydration Therapy
PCV	Peace Corps Volunteer
PHC	Primary Health Care
PHCP	Primary Health Care Programme
PHCU	Primary Health Care Unit
PHO	Public Health Officer
PM	Person Months
PPS	Project Paper Supplement
PROAG	Project Agreement
R/DMS	Regional/District Medical Stores
RHSP	Rural Health Support Project
TA	Technical Assistance
TBA	Traditional Birth Attendant
UN	Upper Nile Region
UNICEF	United Nations Childrens Fund
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development/Sudan
VMW	Village Midwife

I. PROJECT RECOMMENDATIONS AND SUMMARY

This is the second Project Paper Supplement (PPS 2) to the Rural Health Support Project. Based upon an evaluation of the project and changes in circumstances within and around project areas, this paper refines project activities, emphases and resource mix. The Project Purpose remains focused upon improving the capability of the Ministry of Health (MOH) to deliver primary health care to Sudan's rural populations. The initial project strategy was focused on the improvement of Primary Health Care (PHC) and Maternal and Child Health/Family Planning (MCH/FP) services through the provision of selected training, planning, management, logistics and construction activities. The PPS I made modifications which addressed the scope of some project activities and technical assistance, adjusted certain inputs and outputs and revised the project's financial and implementation plans. The PPS 2 continues to support the overall strategy of improved PHC and MCH/FP services. In the Northern component, however, more emphasis will be placed on linking the training and management activities with the direct delivery of services, particularly immunizations and oral rehydration therapy. In the South, increased emphasis will be placed on the institutionalization of MCH/FP services in the PHC system. Except for training, all project activities will be restricted to Equatoria region due to continuing security problems.

Since the original project design in 1980 and the redesign in 1984, health and economic conditions in Sudan have changed dramatically. Most important among these changes have been the effect of the drought and the inability of the GOS to provide resources for the provision of highly cost-effective health interventions. By August 1985, it was estimated that more than 11 million inhabitants, one out of every two Sudanese, had been seriously affected by the drought. Kordofan and Darfur, two major regions of the RHSP, were particularly hard hit by the drought and resulting famine. This supplement primarily addresses the technical modifications, project inputs/outputs and adjustments in the financial and implementation plans needed to achieve a higher level of responsiveness by the RHSP to the changing health and economic conditions of Sudan and a more effective utilization of RHSP resources to achieve improved delivery of PHC and MCH/FP services.

The PPS II proposes no increase in either the foreign or local currency funding for this project. No additional conditions precedent or covenants other than those already incorporated in the Project Agreement are proposed.

Summary of Project Refinements and Modifications

In the North:

- a. Development of oral rehydration therapy (ORT) programs in Kordofan and Darfur Regions as a whole instead of merely in pilot districts within these regions.

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- b. Development of Expanded Programs on Immunization in a minimum of 5 districts each in Kordofan and Darfur Regions.
- c. Implementation of family planning information and services in a minimum of one service site in each of six districts.
- d. Utilization of health management training to strengthen the implementation of immunization and ORT programs.
- e. Deletion of plans to revise, test, and distribute a CHW manual, instructional materials, teaching aids and instructional manual.
- f. Deletion of plans to develop, test, and distribute MCH/FP/Nutrition modules for adult literacy programs.
- g. Extension of the PACD in the North until 12/1/89.

In the South:

- a. Restriction of project activities to Equatoria Region with the exception of training and reduction of long-term contractor staff to 6 persons.
- b. Increased emphasis on the institutionalization of MCH/FP activities in Equatoria Region by...
 - i) strengthening of 2 urban MCH/FP units.
 - ii) development of 2 rural MCH/FP service sites.
 - iii) support of the Juba Planned Parenthood Association (JPPA) to deliver family planning services.

Construction Component:

Reduction of the construction program to 4 warehouses, 1 training center, 6 staff houses, and renovations of one training center and two dispensaries.

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II. ORIGINAL PROJECT PAPER, PROJECT PAPER SUPPLEMENT I, AND PROGRESS TO DATE

A. Project Paper Description

1. Background

The Sudan Rural Health Support Project was designed in 1978-1979 and revised in August 1985 to assist the Government of Sudan (GOS) to meet its objective of addressing basic health needs of its rural populations. The initial project design was undertaken within the context of the 1976 National Health Programme which established the Primary Health Care Program (PHCP) as the major Ministry of Health (MOH) activity in rural areas. Within this national health plan and the PHCP, the Rural Health Support Project selected activities to address that were perceived to be the most pressing constraints to delivery of health services in rural Sudan:

- an overly ambitious National Health Programme;
- a seriously deteriorating economic situation, affecting the availability of funds for health training, construction and procurement of essential drugs, petroleum and general supplies;
- one of the most rudimentary transport and communication sectors in the developing world;
- inadequate health data, budgeting, infrastructure and logistics systems;
- continued MOH bias in favor of curative over preventive medicine;
- inadequate manpower development, management and supervision;
- lack of emphasis on maternal and child health, the core of primary health care;
- lack of coordination at the village level with other community development activities such as water.

Of particular concern was the slower rate at which the poorer parts of the country, notably the West and the South, were benefiting from MOH approaches and policies. Health sector problems of the Western and Southern areas have always been particularly complex and unique. The Western and Southern Regions are extremely poor and the populations are widely dispersed or nomadic. In the three Southern Regions, the little human and physical infrastructure that existed at independence was virtually destroyed during the 1955-1972 Civil War. Nevertheless, the project was expected to have an impact despite the immense geographic and climatic obstacles, inadequate and decreasing resources and a dearth of trained personnel and infrastructure.

To reach the rural poor beneficiaries under these conditions, the project focused on assistance at the district and regional levels while maintaining a small but important policy dialogue and training component aimed at the central level. Implementation of the project was under the leadership of the Central MOH which was tasked with coordinating local and regional governments and donor agencies, as well as USAID's contractors for the Northern and Southern components.

2. Specific Project Components and Activities in the Original Rural Health Support Project Paper (1980)

Over the five year implementation period, project assistance was to focus on three essential areas:

- a. improvement of delivery of PHC services;
- b. incorporation of a maternal and child health care/family planning (MCH/FP) element in the PHCP;
- c. strengthening of planning, management and logistical support to PHCP.

Extending low cost, appropriate health care to the rural poor through a system of primary health care met the needs of the GOS and was consistent with USAID policies (and undergirded the original project design). Special emphasis was to be given to health care for women and children because they form a large proportion of the population which had been underserved in the Sudan. Finally, emphasis on health planning, management and logistics has been universally acknowledged to be critical to the success of PHC activities.

Within this rationale, the following general activities were to be carried out under the project:

- a. To Improve Delivery of PHCP Services:
 - (1) Establishment of in-country training, using refresher and reorientation courses to achieve the broadest possible coverage of existing health personnel.
 - (2) Provision of training facilities which complement existing centers.
 - (3) Development of radio broadcasting facilities to undertake pilot health education activities in support of PHCP Personnel.
 - (4) Provision of limited third country and U.S. training to upgrade institutional capability.
 - (5) Assistance in expanding dispensary coverage within the project area.
 - (6) Initial procurement of pharmaceuticals/equipment for the project areas.

b. To Incorporate MCH/FP in PHCP Activities:

- (1) Development, in conjunction with the United Nations Fund for Population Activities (UNFPA), of an MCH/FP curriculum for training PHC workers and village midwives.
- (2) Reorientation training for existing midwives and basic training for Traditional Birth Attendants, in conjunction with UNFPA.
- (3) Provision and/or renovation of training facilities.
- (4) Third country observational travel and limited U.S. training.
- (5) Support of UNFPA activities in rural areas through the supply of contraceptives.

c. To Strengthen Planning/Management/Logistic Support for PHCP:

- (1) Provision of long-term technical assistance in management, planning and logistics to assist the recently instituted regional Ministries of Health.
- (2) Upgrading the present logistic system for PHCP by provision of infrastructure (warehouses and vehicles) for supplies and equipment.
- (3) Provision of in-country training in planning, management, logistics and data collection related to PHCP.

B. Project Refinements in the Project Paper Supplement I

The PPS I resulted from a Revalidation Exercise which took place in May-August 1983. The Revalidation Exercise identified the difficulties resulting from regionalization and the worsening economic situation as key constraints to the implementation of the project. At the same time, it outlined the progress made by the project and the increasing willingness of the MOH to deal with the important problems of recurrent costs and cost recovery.

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While the PPS I supported the conclusion of the Revalidation Exercise that the goal of the PP be reaffirmed, it proposed to strengthen the RHSP through the increased use of technology transfer including long-term technical assistance in the areas of health economics and institutional development. In addition, it addressed ways in which MCH/FP services could be strengthened. This resulted in the modification in the project components as follows:

Project Emphasis I:

To Strengthen Planning/Management/Logistic Support for PHCP

- (1) Provision of a limited increase in health planning, management, budgeting and logistic expertise to assist GOS in effecting decentralization.
- (2) Development of effective techniques in health planning, management and budgeting for senior, mid-level and field managers.
- (3) Additional improvement of the physical logistic system for PHCP through the addition of a provincial medical warehouse in selected project provinces, limited numbers of 5-ton trucks to reinforce the improved logistic system at Central Medical Stores.
- (4) Shift from short-term to long-term TA in providing basic training in-country to medical storekeepers and rural health workers for resupply management, inventory control and other pertinent logistic issues.
- (5) Shift from short-term to long-term TA in providing in-country training to supervisors, statistical clerks and CHWs on the PHCP reporting system and in initiating a management information system for at least two districts in the project area.
- (6) Increased involvement of district, rural and local councils in the administrative management, planning, and financing of primary health care.
- (7) Increased project coordination focused on health financing issues and cost-effective supply and logistics systems.

Project Emphasis II:

To Incorporate MCH/FP in PHCP Activities

- (1) Development, in conjunction with UNFPA and UNICEF, of updated curricula for primary MCH/FP training of CHW's, Health Visitors, Medical Assistants, etc..
- (2) Provision of reorientation training to existing midwifery personnel and basic training to Traditional Birth Attendants, in conjunction with UNFPA and UNICEF.
- (3) Rehabilitation of training facilities to be used for in-country training of VMW's in Bahr El Ghazal region.
- (4) Provision of additional observational and third country training and limited U.S. training in the area of MCH/FP
- (5) Development in two demonstration districts of focused MCH/FP intervention to decrease infant and childhood mortality.
- (6) Implementation of an oral rehydration therapy program with MCH/FP services.
- (7) Development of child spacing information and services program by a Sudanese private voluntary organization in Eastern Equatoria.

Project Emphasis III:

To Improve Delivery of PHCP Services:

- (1) Continuation of in-country training, especially of a refresher and reorientation type, for CHW's, medical assistants, sanitary overseers, etc. to enhance preventive and promotive services.
- (2) Further upgrading of existing training facilities, both to improve and to strengthen the project's training and retraining components.
- (3) Institution of a system of supportive supervision for CHW's.
- (4) Provision of additional limited third country and U.S. training.
- (5) Rehabilitation of selected existing dispensaries.
- (6) Analysis of the cost effectiveness of CHW training and selection criteria.

- (7) Examination of cost-effective drug use and labelling.
- (8) Initiation of PHCP cost structure and accounting systems.
- (9) Partial commodity support, in conjunction with the U.N. and GOS projects, to assure the basic requirements in the project area.
- (10) Integration of an oral rehydration therapy program with PHCP services.

C. Progress to November 1, 1985

1. General

The Rural Health Support Project (RHSP) was authorized August 27, 1980 for a life-of project (LOP) funding total of \$18.063 million. Of the total LOP, \$16.182 million came from the Health Account and \$1.881 million from the Population Account. In the original project paper the total local currency allocated was LS 11.883 million.. In the PPS I, the local currency contribution was raised to LS 17,781,800.

The first obligation was made on September 27, 1980 for \$3 million. The total \$18.063 million has now been obligated. Expenditures as of September 30, 1985 amounted to \$6.045 million.

Many factors have contributed to delays in project implementation. The project design was rushed, assumptions about GOS administrative/management capabilities were not borne out and projections of financial and budgetary resources were considerably overestimated. Contractor selection, negotiations and contract execution were not concluded in a timely fashion which had its own severe impact on GOS enthusiasm and project momentum. The GOS repeatedly has been unable to provide the budgetary or administrative support required, or the manpower required in the South.

The contributing factors to the most recent delays include a) the inability of the contractor for the Southern component to operate outside the town of Juba due to bandit/guerilla activity and the request of the Ambassador to reduce the staff from nine to four full-time expatriate advisors; b) the continuing difficulty of the MOH to provide basic support services such as vehicles, gasoline, and operating expenses due to the severe economic problems of Sudan; c) the demands of the drought and the resulting intervention program by a variety of donors which have diverted scarce MOH resources and time from normal development activities.

2. Progress Since the PPS I update

The following progress has been achieved since the PPS I update:

Both Components:

- IG audit took place and mission successfully responded to all audit exceptions.
- mid-term evaluation was conducted and the report issued.

In the North:

- tenders for warehouse construction were issued, bids were submitted, and the award was made to Toug Construction Company. Construction has now begun on the four warehouses in Kadugli, En Nahud, Nyala, and El Fasher.
- the Darfur assessment was completed and the regional coordinator has been selected and is scheduled to arrive at post in March 1986.
- three Community Pharmacies were established in Kordofan using PL 480 Title III local currency as seed money to purchase drugs.
- a program to enhance supervision was instituted in Kadugli and En Nahud districts involving the controlled use of vehicles by Senior Medical Assistants.
- a nutrition survey of North Kordofan was completed which became the model for the subsequent Oxfam nutrition surveys.
- TBA training and workshops for health visitor and senior medical assistants were continued.
- an ORT training module was developed for the retraining of all mid level and peripheral health workers in this technology.
- a child and maternal immunization program in Rahad rural council, was initiated using, for the first time in Sudan, solar refrigeration to maintain the cold chain.

In the South:

- a storekeepers guide was developed and medical storekeepers were trained.
- a village midwifery curriculum was developed.
- two participants were placed at Tulane University for long-term training in maternal and child health.

- demonstration ventilated improved pit (VIP) latrines were constructed at the Directorate of Health offices.
- \$605,000 worth of essential primary health care drugs were procured.
- the Malakia health centre and the Assistant Sanitary Overseers school were renovated.
- a Health Manpower Planning workshop was conducted for directors and other senior officials from all three regions of the South. A follow up workshop was conducted to prepare a health manpower plan for Equatoria.
- workshops were conducted for development of MCH/FP supplements to MA and CHW curricula and on Health Policy Formulation.

Progress was noteworthy during this period in the area of maternal and child health. The ORT training module produced by the RHSP was sanctioned by the National Control of Diarrheal Diseases program. The immunization program in Rahad was the first institutionalized vaccination program in a rural area in Kordofan. These outputs were introduced in PPS I and will be expanded in PPS II.

D. Evaluation Recommendations, Subsequent Changes, and Conclusions for the RHSP

PPS II was developed in order to make the RHSP more responsive to the deteriorated health, environmental, and economic conditions throughout Sudan which have particularly affected populations within the target zone. The modifications outlined in PPS II emphasize the high priority given to the direct delivery of PHC and MCH/FP services. The MOH and USAID agree that PHC and MCH/FP services are the main vehicle to improving the health status of the rural poor and the institutional capability of the MOH.

Over the past 12 months the severity and gravity of the health problems in the RHSP target zone have increased significantly. Moderate to severe childhood malnutrition has increased throughout large areas of Northern Kordofan and Darfur from pre-drought levels of approximately 5% to levels exceeding 15% as indicated by weight for height measurements. Malnutrition has been accompanied by frequently reported outbreaks of measles, cholera, and other childhood diseases which have resulted in reports of high infant mortality. Deteriorating economic conditions have added to the problems confronting the health services delivery system.

As a result of the drought emergency and the lack of national/local resources to address the resulting health problems, multiple short term projects have been developed through international agencies, donors and NGO's. While these programs have provided important emergency health services, they have been difficult to integrate within the MOH structure because of the distinct operational characteristics of the diverse funding organizations. Additionally, several of the relief programs duplicate or overlap ongoing health service development programs of the MOH.

Within this environment of worsening health economic conditions and multiple emergency relief health programs, the MOH has requested the RHSP to occupy a unique position. It is proposed that the RHSP expand its role in provision of direct services to populations that have been ravaged by the drought.

Already a major step has been taken by MOH officials in focusing on the types of key health interventions to be undertaken, e.g. immunizations and ORT. This targeted focus will not only have the optimum affect on mortality but it will also build upon the many relief and traditional service delivery efforts currently underway. This focused or targeted program approach also provides a coherent, disease reduction strategy which is understood by all levels of health care workers in the national and international community.

The mid-term evaluation of the RHSP strongly recommended the continuation of the project. Evaluation team members identified, however, a number of important issues which needed to be addressed. According to the report the project demonstrated "the lack of an overall strategy linking the diverse activities." PPS II provides this needed coordination by developing a disease reduction strategy which focuses upon the achievement of population coverage goals through the provision of basic PHC and MCH/FP services. Instead of anticipating that improved management and planning activities will lead to the delivery of PHC services, PPS II places greater emphasis on the actual achievement of improved immunizations and ORT. Thus, the population coverage and disease reduction strategy will focus and shape management, planning and other inputs. PHC workers and community participation will play key roles in the service delivery system.

The evaluation traced the lack of services, communications, resupply and supervision to a number of issues, particularly the dire lack of transport available to the health system in the target area. The project plans to address this through improving the GOS maintenance capability, the expanded use of public transport by the MOH and the provision of appropriate vehicles to key health units in support of population coverage goals.

Further management and planning improvements were recommended in the evaluation. PPS II will focus on the improvement of planning and management services within the process of planning for the delivery of critical health services and integrating present emergency relief services within the MOH system.

The security situation in the South and in certain parts of Kordofan provides a formidable obstacle to the smooth functioning of RHSP activities. PPS II acknowledges these constraints by reducing the target area for the southern component to the Equatoria Region.

III. ECONOMIC ANALYSIS: UPDATE

The most severe constraints on the long term development of PHC and MCH/FP services are the deteriorating economic and budgetary conditions. The national contribution to health sector programs has declined over the last 10 years from approximately 6% to less than 2% of the total government budget. Local government revenues which have been adversely affected by the drought and political unrest have been unable to replace the lost national revenues. Over the past two years government salary payments have frequently been reported as being two or more months behind schedule and resources for development activities have been totally lacking for any meaningful disease prevention or reduction efforts. Funding for major disease interventions have come in general from external resources which have not always been careful to avoid inefficient overlaps and duplications in services.

The mid-term evaluation recognized the development of this "resourceless" environment but also recognized that an expanded service delivery role for the RHSP would in effect prevent the need for more costly categorical relief efforts and provide a mechanism to improve the coordination of relief efforts with the traditional PHC and MCH/FP system.

The technologies of immunization and oral rehydration therapy will allow cost effective reductions in infant and child mortality. These preventive interventions delivered by para-medical health workers will reach a large proportion of the rural population through the extensive PHC system.

The expansion of the community pharmacies to rural areas will allow a measure of cost-recovery to be introduced into the PHC services. The drug stores to be initiated in rural areas will be run by CHWs or MAs and will offer less than 20 essential drugs for treatment of the most common conditions. Seed money will be provided by the PL 480 Title III project account and the pricing structure will be such as to make the drug stores economically viable entities.

RECURRENT COSTS

In response to Sudan's severe economic crisis, the RHSP has focused its activities on institution building and human resource development. The improved GOS capability to deliver PHC services is most critical at a time when the population is at continued risk to drought. To the extent that RHSP inputs facilitate the delivery of health services using meager GOS resources and alleviate the necessity of relief assistance, the project development funds save costly relief expenditures.

In the PP and PPS I the project aimed to develop the existing health workers into an appropriately trained cadre prepared to operate within a developed system as more domestic resources became available. In PPS II, emphasis is placed on linking these training activities to the delivery of two very cost-effective interventions (ORT and immunizations). As a result, the PHC system will be more oriented towards preventing disease than on delivering costly curative interventions and will better use its own resources.

In order to make the immunization programs planned under PPS II more sustainable, solar cold chain equipment will be utilized where appropriate. This equipment has a longer life than normal refrigerators/freezers powered by electricity or kerosene, neither of which are available in the rural areas in any case. Vaccines, the other major expense involved in delivering immunizations, will be provided by donors such as WHO or UNICEF for the foreseeable future. The ORT programs require inexpensive oral rehydration salts which the GOS is planning to begin production of in the near future.

IV. OTHER SPECIFIC PROJECT ANALYSES

A. Technical Analysis

The overall technical analyses appearing in the PP remain unchanged. The project still supports the GOS/MOH primary health care program and its strategy to utilize para-medical workers to perform a small number of preventive, promotive, and curative activities. The project's community based implementation strategy for ORT and immunizations is consistent with existing sociocultural and economic patterns and utilizes technologies which are appropriate for Sudan and have gained wide acceptance in the international health field.

B. Administrative Analysis

The original administrative analysis appearing in the PP remains unchanged.

C. Environmental Analysis

The original Environmental Evaluation Examination for this project appeared in Annex L of the PP and recommended a "negative determination." The changes proposed in PPS I do not affect this determination. The strengthened project components of ORT, immunizations, and FP will have no significant effects on the environment.

D. Engineering Analyses

The construction component for this project has been reduced substantially from what was originally planned for in the PP.

	<u>PP</u>	<u>PPS I</u>	<u>PPS II</u>
Warehouses	12	7	4
Training Centers	6	3	2 (1 renovation)
Dispensaries	12	6	2 (renovations)
RMOH Extensions	11	0	0
Housing	7	7	6

The remaining construction program supports the primary health care, training, and logistics supply components of the project. The four warehouses are presently under construction in Kadugli, En Nahud, El Fashir, and Nyala. Site selection was based on criteria established by project personnel, the MOH, and USAID engineers.

The MCH training center remains to be constructed and will be located in Juba. Plans for this structure were drafted by the AMREF engineer in conjunction with USAID and the Equatoria Department of Health and Social Welfare (DHSW). Specifications for the building were adapted to local materials and climatic conditions and to U.S. or geographic code 941 sources of imported materials. The selection of the construction site was made by the DHSW in conjunction with AMREF staff. The actual construction of the training center will be performed by an Equatoria DHSW construction team under the supervision of the AMREF construction engineer.

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"The Engineering Analysis of Construction Activities" in Annex H of the PP provides more detailed information about the remaining components of the construction program.

E. Social Soundness Analysis

The updated social soundness analysis which appears in PPS I remains unchanged.

V. PROPOSED REFINEMENTS AND MODIFICATIONS

A. General Rationale

This is the second Project Paper Supplement (PPS II) to the Rural Health Support Project. Based upon an evaluation of the project and changed circumstances within and around project areas, this paper refines project activities, emphases and resource mix. The project purpose will remain focused upon improving the capability of the Ministry of Health (MOH) to deliver primary health care to Sudan's rural populations. The initial project strategy was focused on the improvement of Primary Health Care (PHC) and Maternal and Child Health/Family Planning (MCH/FP) services through the provision of selected training, planning, management, logistics and construction activities. The PPS I made modifications which addressed the scope of some project activities and technical assistance, adjusted certain inputs and outputs and revised the project's financial and implementation plans. The PPS II continues to support the overall strategy of improved PHC and MCH/FP services. In the Northern component, however, more emphasis will be placed on linking the training and management activities with the direct delivery of services, particularly immunizations and oral rehydration therapy. In the South, increased emphasis will be placed on the institutionalization of MCH/FP services in the PHC system. Except for training, all project activities will be restricted to Equatoria Region due to continuing security problems.

Since the original project design in 1980 and the redesign in 1984, the health and economic conditions in Sudan have changed dramatically. Most important among these changes have been the effects of the drought and the inability of the GOS to provide resources for the provision of highly cost-effective health interventions. By August 1985, it was estimated that more than 11 million inhabitants, one out of every two Sudanese, had been seriously affected by the drought. Kordofan and Darfur, two major regions of the RHSP, were particularly hard hit by the drought and resulting famine. Surveys in Kordofan and Darfur have consistently shown that approximately 15% of the under five population is suffering from moderate to severe malnutrition based on weight for height measurements.

The recent mid-term evaluation of the RHSP in April 1985 recognized this deteriorating "resourceless" environment and reaffirmed the importance and cost-benefit advantages of facilitating and providing direct PHC and MCH/FP services. Improved training, planning, management and logistics can be achieved through the process of delivering PHC and MCH/FP services with minimal redesign. The evaluation recommended that priority emphasis be given to the following: developing a strategy to link the diverse activities of the RHSP and the short-term relief efforts; strengthening the role of the community in the provision of services; improving the health logistics system; continued training of

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primary health care workers; and further management and planning improvements. In addition, the evaluation recognized the continuing problems of implementing the program in the South due to civil unrest and recommended the restriction of project activities to Equatoria Region. In the North, the evaluation recommended extending the PACD by two years.

This supplement primarily addresses the technical modifications, project inputs/outputs, and adjustments in the financial and implementation plans needed to achieve a higher level of responsiveness by the RHSP to the changing health and economic conditions of Sudan and a more effective utilization of RHSP resources to achieve improved delivery of PHC and MCH/FP services.

The PPS II proposes no increase in either the foreign or local currency funding for this project. No conditions precedent or covenants other than those already incorporated in the Project Agreement are proposed.

B. Reformulated Project Components

Project Emphasis I:

To Strengthen Planning/Management/Logistic Support for PHCP

1. Provision of in-country training in health planning, management, budgeting, and logistics to assist GOS to implement selected PHC and MCH/FP interventions.
2. Development of effective techniques in health planning, management, budgeting, and information systems for senior, mid-level and field managers.
3. Provision of limited third country and U.S. training to upgrade institutional capability.
4. Development of effective strategies for health care financing and cost-effective supply and logistics systems
5. Improvement of the physical logistics system for the PHC program through the provision of 4 medical warehouses and limited numbers of 5-ton trucks.

Project Emphasis II:

To Incorporate MCH/FP in PHC Program Activities:

1. Development of oral rehydration therapy programs in Kordofan and Darfur Regions.
2. Development of immunization programs in at least five districts each in Kordofan and Darfur Regions.
3. Strengthening and expansion of family planning programs in Kordofan and Darfur Regions with emphasis on institutionalization of family planning services within the MCH and PHC system.
4. Strengthening and expansion of MCH/FP programs in Equatoria.

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5. Development in conjunction with UNFPA and UNICEF of updated curricula for primary MCH/FP training of CHWs, Health Visitors, Medical Assistants, etc.
6. Development of child spacing information and services by a Sudanese private voluntary organization in Eastern Equatoria.
7. Provision of observational and third country training and limited U.S. training in the area of MCH/FP.

Project Emphasis III:

To Improve Delivery of PHC Program Services

1. Enhancement of in-country training, especially of a refresher and reorientation type, for CHWs, medical assistants, sanitary overseers, etc., to enhance preventive and promotive services.
2. Institution of a system of supportive supervision for CHWs.
3. Renovation of selected existing dispensaries and construction of one new training center.
4. Provision of limited third country and U.S. training.
5. Analysis of cost-effective drug use.
6. Partial commodity support, in conjunction with the U.N. and GOS projects, to assure the basic requirements in the project area.

C. Description of Modified Project Outputs

Project Emphasis 1: (modifications only)

To Strengthen Planning/Management/Logistic Support for PHCP

1. In the North, the focus of health planning, management and budgeting (HPMB) training will be in the areas of immunization and oral rehydration therapy. Area council managers will be trained to plan, budget, and manage immunization, ORT, and other specific PHC activities which they will then begin to implement on the community level. An HPMB training course has already been developed for the Expanded Program on Immunization (EPI) and one is planned for the new National Control of Diarrheal Diseases (CDD) program.

Project Emphasis II:

To Incorporate MCH/FP in PHCP Activities

NORTH

1. Oral rehydration therapy programs will be developed and institutionalized in Kordofan and Darfur Regions, where by the end of the project, programs will be operational in 70% of the villages in which health workers have been retrained.

PPS 1 called for the addition of an ORT component to the PHCP in selected areas so as to introduce a very cost effective measure for decreasing infant and child mortality. PPS II will expand the scope of the ORT program to make it region-wide in both Kordofan and Darfur.

Background: As of the second quarter of 1985, there was no functioning ORT program in the country. There was nominally the Control of Diarrheal Diseases Project with a National Director, but this enterprise really existed only in the form of a lengthy plan, prepared by a W.H.O. consultant several years ago, but never implemented. UNICEF has been, for about five years, importing substantial quantities of Oral Rehydration Salts (ORS) packets, but these inputs were not really being programmed: they merely went into the regular distribution system of drugs through the Central Medical Stores, with no special implementation efforts. What evidence there was about the use of ORS indicated that while the packets went into the health system, there was widespread ignorance of their correct preparation even among health workers, let alone the general public. Also, at the top of the pyramid, many doctors were unconvinced of the efficacy of ORS, preferring traditional treatment with intravenous solutions in a hospital setting.

Progress to Date: During the second quarter of 1985, the RHSP and UNICEF jointly sponsored a consulting visit by Dr. Norbert Hirschorn, who was in charge of a national ORT program in Egypt for three years, under USAID auspices. Dr. Hirschorn spent most of his time in Kordofan Region, talked to the staff of the Ministry of Health, gave impressive demonstrations on real child patients of the power of the treatment, and generally convinced the Sudanese medical establishment of the efficacy of this form of treatment.

Also during the second quarter of 1985, a long-term W.H.O. consultant arrived in Khartoum, to be assigned as an advisor on ORT. The Director-General of Rural Health acting on the advice of the RHSP, USAID, and W.H.O., appointed a National ORT Coordinator within the MOH to work with this advisor and to establish a functional national program.

Future Plan: The MOH and RHSP staff, with the assistance of consultants from Khartoum, have already developed a strategy for implementing ORT on a region-wide basis in Kordofan and Darfur Regions. The first phase of the strategy will rely on widespread and intensive training throughout the regions. Once appropriate training modules and techniques are developed, the plan calls for training all of the mid-level workers in the regions (health visitors and medical assistants) in ORT, plus about 60 percent of the junior workers (nurses assigned to dressing stations, community health workers, and trained village mid-wives). The training will be aided by the setting up of ORT Demonstration Units in the district capitals. Eventually, all trained health workers will practice on-site rehydration of dehydrated children at their facilities.

The development of ORT training materials will focus on ways to transfer to the health workers the recognition of the stages of dehydration, the practical capability to mix the ORS with the correct volume of water, give it to the child in appropriate quantities, and convey this knowledge to the mothers.

The second phase of the ORT intervention will be a community-based strategy to increase ORT knowledge and practice among Sudanese women. Operations research will be carried out to determine the most appropriate means to accomplish this. Determinations will be made on the use of

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home-based solutions in the program as well as the best methods to educate rural women in the use of this treatment.

To support this activity a long-term ORT/MCH operations officer will be added to the contractor staff to be based in Darfur.

2. Expanded Programs on Immunization will be developed and institutionalized in at least five districts each in Kordofan and Darfur Regions. By the end of the project the percentage of children fully immunized will be at least 65% of the target population having reasonable access to health facilities with EPI activities.

The PPS I called for institutionalization of EPI activities in one district in the North as part of the focused MCH/FP pilot intervention. PPS II will expand the scope of the pilot area to include five districts each in Kordofan and Darfur regions.

Background: The importance of immunization activities for children and mothers as an effective measure to decrease morbidity and mortality, and hence promote child survival, need hardly be stressed. This is why the Expanded Program on Immunization (EPI) against six diseases (poliomyelitis, pertussis, tetanus, diphtheria, measles and pulmonary tuberculosis) is an integral part of any successful primary health care program. In Sudan these diseases are still highly prevalent and are conservatively estimated to cause the death of more than 48,000 children every year. This figure could easily double this year due to conditions of malnutrition and poor health services.

In the face of this situation, the health care system only managed to fully immunize 3% of the infant population of the Sudan in 1984. A similar percentage of pregnant women were also immunized with two doses of tetanus toxoid. EPI activities have so far been restricted to 45 urban centers and the accessible surrounding areas within a 2-4 hour drive of these towns.

In September 1985, a national EPI plan was drawn up by the national MOH with the collaboration of consultants from WHO, UNICEF, and CDC. Highlights of the plan include the following:

- a) the integration of immunization services within the existing PHCP;
- b) the development of a cold chain which will be operational to the district and rural council level and ensure outreach to rural areas, including the use of solar refrigeration because of unreliable sources of electricity and the general scarcity of kerosene;
- c) the implementation of a disease surveillance system which permits monitoring of morbidity and mortality and timely response to outbreaks;
- d) the implementation of a system for providing continuous training, retraining and supervision of staff involved in program activities;
- e) the implementation of a comprehensive health education/community mobilization effort to reach and involve all parents;

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f) the development of a system of transport which will ensure that staff, vaccine and supplies will be operational to the local council level with outreach and mobile capability to reach remote rural communities;

g) the establishment of professional quality program management teams at the regional level which would include a program management officer, a regional operations officer, cold chain specialists, vaccine and supply specialists, transport specialists and clerical staff; and

h) the establishment of regional EPI plans.

RHSP PLAN: The RHSP will work closely with authorities in Kordofan and Darfur in implementing the regional EPI plans according to the guidelines set down in the national program. In both regions, project inputs will be directed mainly towards the provision of cold-chain equipment especially photo-voltaic refrigeration/freezer systems. Two solar powered units have already arrived in the country and are in operation in Abu Zabed and Rahad rural councils in Kordofan region. An additional 40 units will be procured under the project.

The RHSP will assist regional authorities in Kordofan and Darfur in the retraining of PHC personnel in the delivery of immunization services.

The RHSP will assist in the development of regional supervision and logistics systems which will service the entire PHCP.

The RHSP will provide one long-term technical advisor in EPI operations in both Kordofan and Darfur Regions.

3. Family planning activities will be strengthened and expanded in Kordofan and Darfur Regions and increased emphasis will be placed on institutionalization of family planning services within the MCH and PHC system.

Background: Both the PP and PPS I recognized the role of the RHSP in family planning as complementary to the National MCH/FP project. PPS I cited the slow progress of establishing family planning services through the MCH/FP project. Since PPS I there has been no discernable improvement in family planning services expansion. At the same time, the Sudan Family Planning Association (SPPA) has become more active and is in the process of opening new branches throughout the country.

RHSP Plan: The RHSP will work closely with the National MCH/FP project, the regional MCH projects and the SPPA to strengthen existing family planning services and to expand new service sites within Kordofan and Darfur. The RHSP will provide short-term technical assistance in family planning program management, information-education-communication (IEC), outreach and monitoring/evaluation.

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SOUTH

1. Increased emphasis will be placed on institutionalization of MCH/FP activities in the PHC system. The general informed impression supported by the available statistical information leaves hardly any doubt about the poor health status of mothers and young children in Equatoria Region. Rural and urban women live with inadequate nutrition, lack of preventive services, and inefficient utilization of even the inadequate health services available. Therefore, physiological stresses such as pregnancy, lactation, and parenting push them into overt disease states. Rural and peri-urban poor women thus require special health monitoring and care.

The children are also at risk for similar reasons, i.e. inadequate nutrition, poor sanitation, lack of opportunities to be immunized, etc.

For these reasons, mothers and children together constitute a very high-risk group for whom special and focused health care services must be provided to reduce high morbidity and mortality.

The PPS I recognized the need to institutionalize and support MCH/FP services in the South. It called for the establishment of a MCH/FP component in a demonstration district in the South to focus on reduction of infant and child mortality. PPS II will strengthen this element by adding to the logframe and implementation plan the following outputs:

a) The establishment or strengthening of MCH/FP units in Equatoria health facilities.

In Juba town, MCH/FP Services will be strengthened in Malakia clinic and the Teaching Hospital. In addition, at least two rural dispensaries will have MCH/FP components introduced. The objectives of these MCH/FP services for mothers will be to provide a more positive outcome of pregnancy and delivery in the project area through:

- better use of antenatal care services;
- immunization of pregnant women against tetanus;
- raising the percentage of deliveries conducted by trained midwives and/or TBAs;
- introduction of postnatal care with emphasis on Family Planning services;
- improved nutrition to enhance lactation; and
- setting up of Family Planning centers for child spacing.

The objectives for children will be to improve survival through:

- use of sterile methods for cutting the umbilical cord;
- introduction of good infant feeding practices including early weaning before 6 months;
- the establishment/strengthening of immunization services for children less than three years of age;
- the introduction of growth monitoring services and the use of Road to Health cards; and
- nutrition treatment and rehabilitation.

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- b) The support of the Juba Planned Parenthood Association (an indigenous non-government organization) to deliver family planning information, education, and services in Juba.

Project Emphasis III. (modifications only)
To Improve Delivery of PHCP Services:

1. In the North, the deletion of the following output: the development, testing and distribution of MCH/FP/Nutrition modules for adult literacy programs. This activity is now perceived by both MOH officials and RHSP staff to be of only peripheral importance to the attainment of the objectives of the project. MCH/FP/Nutrition outreach activities under the project will be conducted by PHC workers.
2. In the North, the deletion of plans to revise, test, and distribute a CHW manual, instructional materials, teaching aids and instructional manual. The MOH is currently undertaking a review of the CHW manual independent of the RHSP.
3. The reduction of the construction program to 4 warehouses, 1 training center, 6 staff houses, and renovations of one training center and two dispensaries. The construction component is being revised downward to decrease the recurrent cost burden of the project.

D. Extension of the PACD in the North until 12/1/89.

The mid-term evaluation recommended extending the PACD in the North to offset the delays experienced in the start-up of the Northern component. The contract for the North was signed 28 months after project authorization. In addition, the contractor had difficulty fielding advisors. While the Chief of Party arrived soon after the contract signing, the Regional Coordinator for Kordofan only arrived on site in September 1984. The logistics advisor for Kordofan did not arrive until September 1985. An additional 27 months will allow adequate time for the contractor and his full complement of staff to carry out the revised implementation schedule of the project.

E. Modifications of Inputs.

Table I summarizes the revised allocation of inputs to be provided for by PPS II.

Technical Assistance
North:

The PPS II will increase the amount of long-term TA for the Northern contractor from 5 to 7 persons. The total person-months of long term TA will be increased from the present 154 PM ending July 1987 to a total of

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368 PM which will cover the extension until December 1, 1989. The additional personnel will include EPI operations officers for both Darfur and Kordofan and an MCH/ORT operations officer for Darfur. This latter position replaces the MCH Advisor intended for Kordofan but now filled by a local hire Sudanese M.D.

The short-term TA for the Northern contractor will be increased from 50 to 60 person-months. The additional 10 PM will be in the area of MCH/FP.

South:

Because of restriction of project activities to Equatoria Region, long-term TA for the Southern contractor will be reduced from 9 persons/517 PM to 6 persons/394 PM.

Participant Training

Long-term training in the Southern component will be increased from 2 to 3 participants while short-term training will be reduced from 73 to 30 PM. This is in keeping with the recommendation of the mid-term evaluation to convert some short term training funds into an additional long-term training slot.

Twelve person-months of short-term training from the uncommitted funds will be converted into a long-term training slot.

Construction

The construction component has been revised downward. The following table summarizes the changes that have been made in this component since the PP:

	<u>PP</u>	<u>PPS I</u>	<u>PPS II</u>
Warehouses	12	7	4
Training Centers	6	3	2 (1 renovation)
Dispensaries	12	6	2 (renovations)
RMOH Extensions	11	0	0
Housing	7	7	6

Commodities

The amount allocated to commodities under uncommitted funds remains unchanged at \$2,608,500. These funds will be allocated as shown in the following table:

	<u>PPS I</u>	<u>PPS II</u>
MCH equipment	175,000	600,000
Vehicles	100,000	280,000
Trucks	160,000	160,000
Drugs	1,970,000	1,300,000
Furniture	168,500	250,000
Other	35,000	18,500
	<u>2,608,500</u>	<u>2,608,500</u>

The "vehicles" line item includes an additional 12 vehicles for the northern component.

The AMREF budget for MCH equipment will be reduced \$113,000 to reflect restriction of project activities to Equatoria Region.

F. Procurement Plan (from 3/86):

<u>Implementation Action</u>	<u>Method of Implementation</u>	<u>Approximate Value and Financing</u>	<u>Planned Date</u>
1. <u>Technical Assistance</u>	Direct Contract:	\$3,106,730	9/86
a. Contractor for Northern Component-extension period	Reimbursable		
b. Short-term TA-15 PM	PSCs/IQCs Direct Pay	128,000	Ongoing
2. <u>Major Commodities</u>			
a. 1 1/2 Ford Ranger Pick-ups	AID Procurement: USG	180,000	4/86
b. Oral Rehydration Salts	AID Procurement: Direct L/Com	250,000	9/86
c. PHC Drugs	AID Procurement: Direct L/Com	200,000	5/86
d. Cold Chain equipment	AID Procurement: Direct L/Com	200,000	8/86
e. Cold Chain equipment	AID Procurement Direct L/Com	200,000	4/87
f. 28 Motor bikes	OAI Procurement	56,000	4/86
g. 150 Bicycles	OAI Procurement	25,000	4/86
i. Assorted shelf items	AMREF Procurement	10,000	Ongoing

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Source and Origin: The source and origin of all goods and services will be the US, Code 941 and the cooperating country.

b. Waivers: The project will utilize the following existing waivers:

- blanket Mission waiver to purchase Ford vehicles for western Sudan.
- waiver to procure motor bikes of Japanese origin purchased in Sudan or Japan (attached to PP).
- waiver to procure bicycles of British origin purchased in Sudan, Kenya, or the United Kingdom (attached to PP).

c. Procurement of Services: The Mission will prepare a Request for Technical Proposal for the extension of the northern component after which a cost reimbursement contract will be awarded on the basis of negotiation with the highest ranked contractor.

TABLE I: REVISED ALLOCATION OF INPUTS
BETWEEN THE NORTHERN AND SOUTHERN COMPONENTS AS
OF PPS II

<u>Inputs</u>	<u>Uncommitted Funds</u>	<u>North Contractor</u>	<u>South AMREF</u>	<u>Total</u>
Long-Term TA-No/PM Volunteers	0	7/368 6/165	6/394	13/762 6/165
Short-term (PMs)	29	60	34	123
Long-term Training No/PM	1/12	1/24	3/72	5/108
Short-Term Training No.	28	41	30	109
Commodities				
Trucks	4		2	6
Vehicles	19		13	32
Motor bikes		28	10	38
Bicycles		150	200	350
Drugs	\$1,300	0	\$395	\$1,695
Equipment	\$ 600	\$395	\$220	\$1,215
Furniture	\$ 250	0	\$ 57	\$ 307
Construction (GOS)				
Warehouses	4		0	4
Training Centers	0		2(1 renovation)	2
Housing and Other	0		6	6
Dispensary	0		2 renovations	2

VI. Financial Plan

A. Foreign Currency

The PPS II calls for no additional AID funding. There will be, however, a redistribution of funds among the Southern contract, the Northern contract, and the the remaining uncommitted project funds.

1. AMREF contract: The AMREF budget will be reduced from \$9.338 million to \$6.5 million coinciding with the restriction of project activities to Equatoria Region. In terms of line items, the following changes are made:

- technical assistance costs will be reduced by \$671,856 corresponding to reductions in long-term TA (631 to 394 PM) and short-term TA (39 to 34 PM).

- construction costs will be decreased by \$97,856 due to changes in construction/renovation plans.

- commodity costs will be decreased by \$385,967 due in large part to deletion of some commodities targeted for BEG and UN Regions.

- training costs will be decreased by \$801,000 due to the fact that most training expenses are in Sudanese pounds.

- "Other Direct Costs" will be decreased by \$300,000 to reflect the previous rate of expenditure for this line item.

2. OAI contract: The OAI budget will remain unchanged for the present duration of the contract which terminates on June 30, 1987. In 1986, a request for technical proposal will be prepared which will solicit organizations interested in implementing project activities in the North from July 1, 1987 to Nov. 1, 1989. The budget for the extension period will be \$3,106,730, \$2.838 million coming from the uncommitted monies intended for AMREF and \$268,730 coming from remaining uncommitted project funds.

In the extension period funds will be allocated according to to the following line items:

- \$1.155 million to cover salaries for a staff of seven technical advisors.

- \$24,000 for dollar costs of training activities.

- \$100,000 for commodities such as MCH/FP equipment

- \$68,730 to cover other direct costs.

- \$1.759 million for overhead and fees.

3. Uncommitted funds: The project's uncommitted funds will be reduced by \$269,730 in PPS II to a new total of \$4,043,210. \$162,000 of the decrease results from the deletion of the construction line item. (All construction funds will now be provided by the GOS local currency project account). The remaining decrease comes from reductions in other direct costs.

B. GOS Contribution: PL 480 Title III Local Currency Generations

The PPS II calls for no additional host country contribution beyond the LS 17,781,400 cited in PPS I.

The GOS contribution is divided into trust fund monies which provide contractor support and project funds which cover the local currency costs of project activities.

Trust Funds

The presently approved level of funding for the RHSP trust funds is LS 8,328,400. PPS II will make no changes in the total amount of trust fund monies.

i) Uncommitted Funds

The project's uncommitted funds will remain at LS 1,844,900. LS 200,000, however, will be transferred from the Other Direct Costs line item to the Travel and Transportation line item to reflect anticipated air charter expenses to Darfur.

ii) Northern Contractor

The northern contractor trust fund will be increased by LS 2,060,565 to reflect anticipated expenditures in the extended project period.

iii) AMREF Contract

The AMREF contract will be reduced by LS 1,499,963 to reflect the restriction of project activities to Equatoria Region and the overall low rate of expenditure of this account.

Counterpart Project Accounts

The presently approved level of funding in the RHSP Counterpart Project Account is LS 9,453,000. PPS II will make no changes in the total amount of those accounts although changes are proposed for certain line items.

i) South Account

All additional funds made available to the South will be for Equatoria Region only. AMREF will oversee the operation of these funds.

ii) North Account

An additional LS 900,000 will be added to the construction line item to cover the cost of building four medical warehouses. The "Special Studies" line item will be reduced by LS 1,528,000 to reflect the new project focus on health interventions. Other line items will be slightly changed from previous budgets.

TABLE II: ALLOCATION OF FOREIGN EXCHANGE BUDGET LINE ITEMS
BY PROGRAM IMPLEMENTOR, PPS II

<u>CATEGORY</u>	<u>UNCOMMITTED FUNDS</u>	<u>*NORTH CONTRACTOR</u>	<u>AMREF</u>	<u>TOTALS</u>
Technical Assistance	276,734	3,017,980	1,219,894	4,514,608
Training	256,512	269,865	229,051	755,428
Construction	0	0	1,600,000	1,600,000
Commodities	2,608,500	510,405	1,336,512	4,455,417
Other Direct Costs	665,873	179,730	783,118	1,628,721
Overhead	-	3,541,810	1,331,425	4,873,235
Contingency	<u>235,591</u>	<u>0</u>	<u>0</u>	<u>235,591</u>
TOTALS	4,043,210	7,519,790	6,500,000	18,063,000

*The budget for the Northern Contractor includes the present OAI budget and the illustrative budget for the final 28 months of the project extension.

TABLE III: BUDGET COMPARISON, *Northern Contractor
FOREIGN EXCHANGE, IN DOLLARS
(DISBURSEMENTS AS OF 9/30/85)

<u>BUDGET</u>	<u>PPSI</u>	<u>DISBURSEMENT</u>	<u>CHG-PPSII</u>	<u>NOW TOTAL</u>
Technical Assistance	1,862,980	642,530	1,155,000	3,017,980
Training	245,865	29,832	24,000	269,865
Commodities	410,405	49,305	100,000	510,405
Other Direct Costs	111,000	90,748	68,730	179,730
Overhead G/A and Fee	<u>1,782,810</u>	<u>739,535</u>	<u>1,759,000</u>	<u>3,541,810</u>
TOTALS	4,413,060	1,551,950	3,106,730	7,519,790

*The budget for the Northern Contractor includes the present OAI budget plus the illustrative budget for the final 28 months of the project extension.

TABLE IV: BUDGET COMPARISON, AMREF CONTRACT
FOREIGN EXCHANGE IN DOLLARS
(DISBURSEMENT AS OF 9/27/85)

<u>BUDGET CATEGORY</u>	<u>PPS I</u>	<u>DISBRSMNT</u>	<u>CHG-PPS II</u>	<u>NEW TOTAL</u>
Technical Assistance	1,891,750	680,884	- 671,856	1,219,894
Training	1,030,051	36,143	- 801,000	229,051
Construction	1,697,,856	1,162,360	- 97,856	1,600,000
Commodities	1,722,479	287,799	- 385,967	1,336,512
Other Direct Costs	1,083,118	609,246	- - 300,000	783,118
Overhead	<u>1,912,745</u>	<u>715,209</u>	<u>- 581,320</u>	<u>1,331,425</u>
TOTAL	9,337,999	3,491,641	-2,837,999	6,500,000

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TABLE V: BUDGET COMPARISON, UNCOMMITTED FUNDS
FOREIGN EXCHANGE, IN DOLLARS
(DISBURSEMENTS AS OF OCT. 31, 1985)

<u>BUDGET CATEGORY</u>	<u>PPS I</u>	<u>DISBRSMNT</u>	<u>CHG-PPS II</u>	<u>NEW TOTAL</u>
Technical Assistance	276,734	148,321	0	276,734
Training	256,512	106,132	0	256,512
Construction	162,144	0	- 162,144	0
Commodities	2,608,500	411,000	0	2,608,500
Other Direct Costs	773,000	8,000	- 107,127	665,873
Contingency	<u>235,127</u>	<u>0</u>	<u>- 464</u>	<u>235,591</u>
TOTAL	4,312,017	673,453	- 268,807	4,043,210

TABLE VI: ALLOCATION OF LOCAL CURRENCY BUDGET
BY PROGRAM IMPLEMENTOR, PPS II (IN LS 000'S)
TRUST FUNDS

<u>BUDGET CATEGORY</u>	<u>UNCOMMITTED FUNDS</u>	<u>NORTH CONTRACT</u>	<u>AMREF</u>	<u>TOTAL</u>
Salaries	305,000	1,050,000	250,000	1,605,000
Allowances	0	450,000	0	450,000
Travel and Transportation	300,000	700,000	0	1,000,000
Training	0	0	200,000	200,000
Commodities	0	200,000	100,000	300,000
Construction	400,000	0	878,000	1,278,000
Other Direct Costs	550,000	1,500,000	305,000	2,355,000
Overhead	0	0	446,000	446,000
Contingency	<u>289,900</u>	<u>191,500</u>	<u>213,000</u>	<u>694,400</u>
TOTAL	1,844,900	4,091,500	2,392,000	8,328,400

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TABLE VII: BUDGET COMPARISON, NORTHERN CONTRACTOR
LOCAL CURRENCY, IN SUDANESE POUNDS
(DISBURSEMENTS AS OF 10/31/85)

<u>BUDGET CATEGORY</u>	<u>PPS I</u>	<u>DISBPSMNT</u>	<u>CHG-PPS II</u>	<u>NEW TOTAL</u>
Salaries	626,300	147,851	423,700	1,050,000
Allowances	190,500	146,218	259,500	450,000
Travel and Transportation	282,300	138,222	417,700	700,000
Commodities	50,000	0	150,000	200,000
Other Direct Costs	730,640	360,424	769,360	1,500,000
Contingency	<u>150,695</u>	<u>0</u>	<u>40,805</u>	<u>191,500</u>
Grand Total	2,030,435	792,715	2,061,065	4,091,500

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TABLE VIII: BUDGET COMPARISON, AMREF CONTRACT
Local Currency in Sudanese Pounds
(DISBURSEMENTS AS OF 9/30/85)

<u>BUDGET CATEGORY</u>	<u>PPS I</u>	<u>DISBRSMNT</u>	<u>CHG-PPS II</u>	<u>NEW TOTAL</u>
Salaries	320,000	143,636	-70,000	250,000
Training	700,000	143,872	-500,000	200,000
Commodities	339,624	19,092	-239,624	100,000
Construction	1,156,158	423,207	-278,158	878,000
Other Direct Costs	551,000	224,054	-246,000	305,000
Overhead	790,003	239,509	-344,003	446,000
Contingency	<u>35,178</u>	<u>0</u>	<u>177,822</u>	<u>213,000</u>
TOTAL	3,891,963	1,193,370	-1,499,963	2,392,000

1.1

TABLE IX: BUDGET COMPARISON, UNCOMMITTED FUNDS
LOCAL CURRENCY, IN SUDANESE POUNDS
(DISBURSEMENTS AS OF 9/30/85)

<u>BUDGET CATEGORY</u>	<u>PPS I</u>	<u>DISBURSMNT</u>	<u>CHG-PPS II</u>	<u>NEW TOTAL</u>
Salaries	305,000	92,145	0	305,000
Travel and Transportation	100,000	6,128	200,000	300,000
Construction	400,000	44,500	0	400,000
Other Direct Costs	750,000	1,859	-200,000	550,000
Contingency	<u>289,900</u>	<u>0</u>	<u>0</u>	<u>289,900</u>
TOTAL	1,844,900	144,632	0	1,844,900

TABLE X: ALLOCATION OF LOCAL CURRENCY,
COUNTERPART PROJECT ACCOUNT
(NEW PROPOSED BUDGET)

<u>BUDGET CATEGORY</u>	<u>NORTHERN REGIONS</u>	<u>SOUTHERN REGIONS</u>	<u>TOTAL</u>
Salaries	206,000	80,000	286,000
Commodities	465,000	150,000	615,000
Training	721,000	200,000	921,000
Construction	2,400,000	0	2,400,000
Travel and Transportation	360,000	70,000	430,000
Other Direct Costs	567,000	50,000	617,000
Studies	385,000	50,000	435,000
Inflation/Conting.	<u>3,549,000</u>	<u>200,000</u>	<u>3,749,000</u>
Total	8,653,000	800,000	9,45 ² 8 ,000

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TABLE XI: DISBURSEMENTS OF COUNTERPART FUNDS
(as of 6/30/85)

	<u>Disbursements</u>	<u>Proposed Budget</u>
<u>Northern Regions</u>		
Kordofan	512,061	2,018,000
Darfur	0	2,500,000
Central MOH	933,859	4,135,000
Sub-total	1,445,920	8,653,000
<u>Southern Regions</u>		
Equatoria	82,991	680,994
BEG	59,503	59,503
UN	59,503	59,503
Sub-total	201,997	800,000
Total	1,647,917	9,453,000

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TABLE XII ILLUSTRATIVE BUDGET: NORTHERN
CONTRACTOR - EXTENSION PERIOD

1. Technical Assistance		
a. Long-term @ 5000/pm	PM	Dollars
Chief of Party/Health Planner	28	
Regional Coordinator/Kordofan	28	
Regional Coordinator/Darfur	28	
EPI Operations Officer/Kordofan	24	
EPI Operations Officer/Darfur	24	
MCH/ORT Operations Officer/Darfur	24	
Logistics Officer	27	
Total	183	(915,000)
b. Short-term @ 10,000/pm	10	(100,000)
c. Home Office Personnel @ \$4000/pm	35	(140,000)
Sub-total		1,155,000
2. Training @ 4000/pm		
Short-term	6	24,000
3. Commodities		
MCH equipment		(30,000)
Cold chain equipment		(70,000)
sub-total		100,000
4. Other Direct Costs		68,730
5. Overhead, G/A, and Fee		<u>1,759,000</u>
Total		3,106,730

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VII. Revised Logframe: Northern Component

<u>NARRATIVE SUMMARY</u>	<u>OBJECTIVELY VERIFIABLE INDICATORS</u>	<u>MEANS OF VERIFICATION</u>	<u>IMPORTANT ASSUMPTIONS</u>
<p><u>Program Sector Goal</u></p> <p>To improve the health status of the rural poor in Darfur and Kordofan Regions.</p>	<p>In project area: Decreased morbidity Decreased mortality</p>	<p>Statistical data-MOH. Special survey</p>	<p>1.National priority for health continues 2.PHCP and MCH/FP services can have measurable impact on health status.</p>
<hr/>			
<u>Project purpose</u>			
<p>To strengthen the capacity of the GOS in the areas of management, planning and budgeting, logistics and supply, to improve the delivery of primary health care and MCH/FP Services in project area.</p>	<p>-50% of Area councils actively participate in the health planning, management and budgeting of their PHC services. -50% of rural population has access to MCH/FP services. -50% of rural health facilities supplied regularly with 50% of drug quota. -ORT programs operating in 75% of health facilities. -EPI coverage 65% in operating areas.</p>	<p>Project evaluations, periodic reports, and field trips. Statistical data of regional Ministries of Public Services</p>	<p>1.GOS commitment to regionalization continues. 2.GOS planning/budgeting system remains decentralized. 3.GOS and rural population support community-based participation in primary health care.</p>
<u>Outputs</u>			
<p>-Complete and implement health manpower development plan.</p>	<p>-Baseline survey completed with inventory of staff by category; plan developed and approved.</p>	<p>-Baseline survey; Health Manpower Development Plan.</p>	<p>1.Regions/districts provide adequate administrative staff and support.</p>
<p>-Develop and implement training programs in health planning, management and budgeting (HPMB) to promote improved health service delivery.</p>	<p>-Program developed; top, middle and field level managers trained.</p>	<p>-Curriculum, training reports.</p>	<p>2.GOS will provide the necessary funding for recurrent costs.</p>

-Institute efficient HPMB practices at Regional level.

-Audit trail present for Title III LC and annual budgets submitted.

Regional Accounting records; MOFEP records on Title III.

3. Petrol is available to facilitate health activities

4. Drugs/supplies are available from Central Medical Store (CMS), Khartoum.

5. Appropriate personnel are available for training.

-Institutionalize regional health planning, budgeting, and information capability.

-Health plans and budgets for ORT and immunization programs by FY 5. Self-help grant funds established. Regular reporting to Min. of Services from 60% of functional PHC facilities.

-Statistical records. Reports.

6. GOS identifies and retains counterpart staff.

7. Water is available for ORT program.

-Field studies

-Health financing, community pharmacy, and MCH/FP studies completed.

-Reports of studies

8. Financial policies are amenable to change

-Development of family planning programs.

-Programs developed or strengthened in a minimum of 3 districts each in Kordofan and Darfur.

-Reports

-Development of regional oral rehydration programs.

-ORT programs developed in Kordofan and Darfur Region.

-Statistical records. Reports

-Development of Expanded Programs on Immunization.

-Programs developed in a minimum of 5 districts each in Kordofan and Darfur Regions.

-Statistical records Reports

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-Develop and institute training program for storekeepers in Kordofan and Darfur.

-Storekeepers trained in Kordofan, Darfur. 50% of medical stores submit timely orders and maintain inventory control.

-Training records; regional logistic office reports; supervisor reports

-Institute system of supervision for medical stores

-1 supervisory visit/year per store.

-Supervisor's reports

-Improve medical supplies storage capacity.

-1 equipped warehouse at El Fasher, Nyala, En Nahud, and Kadugli.

-Site visits

-Improve drug procurement and transport capability.

-Drug and transportation surveys completed; intervention initiated.

Regional logistics reports; survey reports.

-Increase availability of low cost drugs.

Minimum of 10 Community pharmacies/drug store established.

Reports

-Develop and implement training/re-training programs updating MCH/FP/nutrition knowledge

-Develop training program, teaching materials and curricula for CHW, VMW, and TBA; retrain tutors, VMWS, HVS, CHWs and MAs.

-Training records; curricula

-Institute program of supportive supervision to monitor quality of care provided by CHWs.

-Program developed, tested, and instituted; annual supervisory visit to 50% of rural health workers.

-Program documents, supervisors reports

-Develop capability of provincial/district interdisciplinary teams to implement MCH continuing education programs.

-GOS training teams operate courses, retrain 1800 rural health workers.

-Training reports

Inputs

-Technical assist-
ance Long-term US
Short-term US

7 persons/368 pm
89 pm

-Accounting
records from
USAID, contrac-
tor, and MOFEP

1.AID funding
available on
timely basis.

-Training-partici-
pant Long-term
Short-term

2 person/36 pm
59 pm

2.GOS budget
support avai-
lable.

Commodities

4 trucks; 19 vehi-
cles; 28 motorbikes;
150 bicycles; \$.5
million drugs; \$.995
million equipment

3.GOS/AID pro-
vide adequate
Title III
counterpart
funding.

Construction

4 warehouses

Revised Logframe: Southern Component

<u>NARRATIVE SUMMARY</u>	<u>OBJECTIVELY VERIFIABLE INDICATORS</u>	<u>MEANS OF VERIFICATION</u>	<u>IMPORTANT ASSUMPTION</u>
<p>Program Sector Goal: The broader objective to which this project contributes:</p>	<p>Measures of Goal Achievement:</p>		<p>Assumptions for achieving goal targets:</p>
<p>To improve the health status of the rural poor in Equatoria Region.</p>	<p>In project area: Decreased morbidity Decreased mortality</p>	<p>Statistical data-MOH Baseline & Follow-up surveys</p>	<ol style="list-style-type: none"> 1. National priority for health continues. 2. PHCP and MCH/FP services can have measurable impact on health status. 3. Security deteriorates no further and allows for a productive working environment.
<p>Project Purpose:</p>	<p>Conditions that will indicate purpose has been achieved: End of project status.</p>		<p>Assumptions for achieving purpose:</p>
<p>To strengthen the capacity of the GOS, through training, especially in the area of management, planning and budgeting, logistics and supply, to improve the delivery of primary health care and MCH/FP services in project area.</p>	<p>-Increase in percent of regional budget allocated to primary health care. -50% of Area Councils actively participate in health planning, management and budgeting. -50% of rural population has access to MCH/FP services. -Preventive/promotive measures being practiced in 50% of villages in which health workers have been retrained. -50% of regional/district stores submit timely orders; maintain inventory control.</p>	<p>Project evaluations and periodic reports and field trips. Statistical data of regional Ministry of Public Services.</p>	<ol style="list-style-type: none"> 1. GOS commitment to regionalization continues. 2. GOS planning/budgeting system remains decentralized. 3. GOS and rural population support community-based participation in primary health care.

SD

Output:

Magnitude of Outputs:

Assumptions for achieving outputs:

-Complete & implement health manpower development plan.
-Develop & implement training program in health planning, management & budgeting (HPMB).
-Institute efficient HPMB practice at Area & Regional levels.
-Institutionalize regional health planning, budgeting & information capacity.
-Increase involvement of Area Councils in HPMB, MCH/FP & PHC.

-Baseline survey completed, with inventory of staff by category developed; approved.
-Program developed; 20 top, 30 middle & 60 field level managers trained.
-Regional (health) accounting books closed in following FY. Audit trail present for Title III LC & annual LC budgets submitted.
-2 health plans & budgets by PY 5. Regular reporting to regional Min. of Services from 60% of functional PHC facilities.
-Orientation seminars for Area Councils involving 125 community leaders; PHC & MCH/FP IEC programs developed & in use in Area Councils/Women's Groups.

-Baseline survey; Health Manpower Development plan; updating forms.
-Curriculum; training reports.
-Regional accounting records.
-Regional Health Plans & budgets, Statistical records.

-Training records; program.

-Develop effective project coordination.

-Project Implementation Committee formed.

-Minutes of PIC meetings.

-Develop & institute effective in-country training program for medical storekeepers.

-120 storekeepers trained; medical stores exhibit cleanliness.

-Training records; regional logistics office reports; supervisor reports.

-Institute system of supervision for medical stores.

-1 supervisory visit/year per store

-Supervisor's reports

-Improve drug procurement & transport capability.

-50% of rural health facilities supplied regularly with 50% drug quota.

-Regional logistics reports; sample survey.

1. Region/districts provide adequate administrative staff and support.
2. GOS will provide the necessary funding for recurrent costs, especially for drugs & transport.
3. Petrol available to facilitate health activities.
4. Drugs/supplies are available from Central Medical Stores (CMS) Khar-toum.
5. Transportation for supplies from CMS is available at a reasonable cost.
6. Paper, registration & reporting forms are available to CHW's.
7. Appropriate personnel are available for training.
8. GOS identifies and retains counterpart staff.

51 x

-Institutionalize MCH/FP activities

-Develop & implement training/retraining programs updating MCH/FP/nutrition knowledge.

-Develop & implement demonstration focused MCH/FP intervention in one district.

-Establish Medical Education Unit (METU).

-Develop CME program, test, publish & distribute instructional & test materials, teaching aids, instructor's manual & health education (HE) materials & for CHW's & SO's implement use of materials.

-Develop capability of provincial/district interdisciplinary teams to implement & evaluate continuing education (CME) program.

-Improved planning & management of CME program.

-Institute program of supportive supervision to monitor quality of care.

-Train & deploy health educators.

-MCH/FP plan developed & accepted. 5 new MCH/FP service sites established & functioning; subcontract with JPPA for FP IEC & services program.

-Develop training program, teaching materials & curricula for NMW, VMW CHW; retrain 50 tutors; train/retrain 550 CHW, MA, VMW, HV, TBA & others.

-Program developed; services initiated: antenatal & child care, ORT, immunization & child spacing.

-METU established with counterparts.

-Development-distribution tasks 100% completed, incl. HE modules on EPI, sanitation, MCH/FP, nutrition, ORT. Retain 50 CHW tutors.

-Training teams operate short courses at provincial & community level; 550 MA's, SO's & CHW's trained.

-Workshop guideline/checklist utilized; each course planned & budgeted 1 yr ahead.

-"Supervision proforma" developed & revised; used by 60% of supervisors.

-10 health educators trained and employed implementing work plans.

-Site visits.

-training records, curricula.

-Site visits.

-Organization charts.

-Review materials; training.

-Training records

-Training records

-Review supervision proforma records.

-Site visits, work plans.

Inputs:

Implementation Target (Type & Quality, 000's)

Assumptions for Providing Inputs.

-Technical Assistance

Long-term US

Short-term US

-Training (participant)

Long-term

Short-term

-Commodities

6 persons/394 pm

34 PM

3 persons/72 month

40 PM

2 trucks; 7 vehicles; 10 motorbikes;
200 bicycles; \$1,195,000 worth of
drugs; \$220,000 worth of equipment.

-Records from USAID
and contractor

-GOS Ministry of
Finance records.

1. AID funding
available on timely
basis.

2. GOS budget sup-
port available.

3. GOS/AID provide
adequate Title III
counterpart funding.

-GOS accounting records.

-Construction

1 multipurpose training center;
3 health facilities renovated

53 x

**VIII. REVISED IMPLEMENTATION PLAN
FROM DEC '85***

<u>A. Intermediate Events Actions</u>	<u>Responsible Entity</u>	<u>Date</u>
1. Organizational visit to Darfur	USAID, OAI	Dec 85
2. PIO/T for OAI contract modifications	USAID	Feb 86
3. PIO/T for AMREF contract modifications	USAID	Feb 86
4. Contract modification for OAI	USAID/OAI	March 86
5. Contract modification for AMREF	USAID/AMREF	March 86
6. Arrival of Darfur regional coordinator	OAI	March 86
7. Request For Technical Proposal for Northern Component until Dec 89	USAID	April 86
8. Arrival of EPI operations officer in Kordofan	OAI	April 86
9. Arrival of EPI operations officer in Darfur	OAI	June 86
10. Arrival of MCH/ORT operations officer in Darfur	OAI	Aug 86
11. Awarding of new contract or contract extension for OAI in Northern Component	USAID	Sept 86

* Key

O/LOP = Ongoing, Life of Project

+ = Date to be determined.

Northern Componen

Project Emphasis I

To Strengthen Planning/Management/Logistic Support for PHCP.

<u>Actions</u>	<u>Responsible Entity</u>	<u>Date</u>
1. Implementation of PHC supervision activities (Kordofan and Darfur)	RPIUs	O/LOP
2. Continuation of revised management by exception activity (Kordofan)	RPIU/K	Jan 86- Dec 86
3. Submission of reports every six month on PL 480 Tile III local currency accounts	CPIU	O/LOP

4. Exploration of cost-effectiveness of repairing used vehicles (Kordofan and Darfur)	OAI	+
5. Exploration of use of motorcycles and bicycles (Kordofan and Darfur)	RPIUs	+
6. Renovation of Kordofan Dept of Health vehicle maintenance workshop	OAI/UNICEF	Jan 86- Jan 87
7. Analysis of existing drug supply system	OAI	Jan 86- Sept 86
8. Development of cost recovery drug-stores in rural areas in Kordofan and Darfur (number to be determined)	RPIUs	Jan 86- Aug 89
9. Development of effective warehousing and supply procedures	OAI	Aug 86- Aug 87
10. Development of pilot health information system for EPI and ORT (Kordofan)	RPIU/K	Jan 87- Jan 88
11. Complete and implement health manpower and development plan	OAI/RPIUs	

Project Emphasis II
To Incorporate MCH/FP in PHCP Activities:

<u>Actions</u>	<u>Responsible Entity</u>	<u>Date</u>
1. ORT Module completed	RPIU/K	Nov 85
2. ORT training program implemented region-wide in Kordofan	RPIU/K	Jan 86- Sept 86
3. EPI implemented in 5 districts in Kordofan	RPIU/K	O/LOP
4. EPI implemented in 5 districts in Darfur	RPIU/D	July 86- Dec 89
5. Participant sent to U.S. for long-term MCH training	OAI	Sept 86
6. PIO/C for 20 additional solar refrigerator/freezers	USAID	Sept 86
7. ORT program implemented on community level in Kordofan	RPIU/K	Sept 86- Dec 89
8. ORT training program implemented region-wide in Darfur	RPIU/D	Sept 86- Sept-87

55*

- | | | |
|---|--------|--------------------|
| 9. Implementation of ORT program on community level in Darfur | RPIU/D | Sept 87-
Dec 89 |
| 10. Training of TBAs (Kordofan and Darfur) | RPIUs | O/LOP |
| 11. Family planning services implemented in 3 districts each in Kordofan and Darfur | RPIUs | |

Project Emphasis III:
To Improve Delivery of PHCP Services

- | <u>Actions</u> | <u>Responsible</u> | <u>Date</u> |
|---|----------------------|-------------------|
| 1. Completion of four medical warehouses | Toug
Construction | Oct 86 |
| 2. Development of regional level in-service training capability in Kordofan and Darfur | RPIUs | O/LOP |
| 3. Development of training and curriculum evaluation units (Kordofan and Darfur) | RPIUs | Jan 87-
Dec 89 |
| 4. Development and implementation of self-help grant mechanism for PHCP (Kordofan and Darfur) | RPIUs | Jan 87-
Dec 89 |
| 5. Clarify job descriptions of PHC personnel (Kordofan and Darfur) | RPIUs | + |
| 6. Exploration of the use of mass media in community sensitization (Kordofan and Darfur) | RPIUs | + |
| C. <u>Southern Component</u> | | |

Project Emphasis I:
To Strengthen Health Planning/Management/Logistic Support for PHCP

- | <u>Actions</u> | <u>Responsible Entity</u> | <u>Date</u> |
|--|---------------------------|---------------------|
| 1. Submission every six months of PL 480 Title III budgets | AMREF/DHSW | Jan 86-
April 87 |
| 2. Arrangement of 2nd 12-month MPH training fellowship | AMREF | Jan 86 |
| 3. HIS training for CHWs, MAs, and statistical clerks | AMREF | |

- | | | |
|---|-------|-------|
| 4. HPMS training of top, middle and field level managers in Equatoria (110 to be trained) | AMREF | O/LOP |
| 5. Continued sponsorship of top, middle and field level managers to attend short-term US, Third Country and In-Country management courses and workshops | AMREF | O/LOP |
| 6. Technical assistance to SAHA, regional health newsletter | AMREF | O/LOP |

Project Emphasis II:
To Incorporate MCH/FP Services in PHCP Activities

<u>Actions</u>	<u>Responsible Entity</u>	<u>Date</u>
1. Development of MCH/FP training materials for CHWs, VMWs, and HVs	AMREF/DHSW	O/LOP
2. Construction of MCH multi-purpose birthing center in Juba	AMREF	Jan 86- Jan 87
3. Establishment of MCH/FP service delivery points in Malakia clinic, Juba hospital, and 2 rural sites	AMREF	Jan 86- April 87
4. Short courses and workshops on ORT, immunization, and family planning for CHWs and VMWs	AMREF/DHSW	
5. Training and supervision of TBAs	AMREF/DHSW	
6. Short-term courses for doctors, nurses, and MAs on Family Planning, ORT, and Immunization	AMREF	

Project Emphasis III:
To Improve Delivery of PHCP Services

<u>Actions</u>	<u>Responsible Entity</u>	<u>Date</u>
1. Establishment of 5 active village health committees in Equatoria Region	AMREF	Jan 86- April 87
2. Establishment of 4 community drug stores in rural areas	AMREF/DHSW	March 86- April 87

3. Establishment of community self-help grant fund	AMREF/DHSW	March 86- April 87
4. Training in supervision for high and mid-level PHC workers	AMREF/DHSW	+
5. Development of supervision materials	AMREF/DHSW	+

memorandum

DATE: May 1, 1986

REPLY TO
ATTN OF: John W. ^{J.W. Koehring} Koehring, DIR

CP

SUBJECT: Sudan - Cables, Correspondence et al

USAID/Sudan Staff

TO:

The following directives are effective immediately:

1. For the present, all telegrams should be prepared for J. W. Koehring's authorization and arrive in the Director's Office with clearances completed and references attached.
2. Also for the present, I wish to clear all correspondence which is not prepared for or appropriate for my signature.
3. The subject line of all outgoing cables should be set up as follows:

Sudan - The project name and number or, if not a project, the subject. Nothing repeat nothing else should be on the subject line. If further references/numbers/description of the telegram purpose are required, provide it in the first paragraph.