4390066 (12)

AID 1020-25 (10-70) REPORT U-445

PROJECT APPRAISAL REPORT (PAR) PD-AAD-203-F1

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1. PROJECT NO.	2. PAR FOR PERIOD	3. COUNTRY	4. PAR SERIAL NO.
439-11-590-066, 07	7/12/73 TO 5/20/75	Laos	75 - 3 Termination

5. PROJECT TITLE

Public Health Development - Village Health Program

6. PROJECT DURATION: Began FY 57 Ends FY 75	7. DATE LATEST PROP	8. DATE LATEST PIP	9. DATE PRIOR PAR
	8/18/1969		7/12/73

10. U.S. FUNDING	a. Cumulative Obligation Thru Prior FY: $28,000,000	b. Current FY Estimated Budget: $ 2,900,000	c. Estimated Budget to completion After Current FY: $ 0

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

a. NAME	b. CONTRACT, PASA OR VOL. AG. NO.
OPERATION BROTHERHOOD INTERNATIONAL	CONTRACT NO. AID 439-851

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

A. ACTION (X) USAID	AID/W	HOST	B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
			LESSONS LEARNED	

1. The Village Health Project was primarily designed to support friendly irregular forces in a guerrilla war and to win support from "the little people" for a weak government. On the whole the project was admirably carried out, and was given unstinting support by the United States.

There is no question that, in humanitarian terms, the project was highly successful. It saved the lives of many and prevented and relieved uncountable suffering. If the Vientiane Side had won the war, there is no doubt that this medical support program would now be considered a model for future medical support programs in an insurgency situation.

The outcome in Laos, of course, depended on military success or at least a stalemate in the rest of Indochina, particularly in Viet Nam.

The over-all lesson, in this respect is: civic action and their humanitarian programs aimed at gaining the goodwill and support of the common people are useful only if the security of the people in the countryside can be assured and the benefits derived from gaining the peoples goodwill can be mobilized by strong central government leadership. Since the latter two elements were lacking in Laos the medical relief program, as well as most other US AID programs created a dependency of the common people on the United States. It is unfortunate to create such a dependency in a foreign country unless we are at the same time willing and able to fully commit the United

(Cont.)

D. REPLANNING REQUIRES REVISED OR NEW: ☐ PROP ☐ PIP ☐ PRO AG ☐ PIO/T ☐ PIO/C ☐ PIO/P

E. DATE OF MISSION REVIEW

PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE

States to the task of ensuring (directly or indirectly) adequate security for the people in the countryside.

2. From the technical viewpoint the Village Health program and its supporting network of rural hospitals demonstrated that effective health services for lesser developed areas can be developed and carried out by using low level health workers with only a limited elementary school education. Most of the day-to-day work in this program was carried out by paramedical and auxiliaries - essentially none of whom had a high school education.

3. The cost of medical care was quite low considering this medical treatment was based on modern medical western world concepts. The costs per patient hospital day was about $6 in the mid-sixties rising to about $12 by 1975. The costs per outpatient visit was about $.40 in 1965 rising to about $.60 in 1975. Using the cost figures for 1975, the total cost of the program was approximately $5,000,000 U.S. per year (not all AID funded). With this annual amount the project operated seven hospitals with a total bed capacity of 850 beds and furnished about 2.5 million patient visits. Of the $5 million per year, about $3.5 million was spent for hospital care and about $1.5 million for out-patient services, mainly in village dispensaries. These figures include the costs for the technical services provided by Operation Brotherhood. If the Lao could completely staff and operate these hospitals, costs could be reduced by about $1,000,000 a year - reducing annual hospital costs to $2.5 million and ov r-all total to about $4,000,000 per year. During 1974 and 1975 nearly 80% of health services in the country controlled by the PGNU were provided by this project. The total Health expenditures by the Ministry of Health (includes costs of this project) during this period was about $10 million a year.

The conclusion from the Laos experience is that in lesser developed countries with low labor costs similar to Laos, simple but adequate health care can be provided for about $1.5 per capita per year. For about $2.00 per capita per year comprehensive health service, including preventive medicine, could be provided.

4. At times the Village Health Project was criticised for not giving sufficient attention to preventive medicine programs. Malaria was throughout the program's life the single largest cause of medical disability. The fortunes of war with a constant shifting of populations in the battle area precluded any chance for the success of a conventional house spraying anti-malarial campaign. During the last few years, after the cease-fire, an antimalaria campaign was organized and was about to thrive when the project abruptly closed. With the exception of malaria control, the project did provide considerable preventive health services, although

these were not sufficiently stressed in the reporting. Perhaps the best evidence of the relative good health of the people as seen 1974-1975 was the comparatively good state of nutrition in the children - except for a few isolated areas the general nutrition of the population including children as observed in 1974-75 was very good. Undoubtedly the excellent sustained supplemental food programs administered both through health and Refugee Relief Services had a very beneficial effect on the health of the general population. Laos in this respect was a marked contrast with conditions seen in South Viet Nam and Cambodia. Also immunization programs against the common communicable diseases was widely effective and there were no extensive epidemics. The lesson is that simple health care, coupled with adequate nutrition and immunization against the common preventable diseases are perhaps the most essential activities to protect and maintain a rural population in a stressful situation. Obviously in a more urban area water supplies and feces disposal are of increased importance.

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II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT CONTRACTOR, PARTICIPATING AGENCY OR VOLUNTARY AGENCY	B. PERFORMANCE AGAINST PLAN UNSATIS-FACTORY 1 2	SATISFACTORY 3 4 5	OUT-STANDING 6 7	C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X) LOW 1	MEDIUM 2 3 4	HIGH 5
1. OPERATION BROTHERHOOD INTERNATIONAL			X			X
2.						
3.						

Comment on key factors determining rating

For a period exceeding 11 years OBI provided Filipino doctors, nurses, medical technical maintenance and administrative personnel to operate 5-7 rural hospitals and 1 hospital at Vientiane. Despite the difficult problems associated with poor general education of Lao staff, remoteness, and the ever unstable political/military situation, the professional /technical staff of OBI always provided high level medical services. They also participated very effectively in the training of nearly 2,000 paramedical and auxiliary Lao health workers, many of whom worked in the village health project as medics and practical nurses.

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

Comment on key factors determining rating

Out-of-country training was never particularly effective in developing Lao health staff, Because of French language most of the doctors preferred to continue their education in France and few had returned before the abrupt termination of the project. Approximately 75 Lao nurse-midwives received 6-12 months training in Thailand. Suitably qualified candidates were never found for developing nursing supervisors and educators.

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

Comment on key factors determing rating

A large medical supply system was effectively organized and operated. Despite numerous criticisms made by audiros, the system worked extremely well. Near the end it was handling nearly $2 million of medical supplies per year - supplying seven hospitals, and 150 dispensaries with a service level of about 2.5 patient visits/year. Loss from pilferage was minimum and commodities were effectively used.

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

Comment on key factors determining rating

For many years the cooperating country's efforts and interest could be categorized as "passive." The Lao health officials were content enough to have USAID and OBI do the hard (and sometimes dangerous) work in the countryside while the doctor leaders focused on Mahosot hospital in Vientiane and a few urban centers. During the last 2-3 the Ministry of Health took a more active interest in the USAID supported health program and became more involved. However, their belated efforts proved to be inadequate and too late - as the military and political situation deteriorated rapidly.

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

(See Next Page for Comments on Other Donors)

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

The "other donors" and collaborators were mainly those of the UN Agencies notably WHO and to a lesser degree UNICEF. In malaria control the WHO advisors, in their original plans, in consultation with the Ministry of Health, did not include the highly malarious area of MR II for spray coverage. It was only after considerable prodding by the U.S. Mission that this oversight was corrected. UNICEF planned for rural health centers and rural hospital development programs with little or no coordination with USAID's efforts.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMULATIVE PRIOR FY	CURRENT FY TO DATE	CURRENT FY TO END	FY___	FY___	END OF PROJECT
Reduce number of USAID operated village dispensaries from 195 at beginning FY 75 to 90 by end FY 75.	PLANNED		195 as of July 1974				
	ACTUAL PERFORMANCE		90 as of July 1975 Reduced to 105 as of May 1975				
	REPLANNED						
Integrate Village Health USAID staff (650) into refugar government services by Dec. 1975.	PLANNED		1. Acceptance of principle by Ministry of Health December 1974.				
	ACTUAL PERFORMANCE		2. Laos Commission established to accomplish this and method established.				
	REPLANNED		3. Task force had completed about 2/3 of data collection when project ended.				
Integrate six hospitals operated by OBI under the Ministry of Health, including 550 OBI employed health workers.	PLANNED		1. PIO-T signed with Ministry of Health to accomplish this in four years (about 25% per year).				
	ACTUAL PERFORMANCE						
	REPLANNED		2. Turn over of first OBI hospital schedule for December 1975.				
Provide malaria control coverage for 30,000 people Vientiane Plaines, 100,000 people MR II area.	PLANNED		1. Spray operation completed Vientiane Plaines area.				
	ACTUAL PERFORMANCE		2. Spray operation started in MR II where overrun by military action.				
	REPLANNED						

B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS	
1. All health activities and facilities established and operated by USAID operating within Gov't. Regular Health Delivery System.	COMMENT: All needed planning and negotiating to accomplish this were completed when project terminated and orderly execution was underway. Political and military takeover by PL required premature, abrupt, unplanned turnover of all health facilities to New Government in May 1975.
2. Integration of large unilaterally operated USAID Medical Supply System with Min. of Health Supply System.	COMMENT: Agreement had been reached to assign two Min. of Healt Pharmacists to work within USAID Medical Supply System with integration in two years. Medical Supply System abruptly turned over to New Government May 1975.
3. Establishment of a National Program for disease prevention and operating field programs in malaria control and immunizations against disease.	COMMENT: A National Direction of Preventive Medicine was established in August 1974. Leadership was in place and the beginning of a National Malaria Program was underway.

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IV. PROJECT PURPOSE

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

The primary purpose througl ut most of the project's life has been to provide medical support to the pro-Vientiane paramilitary forces and their dependents and to civilian refugees forced to evacuate war zones. After the cease-fire and the formation of the coalition government this was changed to a purpose of incorporating these services within the PGNU health delivery system and to expand preventive medical service.

B. 1. Conditions which will exist when above purpose is achieved.	2. Evidence to date of progress toward these conditions.
Not relevant since PL take over	in May 1975 made any continued purpose untanable.

V. PROGRAMMING GOAL

A. Statement of Programming Goal

The Program Goal as stated in the 1974 Project Design was:
"helping the PGNU provide medical care to refugees and rural areas. Provide medical facilities and training and integrate them into the PGNU Medical Service.

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

The long standing primary purpose as stated in A 1 was admirably achieved. The project did provide badly needed health care to those fighting the war, to their families and to those displaced by war. Each year the project provided 2.5 to 3 million health care visits to those in remote areas. It provided these services when and where they were badly needed, often despite seemingly impossible impediments. The subsequent purposes of integration of health services and development of preventive services were filled due to the abrupt political take over.