PD-AAL-534

660-0057

PROJECT EVALUATION SUMMARY (PES) - PART I

Report Symbol U-447

1. PROJECT TITLE	2. PROJECT NUMBER	3. MISSION/AID/W OFFICE
Health Systems Development	660-0057	USAID/Kinshasa

4. EVALUATION NUMBER (Enter the number maintained by the reporting unit e.g., Country or AID/W Administrative Code, Fiscal Year, Serial No. beginning with No. 1 each FY)

☒ REGULAR EVALUATION ☐ SPECIAL EVALUATION

5. KEY PROJECT IMPLEMENTATION DATES			6. ESTIMATED PROJECT FUNDING		7. PERIOD COVERED BY EVALUATION	
A. First PROAG or Equivalent FY 76	B. Final Obligation Expected FY 80	C. Final Input Delivery FY 81	A. Total $ 1,115,000		From (month/yr.) 8/78	
			B. U.S. $ 675,000		To (month/yr.) 7/80	
					Date of Evaluation Review 7/18/80	

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

(List decisions and/or unresolved issues; cite those items needing further study. (NOTE: Mission decisions which anticipate AID/W or regional office action should specify type of document, e.g., airgram, SPAR, PIO, which will present detailed request.)	B. NAME OF OFFICER RESPONSIBLE FOR ACTION	C. DATE ACTION TO BE COMPLETED
1. That contract No. AID/afr-C-1438 with Planning and Human Systems be permitted to expire as scheduled on August 30, 1980.	N.A.	August 30, 1980
2. a) That contract PSC No. ZAI 79-005 for Diana Koehn be permitted to expire as scheduled on August 17, 1980 b) That contract PSC No. ZAI 79-003, for Cit. Utshudi be permitted to expire as scheduled on August 30, 1980	N.A.	August 30, 1980
3. That AID continue assistance to, at least the Peace Corps activities in Kongolo.	J. Jacobs	August 30, 1982
1/ 4. That AID make short term consultants available on request to the Department of Public Health.	J. Jacobs	August 30, 1982
2/ 5. That the PP be amended to extend LOP until August 30, 1982 and to show changes in activities to date and activities planned for duration of project.	R. Thornton	August 30, 1980
2/ 6. That a ProAg be executed to add funding necessary to carry out further project activities for next two (2) years.	R. Thornton	August 30, 1980

1/ The first four (4) recommendations were unanimously supported by the entire evaluation team.

2/ See recommendations section 23-1 for narrative concerning recommendations No. 5, and no. 6

9. INVENTORY OF DOCUMENTS TO BE REVISED PER ABOVE DECISIONS

- [X] Project Paper
- [ ] Implementation Plan e.g., CPI Network
- [ ] Other (Specify)
- [ ] Project Plan
- [ ] PIO/T
- [ ] Logical Framework
- [ ] PIO/C
- [ ] Other (Specify)
- [X] Project Agreement
- [ ] PIO/P

10. ALTERNATIVE DECISIONS ON FUTURE OF PROJECT

- A. [ ] Continue Project Without Change
- B. [ ] Change Project Design and/or [ ] Change Implementation Plan
- C. [ ] Discontinue Project

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

Leroy Jackson: Evaluation Officer, USAID/Kinshasa
Al Henn, M.D.: Health Officer, Tanzania (substance) 3/
Richard Thornton: PHO/Kinshasa RLT
Dr. Kankienza, Co-Director GOZ, DSP

12. MISSION/AID/W OFFICE DIRECTOR APPROVAL

Signature: Walter W. Boehm

Typed Name: Walter W. Boehm, Acting Director

Date: August 28, 1980

AID 1330-10 (2-78)

3/ cleared in draft prior to departure

B. Summary

a) Summary of PES fundings - The evaluation team finds that the project did not contribute to its program goal, and did not achieve its purpose and the majority of its outputs. There are many factors for the project's poor performance. These include poor design by USAID and the GOZ (especially the lack of detailed description of the third output, cited p. 10, and how it was to be realized), insufficient funding, insufficient time, poor contracting procedures, and selection of inappropriately skilled technicians.

In addition, the delay in initiation of project activities (almost three years from the submission of the Project Paper until the arrival of the Contract Chief of Party) the diminution of health as a GOZ national priority, a substantial economic decline, a complete change of personnel in the GOZ and USAID offices and the usual problems of delay and/or non arrival of critical commodities compounded the problem.

The combination of all the above factors, especially the disagreement of the Project's focus and objectives leading out of the poor design created an extremely difficult work situation where interpersonal relations were poor. The end result was that almost all parties have been disappointed with the project and its accomplishments.

The project has, nonethless, been responsible for some worthwhile activities which may very well have some impact on the GOZ efforts to establish a workable, replicable, integrated health delivery system. These include the introduction of planning/management techniques at the national level and the initiation of basic, low cost preventive health interventions at the zonal level. The latter results from the project's decision to use Peace Corps Volunteers as the rural outreach component of the integrated health delivery system. With nominal material inputs and technical assistance they have succes fully demonstrated that rural villagers can address some of their immediate health problems using only those resources available and affordable at the village level. This success has created an atmosphere of optimism which appears to be contagious at least as far as the two Zairian physicians at Kongolo Hospital are concerned. These doctors and few other GOZ officials who have been involved in the project are beginning to recognize the possibilities for improving the health environment of their zone without an increase in the zonal budget for health.

b) History and Background - While it is difficult at this point to judge the conditions that existed in Zaire and especially in the Department of Public Health (DSP) in 1974, there is some evidence to suggest that the various project documents lacked a frank analysis of the environment in which the project was to have accomplished its goals. This appears especially obvious when looking at the GOZ's real vs. stated priorities and how this impacts on the resources made available to the health sector, especially in the rural areas.

From studying the project documentation available in Kinshasa it appears that both the Mission and AID/W were planning a larger service project (Basic Rural Health Services) for which a Project Review Paper was submitted to AID/W early in 1976. This project called for a budget of 8 million dollars. Apparently, AID/W became concerned about committing that sum of money to that type of a service project which was to have been implemented by the Department of Public Health (DSP) with its reputed lack of planning and management ability. The mission was therefore advised to put off further development of the Basic Family Health Services Project while a short 'pre-project' was initiated to strengthen the planning and management capacity. Thus the Health Systems Management Project which was under development at the same time was altered to include development of two integrated health service demonstration zones. The project was renamed the Health Systems Development Project and the Project Paper (PP) was approved in March 1976.

It appears that AID/W insisted that the contract for the implementation of the project be set aside for a "Minority Small Business". Three minority firms were selected to receive Requests for Proposals (RFP) and Planning and Human Systems, Inc. was awarded the contract. During contract negotiations SER/CM (the AID/W contracting office) was successful, with USAID/Kinshasa concurrence, in negotiating the contractor down from a proposed $865,000 to $552,116.

In June 1978USAID/Kinshasa selected the demonstration site in Kongolo (with GOZ concurrence) because of the presence of a large AID financed agricultural project in the same area. At that time (June 78) it was planned

that the regular Air Zaire service to Kongolo would permit good logistical support for the project and make the demonstration site accessible to USAID and GOZ officials based in Kinshasa. When regular Air Zaire service to Kongolo ceased shortly thereafter, the project was unable to receive the logistical and technical support needed to function as planned.

Shortly after the arrival of Planning and Human Systems Chief of Party in October 1978, the contractor realized that its task was extremely difficult and requested a contract modification in order to reduce its responsibilities for the implementation of an integrated health delivery system in Kongolo zone. There is some reason to believe that USAID/Kinshasa sympathized with at least some of the problems. Nevertheless, the mission felt that it was a valid contract freely agreed to by both parties and therefore declined to execute a contract amendment. An audit of the project performed by the USAID Regional Auditor, Nairobi (AAG/Nairobi) in November 1979 noted the differing understandings as to Contractor responsibilities for the demonstration zone and the general strategy for realizing project objectives.

The period from February 1979 was characterized by worsening relations between all parties involved in the project as the project moved into the implementation phase.

In April 1979 to compensate for the lack of resources in the contract, USAID/Kinshasa hired, under a Personal Services Contract (PSC), a co-ordinator for project operations in Kongolo. While this relieved some pressures, basic differences as to the project's objectives and major focus continued. In addition, the Kongolo activities were marked by a general sense of frustration and disappointment attributed to what was perceived as broken AID promises re the provision of medicines and medical supplies for the Central Hospital in Kongolo. (See Thornton trip report).

During this period the Chief of Party helped the DSP in organizing 'Planning Group' within the Department. It began to meet regularly to discuss problems in areas of management and planning.

In August 1979 seven Peace Corps Volunteers (PCVs) arrived and began their preventive health activities in the villages of Kayanza and Kaseya and the town of Kongolo. Unfortunately the physicians in Kongolo at that

time were interested primarily in curative services and did not understand or welcome the PCVs or their work.

In December 1979 the Department of Health Planning Group took a two week stu tour of the U.S. in lieu of the programmed long term participant training.

Also in December, the Chief of Party and the USAID reached an impasse re project strategy and operations and as a result the USAID Director took steps to terminate the project.

The period from January 1980 through July 1980 saw the arrival of most of the short-term consultants. Their role was to assist the GOZ DSP Planning Group in the preparation of a national plan dealing with that part of the health system relating to the Consultant's expertise.

14. Evaluation Methodology: The evaluation exercise served both as an end of contract evaluation for the contractor, Planning and Human Systems, Inc. and as a comprehensive twenty four months evaluation of the project itself. The evaluation is also being used to collect information for a PP revision which was requested in a Project Audit of November 1979.

The result of this evaluation will also be used in considering future assistance to the health sector for the five year period 1981 - 1985.

The evaluation was completed in July 1980 because of the planned departure in August 1980 of both the Chief of Party and the AID PSC Coordinator.

The evaluation team consisted of Albert Henn, M.D., USAID/Tanzania Health Officer; Leroy Jackson, Design and Evaluation Officer, USAID/Kinshasa, and Richard Thornton, Public Health Officer, USAID/Kinshasa. Planning and Human Systems Chief of Party, Dr. Guy and Dr. Kankienza, GOZ DSP Co-director for the project, Cit. Utshudi, local hire Assistant to Dr. Guy; Mr. Bruce Strasburger, Peace Corps Volunteer and Group Leader, Ms. Diana Koehn and Dr. Linguba the Medicin Chef were the main contacts and sources of information.

The team reviewed relevant project documents in Kinshasa and prepared a list of questions and items of special concern. The team met individually with Dr. Guy and Dr. Kankienza to discuss general progress problems to date as well as to record their impression. The team also met with the DSP Health Planning Group in their regular session which was reserved for

discussion of the project evaluation.

The evaluation team travelled to the project demonstration zone - (Kongolo) - and visited the principal and all sites where project activities had taken place. (See appendix I for list of persons contacted).

Data was gathered by (1) review of quarterly and other reports, (2) review (where possible) of PIO/Ts, PIO/Cs, and other AID documents, (3) on-site interviews with all principals, and (4) visits to the demonstration zone for visual confirmation of activities.

15. External Factors: Since the preparation of the PP in 1975, the general work environment has changed considerably. The year 1974-75 signaled the beginning of a substantial general economic decline which has yet to be arrested, accompanied by inflation, decreasing budgets for the GOZ and its general inability to support projects. The two year period from August 1978 through July 1980 which corresponded to the period of the project's life was particularly difficult. The routine problems of communication, logistics and transportation were aggravated by the economic decline and made implementation of all activities difficult. In addition, Health, which had been a stated GOZ priority since independence and especially since 1969, was dropped in 1977. GOZ priorites then focused on agriculture, general economic recovery, inflation fighting and loan rescheduling. The already meager DSP budget was eaten up by inflation which averaged about 80-100% per year during the life of the project.

In addition to the economic problems, the country experienced two major rebel incursions between the signing of the project agreement (May 1976) and the initiation of project activities in October 1978.

16. Inputs:

1. USAID

a) Technical Assistance - The original project paper requested twenty-four (24) months of long-term technical assistance. This assistance included a full time health professional with background and experience in health administration/planning. This input has been provided. However, the documentation that was available to the design team does not show a detailed list of qualifications for this position. It is possible that this may have been done in the Request for Proposals (RFP) that was prepared

in AID/W.

The C.V. of the technician that was selected shows a wide background of clinical medicine and supervision of clinical medicine including work in Africa, but no formal training or work experience in health administration/ planning at the national level. This may explain, in part, the project's focus on curative hospital activities, and the preoccupation with drugs and medical supplies. The team also noted that most of the drugs ordered for the project are of the type not generally used outside the clinical setting.

In retrospect, the evaluation team feels that the project purpose and scope of work in the PIO/T would have required a Chief of Party with a strong, preventive Public Health as opposed to a clinical background. In addition, formal training and experience in Health Planning would have been necessary. A medical degree and clinical medical experience should have been an asset but not the primary consideration for selection of the Chief of Party.

The PP called for 41 man months (MM) of short term technical assistance in the areas of budgeting, personnel management, statistics, transport, logistics, and supply. The contract negotiated with Planning and Human Systems calls for 24 Man Months (24MM) of assistance in the same areas. According to the USAID files, approximately ten (10) MM of assistance has been provided.

b) Training - The PP called for 48 MM of long term training, 12 months for each of 4 participants, and 15 MM of short term training in the fields of Public Health Planning and Administration. The contractor proposed that this input be amended to provide a study tour of health facilities/ programs in the U.S. as part of the workshop-type training being conducted in Zaire. This was submitted to and approved by USAID/Kinshasa in October 1979. The reason given was that the high rank of the participants (office directors and the Minister of Health) would not permit them to be absent for longer term training and that this approach represented the best method of exposing the group to the planning and management principles needed. Thus, the sixty-three (63) Person Months(PM) of training were compressed to seven and one half (7.5) Person Months(PM).

c) Commodities - The Project Paper and the Project Agreement pro-

vided $235,000 for commodity assistance. This included vehicles, medicines, medical supplies, health education aids.

Based on reports available to the evaluation team the following commodities were ordered but not received at the project site (Kongolo) as of the evaluation team's visit 7-9 July 1980.

Item	Number	Description
Vehicle	1	4-wheel drive Chevrolet
Autoclaves	2	steel,
Beds	4	steel, fracture
Beds	100	air
Linen	-	--
Bicycles	18	adult
Stretchers	15	canvas
Burners	4	alcohol
Sutures	100 prs	surgical
Bedpans	25	metal

After the evaluation team's return from its visit to the field site (Kongolo), it was informed that the bulk of the materials listed above were already in Kinshasa awaiting transport to Kongolo and were in fact delivered to Kongolo on August 1, 1980. Thus as of August 1, the status of commodity inputs is as follows:

Item	Number	Description	Current Status
Vehicle	1	4-wheel drive	arrived disassembled in Zaire in July 1980, currently being assembled by GM, Zaire
Autoclaves	2		ordered not yet received in Kinshasa
Beds	4	Steel, fracture	ordered not yet received in Kinshasa
Burners	4	Alcohol	ordered not yet received in Kinshasa

Since there were only two (2) vehicles ordered for the project and since the project areas (Kinshasa and Kongolo) are 1500 km apart, the non-delivery of one of the vehicles appears to have caused continued problems in project coordination. The Mission made efforts to correct this problem through the loan of various vehicles to the project and the reimbursement to the Chief of Party for the use of his personal car for project business. While this

did help to some extent, it appears the non-delivery of the project vehicle did impair project co-ordination. The PIO/C for the project vehicle was issued in July 1979 as part of a group of 24 GM vehicles that were to be assembled in Kinshasa. Price increases, model changes and other factors caused a long delay. Delivery of vehicles is expected in late August 1980.

Periods of availability of vehicles for project are as follows:

October 1978-September 1, 1979	- Project Chevy Pick-up in Kinshasa and available for Chief of Party use
September 1, 1979-November 15, 1979	- Project Chevy Pick-up sent to Kongolo; no replacement for Chief of Party use in Kinshasa
November 15, 1979-December 15, 1979	- Endemic Disease vehicle loaned to project
December 15, 1979-April 15, 1980	- Endemic Disease vehicle returned; no vehicle available to project
April 15, 1980 - Present	- VW van puchased available for project use.

The lack of medical supplies have not had a serious effect on the project implementation since they were destined for the central hospital in Kongolo which plays a secondary role in the realization of the third objective of the project (establishment of a demonstration zone for an integrated health system).

The project had not originally planned to procure bicycles. Recently the project decided to purchase them for use in Kongolo in expanding the dispensary outreach system. They will be put to use in the near future.

d) Other Costs (Local Funds) - The in-country expenses and certain international travel were to be provided from local GOZ funds. Due to a series of GOZ administrative problems, the project was unable to have access to these funds until April 1979. This meant that the project which formally began with the arrival of the Chief of Party in October 1978 was without local funding for the first six (6) months of operation.

2. GOZ

According to the PP and subsequent Project Agreements, the GOZ promised to provide personnel and administrative costs and support for the two demonstration zones. The total in kind contribution was dollars 40,000.

Since there was no further breakdown as to the value of each of the inputs under these general categories, the evaluation team has no means to determine whether this has been met. Based on what the evaluation team has observed, it is probable that the promised personnel contribution and support has been provided. (i.e., Dr. Kankienza). The PP called for the GOZ inputs to cover the costs of international travel for participants. This was also provided.

17. Outputs:

The three basic outputs of this project as presented in the PP, submitted to AID/W in December 1975, are:

1. A cadre of DSP emplyees trained and capable of effective planning/ administration of health activities at the national level.
2. A minimum of six (6) operational plans prepared by the GOZ, DSP in the areas of
   a) general organization/administration
   b) manpower training and personnel
   c) logistics and maintenance
   d) supply management
   e) vital statistics reporting
   f) procedures for the delivery of basic family health care in two zones.
3. Initiation of comprehensive replicable system of basic health care in two zones.

These are essentially the same three (3) outputs (objectives) agreed to by the contractor in contract AID/afr-C-1438 signed August 1978. The major difference is that the contract limits the initiation of an integrated health delivery system to one zone with plans for operating procedures for initiating the system in a second zone.

It is reasonable to accept that the first output, the Establishment of a trained Cadre capable of effective Planning and Administration of health activities at the national level, has been at least partly achieved. There is such a group that meets regularly to discuss specific administrative problems and to plan. The team was unable to make a judgment regarding their level of expertise in the area of health planning administration but notes that the long term graduate level training in health planning/administration was modified to provide a 3 week study-tour of U.S. for the members of the

DSP planning group. It is extremely doubtful that the three weeks of travel in the U.S. provided the group with the kind of disciplined detailed study which would permit them to increase their skills in national planning and administration. It appears that the study tour provided in lieu of the long term training was of questionable measurable value.

The second output, "The GOZ preparation of six (6) national Plans", has not been achieved and there is little reason to believe that it will be met during the six weeks remaining under the contract. What has been produced to date has been a series of reports prepared by short-term consultants in the five general areas listed.

It is difficult to see how these reports, while useful for documenting what the consultants did, will result in the production of national plans for the areas specified in the Project Paper and contract.

During meetings, the GOZ DSP representatives did not appear to be aware that they were supposed to provide national plans (or strategies) in each of the six areas. They appeared satisfied that the consultant's reports has been prepared. It is possible that one of the reports which deals with the transport sector, will result in a GOZ request for assistance in constructing and furnishing a central garage in Kinshasa. To date, the request has not been received.

The third output, the establishment of an initial replicable integrated health delivery system in the zone of Kongolo, has not been achieved. After arriving in Zaire, the contractor felt that this output was unachievable given the resources at his disposition and the problems in initiating such a program 1500 km from his Kinshasa office. The contractor made a formal request to eliminate this output or to have PSC responsible only for the planning of the system. This was rejected by the AID Mission which insisted that this output continue to be part of the contractor's responsibility in keeping with the Conditions of the Contract.

While the project did not achieve the output, the project did initiate some worthwhile activities in the Kongolo zone. These included some commodity support to the hospital and rural community development/health activities through a PSC coordinator and six (6) Peace Corps Volunteers. With the limited resources at its disposal, the project did manage to

accomplish the following:

- Initiation of a successful Measles Vaccination Program in the Kongolo city area, Kaseya and Kavanza;
- Initiation of a nutrition status survey in the same area;
- Establishment of five village and local health committees;
- Initiation of prenatal and preschool MCH programs in the areas;
- Plans made for water source protection; and
- Plans for family planning education.

18. Purpose - The purpose of the project was to strengthen the GOZ's institutional capacity to deliver health services. The PP further describes this as the capacity of the National Health Council and its constituent organizations to formulate and deliver improved services throughout Zaire. In addition to this capacity to plan the GOZ should be actually delivering those improved services in the zones developed during the course of the project and should be actively preparing to replicate the developed system in other zones.

The purpose was not achieved. While the term "strengthening" might permit one to consider that the purpose may be partially achieved, there is little indication that the DSP is more capable at present than when the project began. What has been established is an in-house group at the Department of Public Health which meets regularly to discuss problems in planning, administration. As noted under outputs, there have been no national plans prepared and no integrated health delivery system exists on the zonal level. 1/

In addition, there are presently no plans to replicate the activities that have been proven successful in Kongolo to other zones,.

19. Goal - The program goal to which this project was to contribute is the establishment of an integrated national health delivery system under the

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1/ The evaluation team considers a health plan as a comprehensive strategy for identifying, prioritizing and addressing the health needs of the country. The strategy should be the result of identification and selection of alternatives taking into consideration the environment in which the strategy will have to work,especially the resources available.

aegis of the National Health Council. This has not been achieved.

The Project Paper does note that its contribution towards this goal will be modest and will depend on many other variables, above all a stable political situation and a continued GOZ commitment to the health sector. As noted under external factors, these assumptions were overcome by events.

Considering the fact that only one of the five outputs was partially achieved and that the project purpose was clearly not achieved, there is little evidence that this project contributed in any meaningful way to the general sector goal.

20. Beneficiaries - Three groups can be identified as beneficiaries from Project activities. Firstly, in the development of institutional capacity, the members of the Health Planning Group in the Department of Health benefited most directly from the study of the U.S. and the workshop/ seminars for management of their divisions. Secondly, the health staff of Kongolo zone benefited through the reception of basic equipment with which they were better able to perform their tasks. These local health officials also benefited from the successful demonstration of basic preventive measures undertaken by the Peace Corps Volunteers. Thirdly, the villagers living in those areas where project activities were undertaken benefited by receiving the technical assistance and material to improve their status through the adoption of some low cost or no cost basic health practices.

At the present time, it is unclear what the total spread effect will be. As a result of the project's activities several neighboring villages have requested the local government to assist them in initiating preventive health activities in their villages, and have nominated animateurs (volunteers) to be trained in Kongolo. The Peace Corps volunteers have agreed, in principle, to assist with both the training of animateurs and the expansion of preventive health activities to surrounding villages. To date no concrete plans have been worked out for these activities.

21. Unplanned Effects - Implementation of this project has made both the GOZ national Department of Public Health and USAID/Kinshasa, keenly aware of the problems of communication, transport, logistics of even nominal support to health activities in the interior. Even with considerable outside

assistance, these problems were not successfully overcome using the systems presently in place.

USAID has become aware of the limitations of its procurement system especially the long delays in delivery and the alleged economies realizable by going the excess commodity procurement route. The utilization of this source has resulted in the project's procurement of a discontinued model of an X-ray machine for which certain spare parts are unavailable or available with difficulty. To date the X-ray machine in Kongolo has not been operational

The DSP has also become aware of the need to decentralize decision making and to give local officials more responsibility/authority in designing/ initiating programs using the resources that are available at the local level.

The project, through the use of Peace Corps, has created an atmosphere of optimism in the zone of Kongolo through the effective use of community action to initiate health interventions at no cost to the GOZ. It appears that the GOZ health and other officials have seen a way to do something (preventive health activities with health education and community development - self help approach) for the population of their area with the resources they have at hand.

22. Lessons to be learned - A more rigorous application of what the evaluation team considers standard Agency procedures would have precluded the development and execution of this project at any of several stages. The system failed to do this and the project moved forward and picked up momentum until it was too late to cancel the project without endangering relations with the GOZ.

Examples of deviations from AID procedures are to be found in the design of the project. Standard project design demands that a thorough technical analysis of the project be made to ascertain the soundness of the proposed project. This analysis ideally takes into consideration host government priorities, capabilities, policies, practices, aspects and regulations. The project paper describes a DSP system of rural health which does not correspond to reality.

The project paper also demands a detailed list of responsibilities of both AID and the recipient government. This is not well done especially

regarding the latter. The question of logistical support to the project and the manner in which it will be pro·ided is not well defined. A thorough analysis of the GOZ budget and what part of it eventually filtered down to the zonal level probably would have precluded development of the project as originally conceived.

Even after the preparation of the Project Paper, the dropping of health as a GOZ priority in 1977 should have triggered a re-examination of the project and the GOZ capacity to support it.

Given the ambitious outputs set in the Project Paper, time and resources available were unrealistic.

There is evidence that throughout the design process the DSP played a relatively passive role in conception and design of the project. Decisions were cleared with DSP but the initiative appears to have been clearly with AID. This explains in part the feeling encountered by the evalution team that Kongolo was an American zone and HDS an AID project.

Standard agency procedures call for a RFP to be published to permit open and full competition for contracts for project implementation. This is to assure the project the best technical expertise that is available at the time of the RFP. This was not done. Instead, the contract was set aside for a minority - small business while the larger more experienced organizations (universities and consulting firms) were excluded from competition.

Even late in the development of the project (August 1978), the recently arrived Mission Director considered shelving the project but was urged to proceed to implementation by the Acting Health Officer who noted in a memo of August 1978, that the project was too far advanced for AID to back out without endangering relations with the GOZ. The project was therefore allowed to move into the implementation phase.

The evaluation team feels that the following lessons can be gleaned from the experience:

1. Projects should be developed, as much as possible, at host country initiatives, according to host country priorities, and as an integral part of the host government's national plan or strategy in the sector. Project design should be the responsibility of host country officials

using AID technical assistance where appropriate.

2. Project activities must be clearly defined in the project design; the PP should provide a step by step approach to implementation;

3. Project should be provided with sufficient resources, especially time and money, to reach their objectives. Project design should take into consideration inflation and delays;

4. That inexperienced contractors may enter into an unrealistic contract; and that AID and especially its AID/W Contract Office should be wary of negotiating down, in the name of economy, what Missions consider a well worked out budget for technical assistance;

5. The AID direct hire staff time required to support small projects is often as much as that required by large projects. Fewer but larger projects will permit AID staff to better backstop projects;

6. Demonstration zones should be developed in areas accessible to those policy-makers one wishes to influence;

7. Peace Corps and AID need to collaborate closely on scopes of work, lines of reporting and authority, and especially arrival times of Peace Corps Volunteers in AID projects. If possible, Peace Corps Volunteers should not arrive until after AID support, on which they will depend, is already in place; and

8. AID should be skeptical of proposals which claim to do more through sophisticated management techniques than AID knows is possible in the present Zairian setting.

23. Special Comments and Remarks

I. Recommendations

Since the Mission is now facing a series of decisions regarding termination/continuation of the project, the evaluation team has made a series of specific recommendations to address this problem. The first four (4) recommendations are endorsed by the entire evaluation team.

Recommendation No. 5 is endorsed by D. Henn and recommendation No. 6 is endorsed by the U.S. Mission Kinshasa.

1. Termination of Contract with P6HS - As a result of the project nearing completion (albeit not as envisaged in the PP) the contract should be permitted to expire on schedule in August 1980.

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

3. That AID assistance to the health sector be continued in Kongolo via support of the Peace Corps activities.

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

5. a) That all HSD project activities cease in August 1980. This includes the provision of equipment and medicines for the curative services system in Kongolo. That the consultants suggested in No. 4 be provided as an element of a future AID project. That assistance to Peace Corps be continued using some mechanism other than the continuation of the HSD project.

6. USAID extend the life of the HDS project through August 1982 making use of remaining project funds for the following activities:

1. Provision of a national health planner to the DSP 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 technician would also be responsible for refining the Zonal Health Plan, which is presently under preparation in Kongolo.

2. That upon receipt of such plans AID 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 would also provide cement, hand tools, materials for visual aids for initiation of preventive health programs using Peace Corps Volunteers as the conduit.

These inputs would be a one time only assistance to provide an intial stock of equipment and basic medicines which would continue under an auto-financed system.

3 Provision of per diem, transport and training aids for training of village animateurs and recycling of present salaried health workers under the aegis of Peace Corps and the Medical Director of Kongolo. (This is already planned as part of the Zonal Health Plan mentioned in no. 1).

4. That to the extent possible, USAID make project funds/commodities available for the repair of/reconstruction of those dispensaries in need of it.

5. That, if suitable candidates can be identified, AID fund long term out of country training at the Master's level for four (4) participants in the fields of health administration/planning and health education.

6. That AID provide travel and per diem for quarterly visits to Kongolo by selected members of the DSP planning group.

II. Issues to be Resolved - With the departure of the AID coordinator in Kongolo in August 1980, AID, Peace Corps, and the Department of Public Health need to agree on the role PCV Bruce Strasburger will play. A job description needs to be prepared detailing his duties, responsibilities and relation to the GOZ health officilas in Kongolo and Kinshasa.

APPENDIX I

Documents Reviewed

1. Basic Family Health Service PRP, 1976
2. Health Systems Management PID, 1974
3. HSM PRP, 1975
4. Health Systems Development PP, 1976
5. HSD ProAg and amendments, 1976
6. Planning and Human Services, Inc. (P&HS) Proposal, 1978
7. P&HS Contract and amendments (except amendment 2), 1978
8. P&HS Work Plan and Participant Training Plan, 1979
9. P&HS Report of February 1979, requesting project changes
10. Preliminary 1979 Auditor's preliminary report
11. Mission reply to Auditor's preliminary report, 1979
12. Final Auditor Report, November 1979
13. Contractor PER, May 1979
14. P&HS monthly status reports
15. P&HS plan for Kongolo zone, 1979
16. P&HS consultant reports
17. GOZ request for project extension, 1980
18. AID/W delegation of PP amendment approval authority to Mission and offering $610,000 of FY80 funds for project and schistosomiasis study, 1980
19. P&HS plan for use of FY80 funds for drugs and equipment support to Kongolo, 1980
20. Reports of PCVs and PHO and COP trip reports
21. Kongolo Health sector survey July 1980
22. Draft final report of PSC Diana Koehn, 1980
23. Draft final report of COP Dr. William Guy, 1980

APPENDIX II

List of Persons Contacted

Ms. Diana Koehn	AID Coordinator
Dr. Linguba	Medecin Chef de Zone
Dr. Christian Roberti	Catholic Brother/Physician
Cit. Swamots Mandhev	Hospital Administrator
Cit. Kubumbwa Wa Ndeba	Permanent Party Secretary
Cit. Kisijimbo Wa Imange Sumatelo	Chef de P.M.I.
Mr. Bruce Strasburger	PCV Pongolo
Ms. Virginia Hill	PCV Kongolo
Ms. Jeanne Tolbert	PCV Kaseya
Mr. Richard Davidson	PCV Kaseya
Mr. Charles Pfetrich	PCV Kasanga
Dr. Kankienza	Co-Director, Project, DSP
Dr. Bongelo	Health Planner, DSP
Cit. Ngoi	Statistician, DSP
Dr. Falaki	Secretary of State for Health
Cit. Tofenda	Director, First Direction
Cit. Lucoso	Director, Second Direction
Dr. Nkondi	Director, Third Direction
Dr. Nkando	Epidemiologist, DSP
Dr. Tchibamba	Director, Fifth Direction
Dr. William Guy	Chief of Party, Planning and Human Systems
Cit. Utshudi	Administrative Assistant to Project
Dr. Kaioze	Assistant Medicine Chef, Kongolo