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DEPARTMENT OF STATE
AGENCY FOR INTERNATIONAL DEVELOPMENT
Washington, D. C. 20523

RECORD OF CONVERSATION

PD-AAB-633

TELEPHONE CONVERSATION CONFERENCE INTERVIEW

DATE OF CONVERSATION: March 15, 1974

SUBJECT: OCEAC Regional Public Health Training Project 625-510 Evaluation Report

PARTICIPANTS: University of Pittsburgh - Edison Montgomery, Vice-Chancellor; Herschel E. Griffen, Dean, School of Public Health; Raymond Primas, Project Campus Coordinator; Phyllis Wherry, Deputy Project Campus Coordinator; Nancy Kirkwood, Controller; John Yager, Office of Financial Planning; Raymond Isely, Contractor Chief of Party; Agency for International Development - Fermino J. Spencer, AFR/CWR; John Koehring, RDO/Yaounde; Walter Furst, PPC/DPR; Joe Stockard, TA/II; Irving Licht, AFR/DP; Hannah Evans, CM/ROD/AFR; Byron Bahl, Assistant Desk Officer/Yaounde; Heman Marshall, AFR/CWR; Robert Dyar, Contract Consultant

1. General: Mr. Spencer opened by noting that the purpose of the meeting was not to review past vexations but to review current status and prospects, focusing on the recommendations made in the evaluation report.

Speaking for the University of Pittsburgh, Dr. Primas agreed to this approach. He noted that current difficulties reflect, from the past, over expectations of what could be done combined with underestimations of resources required. Future proposals must avoid this pitfall. Dean Griffen and John Koehring then expressed their pleasure with the health education conference held recently in Yaounde under project auspices for OCEAC member states. Dr. Isely described the conference, reporting that instead of the expected fifty persons, two-hundred thirteen persons actually attended and that there was, inter alia, considerable enthusiasm for establishing a professional health education association in the Central Africa area. The meeting then moved on to discuss the recommendations contained in the evaluation report.

2. Sharply Limiting Scope of Project: In response to some confusion about what was meant by "sharply" limiting the scope, Mr. Furst explained that the phrase "sharply" referred to the number and nature of activities being carried out, not to the number of technicians involved. Dr. Dyar explained that the project contract team had over extended itself by engaging in a large number of varied activities. Now he said, we should review present activities and continue those being done best.

DRAFTING OFFICER: AFR/CWR, Byron Bahl

B. Bahl

DATE OF PREPARATION: March 19, 1974

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Dr. Isely grouped present activities into two kinds: (1) those involving training health workers in the use of health education methods. He then listed the activities (Attachment No. 1), current and proposed.

Mr. Spencer expressed concern with the large number (26) of the activities listed. Breaking down the activities into formal and informal ones he noted the formal activities require extensive preparation, including the establishment of baseline data in order to determine their effect.

For the University of Pittsburgh, Dr. Primas responded that most of the activities were already underway, not all were concurrent, and some of the preparations covered several series of activities. It was said that the trip report and work plan arising out of a visit to the field by Ms. Wherry and Mr. Yager in October-November 1973 would document this point of view. Mr. Yager added that curriculum development for the field training programs did not involve as much effort as, say, elementary school curriculum development in the United States. It was more akin to preparing a series of lectures. Several of the participants agreed that the twenty-six activities were really sub-activities which could be grouped into a smaller number of basic repeated activities, e.g., the activities in each of the three zones are pretty much the same. Mr. Montgomery raised the issue of a great number of loosely managed activities versus a smaller number of more refined activities. Mr. Spencer said we would have to lean toward a small number of carefully developed activities because of the large number of presently unknown factors, especially those relating to cultural mores, that could destroy the effectiveness of our activities. Keeping this point in mind we should examine the best of the twenty-six and determine ways of measuring their effectiveness. Mr. Furst noted that all of the twenty-six were good activities and to choose from among them we must look to a precisely defined objective and then select those most feasible in terms of the objective. Mr. Spencer decided this issue could be resolved later following review of the University of Pittsburgh's written response (Attachment No. 2) to the evaluation report.

3. University of Pittsburgh Campus Staff: Mr. Spencer noted this project contained nearly twice the campus staff of most similar sized projects, that contract overhead costs were very high, and that procedural and organizational problems in the Pittsburgh bureaucracy, although pale perhaps in comparison to those in A.I.D., presented obstacles to efficient operation of the project. Mr. Koehring felt the latter factor, along with others, contributed to excessive RDO involvement and time devoted to the approval of expenditures. Ms. Evans noted this contract provides for an A.I.D.

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direct funded fiscal officer, a service usually covered under overhead. Mr. Spencer expressed a desire to reduce permanent staff and provide for additional short term consultants.

Dr. Primas justified the current staffing level on the grounds of project complexity and the need to build the University's competence in international public health. Mr. Spencer countered that the most complex activities will be eliminated and that professional competency is built through 211D grants, not through university contracts.

Mr. Montgomery (Pittsburgh) conceded that Dr. Primas was not engaged full time on project activities, implied he would review the question of a directly funded fiscal officer, but stated that if A.I.D. was adamant in forcing Pittsburgh to cut staffing (by 50%), Pittsburgh would not continue the contract.

Dean Griffen reported that Pittsburgh had taken steps recently to smooth out its internal working procedures and that, henceforth, not so many persons will be involved in communications with A.I.D., further, both the campus coordinator and the controller will sign off on future communications to A.I.D. He then mentioned the idea of an American administrative officer in Yaounde. Mr. Bahl mentioned that previously Pittsburgh had suggested a single administrative officer in Yaounde for three university contractors - Southern University, Harvard, and Pittsburgh.

John Koehring adamantly opposed the idea of one administrative officer for three contractors on the grounds that as the university teams were dispersed and engaged in unrelated projects, a single administrative officer would be ineffective and simply cause administrative problems for the Regional Development Office. It was then decided the question of field administrative help would be reviewed later following resolutions for outstanding issues which should reduce advance requirements.

IV. Field Staff:

It was agreed that ongoing and projected activities in the Cameroon represent not a new departure but a reflection of earlier intentions. It was further agreed that a health educator to assist Dr. Iseley in Cameroon is necessary. It was agreed staffing in the Central African Republic (two technicians) would remain unchanged.

The primary issue with respect to field staff was what course of action to take with respect to project activities in Chad. Among the options

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considered were (1) continuing with the two technicians as at present; (2) terminating the sanitary engineer and transferring the health education to Cameroon and assigning a new health educator to the center; and (3) closing down this project's activities in the pilot zone but, perhaps, continuing assistance to the health center under the drought program. Complicating the issue was the huge number of persons drawn to the health center in the project pilot zone, many of these being refugees from the drought. Mr. Furst pointed out that while the center provided services to a large number of persons, the question is whether the activity fits under the rubric of the project. At present, for instance, patients must attend health education presentations prior to being treated, and we don't know whether the education activities are taking hold. Part of the reason for recommending a reduced project scope is to be able to do more analytical reporting to determine effectiveness.

Mr. Spencer said we would defer a decision on Chad until we had a better look at the situation including the drought refugee factor.

The pilot zone activity in Cameroon was reviewed in terms of its relationship to University Center for Health Sciences (Project 625-531), which is using medical facilities in the zone for student training purposes, and in terms of possible permanent OCEAC training activities in the zone. It was agreed that for the present there was a role in the zone for this project although the possibilities for evaluation were left somewhat in question.

V. Phasing Down and Evaluating the Project:

It was agreed that June 30, 1976 was a good termination date for the project as it coincided both with the end of the fiscal and of the school year.

Furst and Dyar were flexible on the exact division of the remaining two years among ongoing activities and project evaluation, but stressed the urgency of the need to begin early to phase down, institutionalize, and evaluate in good order. For instance, the project has developed good information from its experiences in the Central African Republic that hasn't yet been analyzed and written up for use elsewhere.

Mr. Spencer agreed with this position and emphasized that the revised PROP must have its evaluation techniques written in from the beginning.

Mr. Yager opined that evaluation can be focused only on a precise project objective and project rationale. (Following the main meeting a

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a rump session chaired by Mr. Koehring and attended by Messers. Marshall Primas, Furst, Iseley, Bahl, and Ms. Wheery agreed on a revised objective as set forth in attachment number three.

Mr. Yager continued that the project did not lend itself to neat design, but that there does exist a need for continuous reporting on a case study basis and that the entire current Pittsburgh campus staff was needed to evaluate data from the field "doers".

Mr. Spencer reiterated the need for current evaluation and reporting and emphasized the need for versatile technicians who both design and carry out activities as well as analyze and evaluate them.

VI. Miscellaneous:

1. Subject to decisions which must be taken by AA/AFR, as soon as possible it was agreed a new PROP (recommendation No. 7) should be completed by the end of April 1974. Dr. Isely will stay in the United States for at least two weeks to help design it.
2. A.I.D. will make and issue those decisions required immediately - prior to design of the PROP.
3. All present concurred in evaluation report recommendation No. 8, which is to have all counterparts requiring training selected and in training no later than September 1974.
4. Recommendation No. 9 (activity guidelines) will be encompassed in the rewriting of the PROP.
5. Recommendation No. 10 (a project manager at RDO/Yaounde) will be met when Dr. Henn comes on board as project manager in June 1974.

VII. Next Steps:

1. Mr. Spencer stated, and Mr. Montgomery concurred, that decisions with respect to project continuation should be withheld until all parties had a chance to review their positions in view of these discussions.
2. The next step will be for AFR/CWR to draft an action memorandum for review and approval by the Assistant Administrator for the Africa Bureau.
3. The PROP will then be revised in cooperation with the University of Pittsburgh.

PROGRAMME PROPOSALS 1974-1976

A. Bimbo Pilot Zone, Central African Republic:

- 1.1 Village health committee program
- 1.2 Patient education program at Bimbo Health Center and with mobile health team
- 1.3 School health program in schools of zone
- 2.1 Practical training of nursing, sage femme, social work and health inspector students from INEMS.
- 2.2 Recyclage of nurses and secoutists
- 2.3 On the job training of health personnel of Bimbo zone
- 2.4 Training of village school masters
- 2.5 Training of national counterparts

B. Farcha Pilot Zone, Republic of Chad:

- 1.1 Village health committee program
- 1.2 Patient education program of Farcha Health Center and with mobile health team
- 1.3 School health program in schools of zone
- 2.1 Practical training of student nurses from the National School of Nursing
- 2.2 On the job training of sanitarians
- 2.3 On the job training of personnel of Farcha Health Center
- 2.4 Training of village school teachers
- 2.5 Training of national counterpart (s)

C. OCEAC Demonstration Zone, United Republic of the Cameroon:

- 1.1 Village and central health committee program
- 1.2 Patient education program in health centers and dispensaries draining villages and with committees
- 1.3 School health program in schools draining villages with committees

PROGRAMME PROPOSALS 1974-1976

- 2.1 Practical and didactic training of OCEAC students
- 2.2 Training of health center and dispensary personnel in units mentioned in 1.2
- 2.3 Training of itinerant health agents
- 2.4 Training of school directors and masters in schools mentioned in 1.3
- 2.5 Training of national counterpart(s)

D. Total Project:

- 1.1 Putting the results of programs under objective (1) at the disposition of OCEAC member ministrie of health for incorporation into their ongoing programs
- 1.2 Assisting the incorporation of the research activities under (1) into an ongoing program under local institutional auspices
- 1.3 Contribution to the formation of an association of health educators in Central Africa, as a means of continuing mutual communication
- 2.1 Training middle and upper level personnel from all three countries as health educators
- 2.2 Assisting in the establishment of a regional training center for health education in Central Africa

Each program will have five aspects:

- (1) Definition of sub-objectives
- (2) Rationale definition
- (3) Basic data collection
- (4) Chronologic sequence of activities
- (5) Evaluation

The above represents a combination of previous program elements and new program elements particularly those arising out of the wishes expressed by delegates attending the health education conference.

March 14, 1974

RESPONSE TO AID EVALUATION SITE VISIT REPORT: OCEAC PROJECT

The University is pleased to have an official AID evaluation working document to discuss. We appreciate having assembled here representatives from all of the U.S, components: AID/Yaounde, AID/Washington, University of Pittsburgh field, University of Pittsburgh campus. The Site Visit Team should be commended on their report since it is evident that they have been able to perceive and comprehend the complexities and diversities of this project. In considering the relatively short amount of time the Site Visit Team had at their disposal to examine the project, and in view of the fact that the project spanned two continents and four countries, the report is indeed commendable. The report itself addresses a number of issues that are central to the operation of this project; however, it must be recognized by all concerned parties that there are nuances and subtleties associated with those issues that have been defined and still other issues that have not been fully explored. As is proper in this type of report, the Site Visit Team spent a considerable amount of time addressing the historical development of this project, the problems associated with this development, and the present existing activities they encountered in the field. This report provides an excellent starting point for the fruitful discussions that could ensue concerning the future development and activities of the project.

Although the perceptions of the University of Pittsburgh differ from those of the Site Visit Team on some historical points presented in the report, it does not seem constructive to review in detail and debate the relative validity of these perceptions. Rather it would seem more appropriate and constructive to concentrate primarily on a few basic issues that permeate the report or have not been adequately addressed by the report. After considering these issues, attention can then be given to the recommendations made by the Site Visit Team.

Issues

1. Why is AID interested in conducting health projects in these countries?

It is the perception of the Project staff and the University that AID recognizes the tremendous health needs of the peoples of these countries and the need for the development of health programs that will have significant impact upon the individual lives of these people. In relationship to this particular project, the emphasis is not upon the creation of new institutions and organizations within the countries, but rather on the direct improvement of the health status of individuals and communities through an educational intervention. This is a significant point and must be considered when planning and evaluating the activities being engaged in by the project.

2. Why is the University of Pittsburgh involved in this Project?

The University recognizes that as a societal institution its major function is in the service to people. The University is not a parochial institution but rather one which seeks to understand the complexities of society and to address itself to the relevant problems that confront society through instruction, research, and public service. The University of Pittsburgh believes this can only be accomplished through a complete and thorough understanding of not only local and national issues but also international issues. The OCEAC Project represents one effort whereby the University can gain increased knowledge and understanding about other countries which will have direct application to its instructional activities in its various schools and at the same time render significant public service to the citizenry of the world community. The University recognizes that there will not be a direct one to one relationship in terms of the generation of knowledge and information to instruction, but rather understands that the primary prerequisite

to effectively educating its students is the development of its faculty and staff, which can only occur over extended periods of time.

In terms of the other dimension, that of public service, the University sincerely believes that its international activities can have a direct and immediate impact in improving the quality of life of the people of these countries through the resolution of pressing societal problems. The University does not view the OCEAC Project as a training ground for students nor as a social experiment wherein theories are tested, but rather as an action-oriented, on-line development effort where application can be made within the given resources available for the resolution of major health problems facing the people of these countries.

3. Is the OCEAC Project a research project or an action-oriented project?

Some confusion seems to exist as to whether or not the OCEAC Project is product or process-oriented and the degree to which a scientific methodology should be applied to the activities of the project. It is the current perception of the University that this project is concerned with process and not product. Whatever products, (i.e., educational materials) are developed represent a vehicle for the conduct of the process itself. The central process that is being examined by the project and its primary thesis is that the general health standards of these countries, and in particular the villages that are cooperating with the project, can be improved through the development of an increased awareness on the part of the individual people within these countries. The degree to which any of the materials which are developed and the process can be generalized to other populations, is extremely tenuous. Therefore, agreement should be reached that this project is essentially concerned with the process of improving the health status of individuals through the strategy of health education programs.

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In examining the second component of this issue, that of an application of scientific methodology, it is paramount that understanding be achieved concerning the actual situation in which the activities are being conducted. While it is recognized that regardless if one is concerned with products or process it is theoretically possible to devise procedures that will permit evaluation of the activity. It should be evident to all members of the Site Visit Team, as it is to individuals within the University, that the application of a research methodology to this project is completely inappropriate within the limited resources of the project. For example, in order to implement an appropriate methodology for purposes of evaluation of the impact of the various activities, the following would have to be done:

- a. A social experiment would have to be designed that would permit sampling stratification methods to be employed in a number of villages and the project would have to have the authority to control the activities of other health organizations and health-related activities within all villages. Other international agencies that are attempting to improve health conditions within these countries would have to be coordinated in order to be able to factor out the effects of their activities from those of this project.
- b. The project would have to be willing to forego interventions in the control group even if these interventions meant the direct sacrificing of health opportunities for people. This approach would be completely antithetical to the existing philosophy of the University of Pittsburgh. The University will not engage in activities that systematically manipulate and control the destinies of individuals.
- c. Large scale resources would have to be made available in order to effectively conduct and evaluate a social experiment as implied by the Site Visit report. A minimal five-year follow-up study would have to be included.

Therefore, this project is focusing upon an action-orientation with the express desire of having a direct impact on health information, attitudes, behavior, and ultimately the health status of the people. This requires that the project and its staff be extremely responsive and adaptive to an ever-changing situation, While in general procedures can be outlined and planned, the project must be opportunistic in terms of taking advantage of new conditions as they emerge. At the risk of being

trite and overly humanistic, it is the contention of the project that human life cannot be viewed on a cost-benefit analysis basis. The true impact of this project on society can be validly assessed only in terms of the individual lives that the project has either indirectly or directly influenced. All activities are being directed toward maximizing the project's impact in terms of a few individuals who later in their lives could become political or social leaders of their countries.

4. The application of evaluation procedures to the OCEAC activities.

The concept of program accountability has received increased attention during the last ten years in the United States. This attention has resulted in widespread evaluation activities to determine whether or not a given program has been able to achieve its stated goals and objectives. This is appropriate considering the highly integrated technological, social, and political base of this country. The generalization of these evaluation procedures to developing countries, however, can be debated. The Site Visit Team continually refers to the fact that no baseline data exists as to the present health status either at a local or national level within these countries. On the assumption that such baseline data could exist and that resources were available to gather such information, it is extremely problematic for a three or four year project to have any statistically significant impact on this baseline. Long-term follow-up studies would have to be initiated in order to establish trend data. If one is not willing to go to this extent, there is the question as to whether or not the initial baseline data should even be collected. It must also be remembered that if the project were to attribute selected changes in baseline health data to their project, they would have to be able to control all health activities within the given sample or population under consideration. Presently the project does not have that ability. Furthermore, the Site Visit Team report comments on the extremely low level of health status that currently exists in the

three countries. On the assumption that this is true, it does not seem reasonable that expensive and sophisticated evaluation techniques have to be utilized to ascertain whether or not the project's activities have had any effect. The documentation in terms of Program accountability should be most appropriately expressed in terms of a case study approach that primarily contains descriptive information as to the processes employed and their related impact as perceived by the project staff and persons within countries where the activities are being conducted.

5. What will be the outcome of the OCEAC Project?

The University would like at this time to repeat the purpose of this project to which all project activities have been addressed: "To contribute to the reduction of preventable disease and deaths in Central West African countries by assisting OCEAC and its member countries to strengthen their developing health services, particularly in the areas of prevention and health education, and to train personnel for these functions."

Expected outputs from project activities should relate to this concept.

They can be generally stated as follows:

- a. A cadre of African health personnel trained in the concepts of public health and health education.
- b. Evidence that the dissemination of health information has increased the number of individuals who are sensitized to an awareness of health problems and their prevention.
- c. Examples of training materials, methods, and techniques of health education that may have relevance to similar situations in Central West Africa.
- d. Evidence of increased indigenous health planning capability.
- e. Increased knowledge on the part of the project staff and other U.S. participants that would contribute to the enrichment of educational programs in this country, particularly within the University of Pittsburgh, with regard to an increased understanding of the problems being confronted by other nations.

Response to Site Visit Team Recommendations

In keeping with the requested agenda for this meeting, the University will now examine the recommendations in light of the foregoing discussion and will attempt to respond numerically.

1. The University is in complete agreement with the Site Visit Team that this project not only could make but actually has already made an important contribution to the improvement of health services in the region. Based on this premise, the University believes a sharp curtailment of activities would have detrimental effects on current operations and future potential of the project.

Health education should be an inherent part of all health activities. The Pittsburgh health education oriented team has supplemented all major health activities within the assigned pilot zones with a component of health education. To call for a serious reduction in the number of project activities appears unrealistic in light of the acceptance by these countries of the project's efforts and would negate the progress made to date and the positive attitudes that have developed.

The comments throughout the AID evaluation report with regard to definition of "purpose" and "objectives" must be considered in light of the history of this project, part of which was covered in the report. The long range objectives as stated in the original AID PROP were very broad.

In March, 1972, the University, at the request of AID, worked with Miss Elizabeth Hilborn and Dr. Stephen Joseph to more specifically redefine the direction of the project in a PROP revision. Since that time, the project has, as evidenced in every forthcoming document, addressed itself to the purpose as newly defined and utilized this document as its basis for operation. An action-

oriented program has evolved in all three countries in response to the local needs and requests, but always within this framework. The activities of Yeager and Wherry in November, 1973, were directed towards the development of a documented evaluation plan for the total project within these guidelines. Detailed protocols of each current program activity have been developed by the project staff and will be a part of the final evaluation plan submitted to AID. They will permit a more complete understanding of each activity and its individual evaluation component. These individual protocols are currently being reviewed on campus as to their appropriateness.

2. The University recognizes and has positively responded to the contractual and administrative problems of the project. The University cannot agree to reducing its on-campus staff on the vague hypothesis that there will be fewer administrative problems after 30 April and therefore a need for less staff. A project of this complexity needs a sophisticated administrative framework as well as competent professional support in order to effectuate its program. This recommendation by the Site Visit Team seems inconsistent in light of other observations about needs to be addressed. It is essential to the University and hopefully to AID's interest for the present staff to stay intact to effectively administer and professionally backstop all field activities and to maximize the University development in international health. The present staff properly utilized should ensure this self interest as well as enhance the quantity and quality of support for the total project.

If educational institutions are to be contractors for services overseas, there must be a concurrent potential for the institution's continual growth. Student participation (both indigenous and domestic) is germane to the philosophy of "educational payoffs". Carry over effects after termination

of this project, or any international health project are contingent upon training and experience. Beyond the initial activities of the "Shiloh Data Bank Team", four graduate students have been in the field. Two of these have returned after their first experience. Former student, Dr. Anna Maria Helgesson (PIN, Epidemiologist) is presently employed full time on the project as a Nurse-Educator. Former student, Mr. Kenneth Love, an audio-visual specialist (University of Pittsburgh Medical Illustrations) is presently in the field for the second time, specifically at the request of the Secretary General of OCEAC and the Ministry of Health of Cameroon. The project is now at a stage of development which lends itself to the effective utilization of professional consultants, provided adequate funding can be obtained.

3., 5., 6. These three recommendations will be discussed together, as they are all concerned with personnel allocations appropriate to country programs. The rationale behind the recommendation to limit project field activities to C.A.R. and Cameroon is somewhat unclear. However, it seems to stem from two situations: one, personnel and the other, the conditions that are prevalent in Chad itself. In terms of personnel, there may be validity to some of the statements and perceptions of the Site Visit Team. This personnel situation should be examined in terms of the program itself. Of the three countries, Chad presents the most impoverished health conditions and the least capacity to correct these conditions. However, a decision should be made as to whether or not the project should address only those situations where it thinks it has the highest probability of success. On a relative scale in terms of health problems, Chad requires far more support than either of the other two countries. Should attention therefore not be given to where the greatest need is? The fact that the situation is difficult should not automatically mean that this country is

abandoned. It would seem reasonable to carefully examine the range of activities and their potential productivity and to discuss staffing in light of a more defined program.

The potential curtailing of activities in Chad will ultimately be an AID political decision related to considerations of the drought and the consequent migrations of population into the Farcha zone. The University strongly believes it has a commitment to these people especially since the Farcha Health Center has finally opened. In spite of the numerous difficulties and hardships encountered in Chad initially, the Pitt personnel have been able to carry out a number of visibly productive activities, particularly in the area of community health education, within the pilot zone. They have made entrées into the rural population and have initiated more programs than any other international group working in that area within the last several years with the exception perhaps of WHO. The project does not feel that it is prudent at this time to simply terminate all work because the situation is difficult. It is exactly this type of situation that we must learn how to address ourselves to.

Now that some determination has finally been made as to the nature of personnel required in C.A.R., and our most recent choice of personnel has been approved, the addition of Dr. Helgesson to the staff should alleviate the unnecessarily prolonged burden on Mr. Sanwogou and lead to improvement in the quality of activities in that pilot zone. Also because our personnel have been traditionally looked upon as an integral part of the pilot zone health center staff, they have on occasion, been called upon to assume responsibility beyond the project scope of work. Again, any serious diminution in the scope of the work needs to be preceded by a serious consideration of the consequences. Although the Ministry of Health of C.A.R. has requested that a third person be

assigned to the Pitt team in the Bimbo pilot zone, and our 73-74 work plan has reflected this request, we will defer to AID's decision in this matter.

As to the Cameroon, if there is to be any development of activities in the OCEAC demonstration zone, in addition to those already initiated by the Pitt Field Director, it is imperative that a health educator be assigned to that area as soon as possible.

In order to respond to the inordinate amount of administrative logistics inherent in the operation of this contract, and to free the professional personnel to carry out their primary responsibilities, the University is again requesting that an administrative officer be added to the field personnel. This time the University is willing to modify its request; it is asking that consideration be given to hiring one such person who would be responsible for administration matters on the three U.S. University/AID projects currently headquartered in Yaounde.

In summary, the University is requesting that two personnel remain in both C.A.R. and Chad, that a health educator be added to the Yaounde office and that an administrative officer be shared with two other field projects.

4. The University would prefer a project termination date of June 30, 1976. In the Cameroon project personnel have planned additional activities. However, no new activities are planned for Bimbo or Farcha. From field experiences it is both unrealistic and infeasible to think that one could work for one year in the Cameroon and then spend one year evaluating what has been done. The University doubts very seriously that the Ministry of Health could be asked to agree to this operation, giving lesser consideration to activities related to phasing out and turning over full responsibilities to counterparts.

7. Since the PROP is an AID internal document, the University could only labor under the assumption that the March, 1972, agreement was operable. At this late date, developing a new PROP appears inappropriate and could negate a considerable portion of the existing baseline data and project activity outputs.

The "Hilborn PROP" needs only minor modifications to make it current. Again however, if AID and the University agree to a revised PROP, we would trust that AID would not postpone approval -- pending another AID evaluation. An April, 1974, time schedule for completion of a totally agreeable new PROP and related documentation is unrealistic in view of inherent bureaucratic considerations and today's date. Presuming that related documentation also includes agreements between AID-OCEAC and OCEAC and its member countries, AID and its evaluators should be reminded that additional activities and participant training of Cameroonians is impossible in the absence of a Cameroon agreement. The impetus for securing this documentation should be AID's responsibility.

The evaluation plan devised in the field is operationally sound in an environment with resources that are not conducive to sophisticated, scientific research. The University concurs with the Draft PROP accepted by Pitt, AID, and OCEAC in which is stated, "Without a sophisticated research design and closely monitored control situations, it will be impossible to demonstrate direct relationships between project inputs and end of project status. However, indicators will be chosen which are most likely to be affected by project inputs, and the final evaluation will attempt to assess the relative importance of non-project interventions." Existing baseline data have been used for program planning. Further analysis of this data will dictate those portions to be utilized in the project evaluation.

With regard to the establishment of a baseline for evaluation specifically in the OCEAC demonstration zone, it must be considered that the measurable

effects of this type of project will be even more tenuous following a year or two of actual program input than in the other areas, where the program will have been operable for three or four years.

8. The University agrees with the training time schedule as stated providing the necessary agreements can be negotiated prior to September, 1974. The agreements should clearly define or redefine the types and numbers of indigenous participant trainees for all countries involved.
9. The contractor adheres and agrees to the recommendations in 9 a., b., and c. as exhibited in our AID approved work plans of 1972-73. These concepts carry over into the 1973-74 work plans which have had only AID/Yaounde approval.

However, the University is not aware of a "major experimental thrust".

The project is staffed and operational in the University as an action-oriented project; if this is not the case, it would be necessary to readjust the total program at this late date -- not the least adjustment would be a major increase of the contract overhead costs.

10. What would be the role of another personality interfact on this project? There have been at least 16 different AID personnel (known to the University) involved with decisions on this project. Without clearly defined roles and areas of responsibilities for both the University and AID, the addition of another project coordinator has potential for more confusion. The University is concerned about the relative roles of Dr. Henn, RDO, and the Pitt Chief of Party in this new table of organization as it relates to this project.

Summary of University of Pittsburgh Recommendations

1. The Hilborn draft PROP should be re-evaluated and modified as appropriate immediately. The agreed upon document should be adopted by AID as soon as possible. In any event, the University will continue to work within its framework.

2. The University's 1974-75 annual work plan should be based upon the detailed activity protocols recently completed in conjunction with the evaluation plan and the outcome of current discussions of the AID site visit evaluation report and ensuing decisions.
3. A decision must be reached with-regard to continuing the present relationship with OCEAC.
4. AID should execute the necessary documents to provide for consistency in agreements between the African governments, OCEAC, AID, and the University of Pittsburgh.
5. The SCOPE of work in the AID/Pitt contract should be re-evaluated and re-written in total and include activities in the OCEAC demonstration zone in Cameroon.
6. The University strongly recommends that program activities be continued in Chad. In any event, an AID decision is requested immediately, as this decision affects potential Pitt decisions regarding movement and/or assignment of Pitt personnel.
7. An understanding should be reached as to the definition of "research" for purposes of this project.
8. Greater emphasis will be placed on University provision of technical assistance to the field.
9. Pitt must be allowed to assign a health educator to the position in Yaounde as allowed in the current contract.
10. It is imperative that a U.S. trained administrator be provided under the contract for utilization in the field.
11. The full time University campus staff should be maintained at its present level.
12. The student participation program, both at home and abroad, should be continued. Selection will be limited to students who can contribute to the program objectives as well as gain from the field experience.
13. AID should establish a protocol for the authorization of all contract activities that require approval. Concurrently, the University will establish a similar protocol.
14. An equitable settlement of all outstanding issues is requested prior to the signing of amendments affecting the program after April 30, 1974.
15. The University must receive timely answers to its requests; delays in response adversely affect the program.

Summary

Throughout the life of this project all parties to its operation have made some mistakes; we have also learned a great deal in response to these experiences.

The University believes this project has great potential for contributing to the improvement of the health infrastructure in the areas where it is involved. The very nature of health education places emphasis on increasing local capabilities to take the responsibility for solving health problems, without which any significant extension of health services is impossible. The project staff views the Site Visit Team report as an excellent opportunity to review its work and to provide guidance in developing the future direction of the project. It is our sincere hope that agreements can be reached at this time between AID and the University of Pittsburgh that will expedite the continuation of the project's positive efforts.

Introduction of a health education component into basic health service delivery in three demonstration zones: Bimbo in the Central African Republic, Farcha in the Republic of Chad, and the OCEAC demonstration zone in the United Republic of the Cameroon, in such a way as to render possible the extension of the activities ensuing from the project to other parts of the respective countries through OCEAC.

Proj. No. 6250510 -
P ✓ (4)

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR, AFRICA

PD-AM-633

FROM: AT/CWR, ^{FID} Fermin J. Spencer

Jun 26. 1974 Sp.

SUBJECT: Continuation of the Regional Public Health Training Project
625-510

Problem: To establish A.I.D.'s position with respect to project continuation and course of action in order to permit a revision of the project PIOP and related documentation.

Discussion: As originally proposed, this project was to center on the introduction of field-tested health education techniques and materials into the public health services of the member countries of the Organization for the Control of Endemic Diseases of Central Africa (OCEAC). Existing health and community workers were to be trained in the use of these techniques and materials. In developing the basic project documentation (PIOP, Grant Agreement), however, this concept was revised and expanded, and project objectives were described in terms of assisting OCEAC "in (1) developing a blueprint for local health services, which will combine mobile endemic disease control with fixed health services and which is particularly adapted to the needs and resources of Central Africa; (2) strengthening its training programs by developing training techniques which will prepare auxiliary health workers to provide this new type of basic health service with emphasis on health education of the public; (3) expanding its capacity to produce appropriate health education materials for use by basic health workers".

To achieve these stated objectives, A.I.D. executed a contract with the University of Pittsburgh in September 1971.

The first A.I.D. advisors arrived in the C.A.R. and Chad in November of 1971. Currently, the advisory team consists of five persons including a physician-team leader located at the OCEAC headquarters in Yaounde, Cameroon; a public health educator and nurse-health educator in C.A.R., and a health educator and a sanitary engineer in Chad. The team is backstopped by a campus staff consisting of a coordinator, deputy coordinator and secretary and an accounting clerk 90% of the time as well as short-term consultants.

During the course of a joint Regional Development Office/Yaounde and Central West Africa Regional Office review of the project budget in July 1973, it was agreed that circumstances indicated the need for a special evaluation of the project. These circumstances included a concern over extremely high contract costs, a number of developments in the field affecting the potential effectiveness of the project, an uneasiness over the rate and nature of progress in relation to project purpose, and a desire to review the relationship of this project to the University Center for Health Sciences project and to the Strengthening of Health Delivery

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR, AFRICA

Systems project, both of which are to be operative in the same area.

The evaluation was undertaken in November and December of 1973 under the direction of the Office of Development Program Review, PPC, with an independent American international public health expert provided through contract with the American Public Health Association. The final evaluation report was submitted by PPC/DPR to AFR/CWR on March 4, 1974. This report is intended to serve as the basis for determining the future project course of action.

The evaluation team found that the project objectives, as defined in the basic documentation, were too broad in scope and purpose, particularly given the resources available to A.I.D., the University of Pittsburgh, OCEAC and the participating countries. These objectives, moreover, were not uniformly understood by all parties involved. The complexities of the tasks to be undertaken were not generally recognized and the contractor had provided neither the resources nor the persons with requisite skills to accomplish the sophisticated tasks outlined in the contract. The contractual obligation to develop baseline data against which project progress would be measured had not been met and such work as had been done appeared to lack a scientific approach or relevance. The team found that the project in Chad and in C.A.R. was, in part, providing a health education component in broader WHO projects for the improvement of overall health services in those zones. Within this framework, team members had developed valuable information concerning the health knowledge, attitudes, and practices of the populations in the two pilot zones. A useful job was being done in incorporating this knowledge into in-service and formal training programs and in introducing health education concepts within both zones, but particularly in the C.A.R. This action, however, tended to be diffuse and often bore no clear relation to a focused, reasonable perception of project purpose. The team concluded that the project was addressing a valid objective not presently approached either by this ongoing or planned health projects and that it would make a valuable contribution through a more concentrated effort appropriately oriented in the public health education field. Because of a lack of government support and consequent limited prospects for replication, less effective coordination with the WHO activity, and weaknesses and personnel problems in contractor staffing, the team recommended discontinuation of activities under the project in the pilot zone in Farcha, Chad. (The evaluation report is attached).

AFR/CWR and the RDO/Yacounde agree that a primary conclusion to be drawn from the evaluation report and subsequent discussions with the University which were held on March 15 is that the project objectives as stated, are, in fact, too broad to be achieved within the current working environment by available personnel. Subject to your approval of the recommendations

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR, AFRICA

below, we intend to narrow the objective along the following lines:

Introduction of a health education component into basic health services in three demonstration zones: Farcha in the Republic of Chad, Bimbo in the Central African Republic, and the OCEAC demonstration zone in the United Republic of Cameroon, in such a way as to render possible the extension of the activities ensuing from the project to other parts of the respective countries through OCEAC.

A second basic conclusion is that campus backstopping costs are too high. There are 3.9 campus personnel to backstop five field technicians, approximately double the ratio for any of our other contracts. One of the campus persons, an accounting clerk, represents a service usually covered under overhead costs. Again subject to your approval of the recommendations below, we intend to reduce campus backstopping costs by inter alia, removing some of the campus persons from the contract or employing them only part time.

We do not concur with the evaluation team's conclusion that the project should discontinue activity in the Farcha Pilot zone in Chad. Instead, we propose that the activity be continued but scaled down and sharpened by eliminating the sanitary engineer position and continuing the health educator position as an assignment more specifically identified within the framework of the WHO basic health services project. The present health educator would be transferred to Yaounde to complete the staffing of the contract team working in the OCEAC pilot health zone and a replacement would be selected giving cognizance to those skills most needed for the continuing activity. A number of factors, some of which have become clearer since the visit of the evaluation team, weigh in favor of this course of action. First, it is increasingly apparent that there is an influx of people displaced by the drought into the Ndjamena area, including the area around the Farcha health center where the A.I.D. project is based. These groups have inevitably placed a heavier burden on all existing health services, including those supported by the project. An A.I.D. withdrawal at this time could easily be viewed by the Government of Chad as callousness in the face of adversity. Second, much valuable work has been done and could be built upon to assist OCEAC in developing the role which it has identified for itself in health education even if Chad's limited resources do not provide extensive opportunity for a broad outreach in that country. Third, withdrawal would remove a needed health education component from the WHO project and there is no immediate prospect that it could be readily replaced. Finally, a termination of A.I.D. assistance to Farcha could be expected to cause serious embarrassment to OCEAC, which has entered into an agreement with the Government of Chad covering the services which are being offered under the project.

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR, AFRICA

In addition to continuing the health educator component of this project in Chad, we plan to keep the situation with respect to refugees in and near the zone under close surveillance to determine whether additional assistance under the Sahel Relief and Rehabilitation program may be needed.

The evaluation report's recommendation that the project be extended nearly one year from FY 1975 to March 31, 1976 appears well taken, except we would propose an extension to June 30, 1976 instead of March 31. The June date is more practical from the standpoint of recruitment and retention of personnel. The project's extension would provide adequate time for selection, modification, evaluation and institution-ization of the most valuable of the ongoing activities in accordance with the findings of the evaluation report. Due to initial delays in recruiting and bringing the field technicians on board, the extension of the termination date would not lengthen the project field activities beyond the five years envisioned in the original PROP. Rather, they would be shortened by approximately four months.

This project continues to represent a promising way of finding low cost means of addressing basic health concerns of the area. These concerns include basic techniques of sanitation and hygiene as well as combatting preventable diseases and nutritional deficiencies of mothers and children. Through training existing personnel, it is designed to help reduce the present imbalance in the allocation of health resources exemplified by high cost curative services available mainly in urban area.

In sum, we believe that the recommendations below give appropriate consideration to the findings and views contained in the evaluation, can be negotiated into a contract revision which will be acceptable to the University of Pittsburgh, take into consideration the legitimate concerns of the project sponsor (OCEAC) and provide recognition of the political setting in which our project operates. (A complete summary of the evaluation team's recommendations and AFR/CWR's comments are attached in an annex).

Recommendations:

1. Redefine project objectives and purpose in narrower terms.

Approved *[Signature]*

Disapproved _____

Date 5 April 1974

ACTION MEMORANDUM FOR THE ASSISTANT ADMINISTRATOR, AFRICA

2. Continue but scale down project activities in Chad.

Approved Aminal C. [Signature]

Disapproved _____

Date 5 April 1974

3. Extend project termination date from FY 1975 to June 30, 1976.

Approved Aminal C. [Signature]

Disapproved _____

Date 5 April 1974

Attachments: a/s

Drafted: AFR/CWR:JMcLaughlin/HMarshall/BBahl/Revised:3/25/74:bfc:3/26/74

Clearances:

AFR/DP:Rluesmann	<u>1/1</u>
AFR/CWR:OCylke	<u>1/1</u>
RDO/Y:JKoehring	<u>1/1</u>

6250510 - (5)

PD-AAB-633

Attachment A.
to H.O. 1025.3

10p.

PROJECT AUTHORIZATION

1. Project Number 625-11-540-510	3. Country CWA REGIONAL	4. Authorization Number 0002
2. Project Title Regional Public Health Training		5. Authorization Date August 22, 1969
		6. PROP Dated June 9, 1969

7. Life of Project

- a. Number of Years of Funding 5 :
Starting FY 19 70 : Terminal FY 19 74 :
- b. Estimated Duration of Physical Work
After Last Year of Funding:
Completed

8. Funding by Fiscal Year (in U.S. \$ or \$ equivalent)	Dollars(000)		P.L. 480*	Local Currency (in \$ equiv.)		
	Grant	Loan	CCC + Freight	U.S.	Local	Coll. Inv.
Prior Through Actual FY				Grant	Loan	
Operational FY 70	414					
Budget FY 71	310					
B+1 FY 72	298					
B+2 FY 73	278					
B+3 FY 74	260					
All Subsequent FYs	-					
TOTAL	1,560					

9. Describe Special Funding Conditions or Recommendations for Implementation.

Other contributions to this project are: OCEAC - \$ 300,000 UNICEF - \$ 88,500
C.A.R. - 148,600 WHO - 65,000
Chad - 270,400

10. Conditions of Approval of Project. N/A.

(Use continuation sheet if necessary)

11. Approved in substance for the life of the project as described in PROP, sub-
ject to the availability of funds. Detailed planning with cooperating country
and drafting of implementation documents is authorized.

This authorization is contingent upon timely completion of the self-help and other
conditions listed in the PROP or attached thereto.

This authorization will be reviewed at such time as the objectives, scope and
nature of the project and/or the magnitudes and scheduling of any inputs or out-
puts deviate so significantly from the project as originally authorized as to
warrant submission of a new or revised PROP.

A.I.D. Approval:

Conrad S. Hansen
Signature

AA/AFR *Aug. 22, 1969*
Title Date

Clearances: (See IAD 70- Date
46)
AFR/CWA:WHNorth 8/8/69
AFR/ID:RLRupard 8/11/69
AFR/IRA:EDConroy 7/25/69
AFR/DP:HJNissenbaum 8/11/69
AA/PPG:CFarrar

* Use Block 9 to record kinds and quantities of P.L. 480 commodities.

ACTION MEMORANDUM FOR THE ACTING ASSISTANT ADMINISTRATOR

THRU: AFR/DP, Mr. H. J. Nissenbaum 
FROM: AFR/CWA, W. Haven North 
SUBJECT: Regional Public Health Training FY 1970 IAD

Problem:

To request \$415,000 in FY 1970 for the initial year of implementation of the subject project. Subsequently A. I. D. will inform the Organization for the Control of Endemic Diseases in Central Africa (OCEAC) of its decision and if the project is approved will initiate final negotiations with OCEAC and the countries involved (Cameroon, Central African Republic and Chad) preliminary to the signing of a Grant Agreement.

Discussion:

The attached Noncapital Project Paper (PROP) (Tab A) has been developed as a result of the work by a technical study team sent to Africa by A. I. D. during the period January 13 - March 6, 1969. The team visited Chad, the Central African Republic and Cameroon to meet with officials of the governments, to assess needs for training programs for health workers and to draw up a concise proposal and work plan for A. I. D. consideration.

A high proportion of disease and early death in the five countries of Central Africa could be prevented if appropriate generalized health services reached a greater portion of the people. Until recently, the only health services in these countries have been limited hospital and dispensary care and control of a few endemic diseases. In 1963, Cameroon, Chad, Central African Republic, Gabon and Congo (B) established the Organization for the Control of Endemic Diseases in Central Africa (OCEAC) to set standards for their national endemic diseases services and to provide certain regionalized endemic disease control services and training. These services are well organized and effective, but because they have been limited to mobile endemic disease control, infant and child mortality remain high and there continues to be needless incapacitation and death of the young adult labor force.

Now, in order to make fuller use of scarce personnel and to provide essential health services to a larger portion of the population, several OCEAC countries have asked their mobile endemic disease services to take responsibility also for the development and administration of generalized basic health services including first aid and simple medical care, care of mothers and babies and school children, communicable disease prevention and control, basic sanitation, nutrition, health education of the public and demographic data collection. However, this broadening of services poses a threat to the effectiveness of present endemic disease control programs unless effective methods are

developed for balancing the demand for "care" services with the need for preventive and educational services. If OCEAC is to continue to give leadership to this expansion of health services of its member countries, it must broaden its program, develop new techniques and standards and provide a different kind of training for field personnel.

In February 1969, Dr. J. C. Háppi, the President and Secretary General of OCEAC, made a formal request for A. I. D. assistance in developing the pattern for these expanded services through health education (Tab B). The request anticipated the establishment of a training and health communications center in Yaounde, with sub-projects in Chad and C. A. R. The experience gained in these countries could then be applied profitably to the other OCEAC member countries.

The project as set forth in the PROP is designed to meet the request of OCEAC for assistance. Its long range objective, to contribute to the reduction of preventable diseases and deaths in Central African countries, will be accomplished by:

1. Assisting OCEAC to develop a blueprint for local health services which will combine mobile endemic disease control with fixed basic health services and which is particularly adapted to the needs and resources of Central Africa.
2. Strengthening OCEAC training programs by developing training techniques which will prepare auxiliary health workers to give this new type of basic health services with emphasis on health education of the public.
3. Expanding OCEAC's capacity to produce appropriate health education materials for use by basic health workers.

Project activities will be carried out at OCEAC headquarters in Yaounde, Cameroon and in two pilot zones (a rural pilot zone in C. A. R. and an urban pilot zone in Chad) where basic health service and health education techniques and appropriate field training for village-level health workers will be developed and field tested. Techniques and training methods which prove effective will be fed into the project training program for local health team leaders at OCEAC headquarters to form the basis for health education materials and technical field letters to be produced by the project and distributed by OCEAC to its member countries. Third country participant training and on-the-job training will be provided for a few senior health workers in the region to prepare them to carry on the work after project termination.

A. I. D. support would be for a five-year period beginning in FY 1970 through a grant to cover:

1. the services of six U. S. technicians under a contract with a U. S. institution;
2. commodities;
3. other costs, including the construction of a training annex to the existing OCEAC building complex; and
4. participant training. The total U. S. dollar contribution would be approximately \$415,000 for the first year and \$1,560,000 over the five-year period. The total project cost for the life of the project, U. S. and other donor, is estimated to be \$2,432,500 as follows:

<u>U. S. Contribution</u>	<u>First Year</u>	<u>Five-Year Total</u>
U. S. Technicians	\$213,000	\$1,155,200
Commodities	80,000	104,300
Other Costs (including construction of Annex during the first year in amount of \$80,000)	122,000	234,500
Participant Training		66,000
	-----	-----
Total U. S.	\$415,000	\$1,560,000
<u>Other Contributions</u>	<u>First Year</u>	<u>Five-Year Total</u>
OCEAC (including contribution of land, use of existing buildings and staff services)		\$ 300,000
C. A. R.		148,600
Chad (including land, staff and operational costs for pilot zone activities)		270,400
W. H. O.		65,000
UNICEF (including contributions toward technicians, equipment and training costs)		88,500

Total Other		\$ 872,500

TOTAL U. S. and OTHER CONTRIBUTIONS		\$2,432,500

Increased recurring expenses to the governments will be minimal in that the objectives of the project are to be obtained through the development of a system which will permit more effective health services to be provided to a larger proportion of the population while utilizing personnel already on the payrolls of the Ministries of Health of the respective governments. This personnel will be retained and upgraded by the employment of training techniques adapted specifically to the level of education of the trainee.

An adequate pool of prospective trainees is assured by the fact that, for the provision of health care, Chad Ministry of Health employs 635 persons, the Central African Republic Ministry of Health employs 1,081 persons and the Cameroon employs 3,417 persons. While the bulk of these are of low level caliber and would constitute the trainees, there is a reservoir of personnel such as medical assistants, nurse instructors and qualified nurses which can be developed as instructors and returned to their home countries for upgrading the lower personnel.

These national instructors so prepared will provide trainees within their respective countries with field practice in teaching by participating with them in the health education aspects of the training of:

1. teachers in the normal schools for rural education;
2. social work aides;
3. rural community development workers;
4. nurses in the National Nurses Training Schools and
5. assistant sanitarian students. A tremendous multiplier effect would thereby be achieved.

The economic importance and priority of the project is that productivity of the work force will be increased in both the rural and urban areas because better health services for the population will be created and the effects measured. Increased immunization activities will decrease the incidence of communicable diseases and the resultant morbidity and mortality, particularly in the infant population. Better health practices on the part of the school population will increase the child's capacity to take advantage of the educational opportunities offered and thereby eventuate in a more productive, informed adult.

Family planning is an objective of the project but is couched in low key terms in the PROP as this document will be made available to the officials of the governments involved. The American staff will be specifically instructed to incorporate this entity in every activity to the utmost degree of acceptability. While improved maternal and child health services will in time lead to fewer and better spaced pregnancies, the degree to which the problem can be forcefully approached directly will depend upon the skill of the American staff in successfully introducing the subject into the various curricula and this effort will receive expressed attention.

Ability to find French-speaking U. S. technicians is a real problem. During the last year, an encouraging number of qualified French-speaking U. S. technicians have evidenced interest in the project and any contractor selected could probably get a majority from U. S. sources but it may be necessary to use some non-U. S. technicians for which there are precedents. This question cannot be answered until an all out effort is made to recruit such as soon as a definite decision to go ahead with the project is made and the contractor selected.

Experience in Public Health Training has been gained by the AFR Bureau from the Public Health College project in Ethiopia, the School Health Project in Chad, the Tubman National Institute of Medical Arts in Liberia and training programs in Libya and Upper Volta. This project exceeds in its objectives those previously participated in by A. I. D./AFR (development of a new system for providing health services, new teaching techniques, new evaluation procedures, etc.) and will require great skill in applied research and adaptability on the part of the executing contractor.

The rationale for the five years duration of the project is essentially that, by the end of that time, the total level of administrative and training competence in the participating organizations will have been brought up to a point where it will not be necessary to replace all the American technicians with people of equivalent level. Only time will tell whether this is possible of accomplishment and some latitude in adherence to this time table should be accorded the project. The U. S. technicians will not be replaced on a one-for-one basis as to categories of specialization with the exception of one African to be trained as a health educator and added to the OCEAC staff. The training element is more general and designed essentially to strengthen the existing health staffs of the countries and the OCEAC training institutions. The question is whether all the agencies involved can be schooled in the new techniques sufficiently that they can carry on after the five-year period.

Project targets have been identified and evaluation expressed in percentage terms which will take on meaning as the initial baseline surveys are developed. It is emphasized that such progress can and will be measured but in very simple terms. Attempts to establish qualifications which would fulfill all the requirements of statistical significance would be disproportionately expensive and it is to be realized that any measurements will represent a gross yardstick rather than the products of a highly refined research project. However, the definition of targets does have the merit of spelling out the areas in which the specific kind of changes are hopeful.

Upon approval, the following steps will be taken to begin implementation:

1. Simultaneously AFR/ID/PH will

- (a) Submit copies of the PROP, through the Embassy in Yaounde, to Dr. Labusquiere of OCEAC for his distribution to (i) Dr. Happi, President, OCEAC, and (ii) the Governments of Cameroon, CAR and Chad.

- (b) Request CWAORA to designate a member of its staff to act as liaison between AID/W, OCEAC and the participating countries to expedite negotiations, to assist in the execution of the Grant Agreement and to work out other necessary details. (Mr. Hurt, CWAORA, was briefed in late February 1969 by Dr. Charles Beal, the team leader, after completion of the survey. A copy of the PROP has been forwarded to CWAORA and has received favorable comment.)
- (c) Begin the contractor selection process.
2. While waiting for OCEAC and participating country approval of the details of the PROP and the execution of working agreements between OCEAC and the participating countries acknowledging OCEAC's responsibility for supervision of the project, AFR/ID/PH will begin preparation of a Grant Agreement, the PIO/T for contract services and the PIO/C (s) for U. S. commodities to be purchased through AAPC.
 3. Every effort will be made to have the Grant Agreement executed and funds obligated on or before March 31, 1970. Thereafter, the PIO/T and PIO/C (s) may be issued.
 4. The contractor selection process should be completed by the time the Grant Agreement is executed. The contract should be executed shortly thereafter.

Recommendation:

It is recommended that you (1) approve the subject project and (2) sign the attached IAD (Tab C).

Approved: Conrad S. Newman

Disapproved: _____

Date: August 22, 1969

Enclosures:

1. Tab A
2. Tab B
3. Tab C

GOVERNMENT
Memorandum

AFK/CWA
Mr. North 7/20/69

*Success
10/10/69
13/CSH on action
p 3. #*

*Done
DATE: July 8 1969
Meeting has been
set up with
ID to follow
up on this?
7*

TO : AA/AFR, Mr. Robert S. Smith
FROM : AA/AFR, Carroll S. Hinman
SUBJECT: Central Africa Regional Public Health Training Project

As you asked, I read up on this and had a long meeting with all the people concerned today. The principal conclusions are these:

- 1) The project is covered in the FY '70 CP, page 42, under Vocational and Technical Training: Regional School (Health Training -- Chad -- CAR). That writeup sets the amount for the first year at \$235 thousand which is not enough for the first year as proposed in the PROP. However, I gather this is no great problem since we frequently vary from the CP estimates when we (come to) actually do a project.
- 2) We are technically free to go ahead with new projects, even substantial ones, under the terms of the Continuing Resolution. I raised the question whether it was prudent to do so for one of this size in view of the uncertainties of the final funding total. The consensus, including Hy, is that we will be reasonably safe in doing so now, if we approve the project on substance.
- 3) I raised the question what the urgency of action is. The answer seems to be moderately but not terribly. The particular meeting at which it was proposed to make an announcement has come and gone so that factor no longer exists. On the other hand, Dr. Curtis and others are getting calls from country representatives anxious to find out where the matter stands and he fears that continued silence may lead them to gallop off in some other direction. I must say I don't think this is too likely, given the history. What may be more important, French-speaking U.S. technicians are hard to come by and we can hardly embark on a firm search until we have decided to go ahead with the project.
- 4) Although the original paper asked for an "approval in principle" the documentation includes a full scale PROP and what is really being proposed is an actual project approval. It seems to me in reviewing the history that some sort of approval in principle must have been given or at least implied by sending out the two survey teams and that it is no longer necessary to repeat that step.
- 5) The following questions were discussed on the substance of the project:



July 8, 1969

a) Economic Importance and Priority -- it is not really in competition with other projects, requiring a direct comparison on this point. Basic economic grounds are the familiar ones of increased productivity of work force, decreased economic losses from disease and death, particularly infant mortality, and increased capacity of children to absorb education. This is weak, but I guess will have to do.

b) Availability of French-speaking U.S. Technicians -- There seems to be a real question on this with the best estimate that we could probably hope to get a majority from U.S. sources but perhaps not all of the six proposed. This really can't be answered until an all-out effort is made to locate them which in turn requires a definite decision to go ahead. My inclination is to take the gamble but record it as such in the approval memorandum. I gather we do have precedents and authority for using non-U.S. technicians on some kind of a waiver basis in limited numbers.

c) Family Planning -- This is mentioned in the PROP as a project objective but in a fairly oblique way -- reduction in infant mortality through improved maternal and child health service will in time lead families to want fewer children and to space them better. The consensus is that the project should, in fact, include a more direct element of training in family planning objectives and techniques but that it would be unwise to spell it out in the PROP which will be made available to the OCEAC and the host governments. I said in that case to make the points specifically in the cover approval memorandum which will be an internal A.I.D. document.

d) Duration of the Project -- The rationale for this is not very clear in the PROP. The discussion brought out that it is not intended to replace the U.S. technicians on a one for one basis with Africans trained under the project except for one man; the training element is more general and designed essentially to strengthen the existing health staffs of the countries and the OCEAC Training Institution. The rationale for the five years is essentially that by the end of that time the total level of administrative and training competence in the participating organizations will have been brought up to a point where they can carry on so that it will not be necessary to replace the American technicians with people of equivalent level.

e) Project Targets -- As Hy pointed out, these are expressed in the PROP in percentage terms without identification of the starting base, which may mean much or little. The discussion brought out that one of the project purposes is to make base line surveys from which progress could be measured albeit, in very simple terms. It strikes me that efforts to set quantitative targets is probably not very meaningful in this project where the real goal is to make as much quantitative and qualitative improvement in the amount of health services provided and in public attitudes toward health and sanitation as can be achieved. However, the definition of targets does have the merit of spelling out the areas in which the specific kind of changes are

July 8, 1969

Overall, I came out of it feeling that here was a potentially worthwhile project which ought to go forward. I left it that we will leave the PROP as-it-is, that ID and CWA will prepare a revised memo to you recommending approval of the project and spelling out the specific problems and qualifications I have noted above. Hy's judgment is that while this project should technically go to the Administrator for approval, in practice this is left up to your discretion, and he does not consider it necessary, since it doesn't raise any startling issues or departures of a sectoral or policy nature. The memo is also to indicate the ensuing action steps following approval of the project -- notification to OCEAC and the member governments, further points to be nailed down on their inputs, and the timing of them, selection of a contractor, etc

cc: AFR/CWA, Mr. North
AFR/ID, Mr. Rupard
AFR/ID, Dr. Curtis
AFR/DP, Mr. Nissenbaum
AFR/IRA, Mr. Conroy