

9310211 (3)  
 Mary AL-687-C1  
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104 (025) 12711 (FACE SHEET)  
 NONCAPITAL PROJECT FINDER (PROP)

I. PROJECT IDENTIFICATION

1. PROJECT TITLE <b>Consulting Services in Health Administration -- American Hospital Association (AHA)</b>		APPENDIX ATTACHED <input type="checkbox"/> YES <input type="checkbox"/> NO
3. RECIPIENT (specify) <input type="checkbox"/> COUNTRY <b>Worldwide</b> <input type="checkbox"/> REGIONAL <input checked="" type="checkbox"/> INTERREGIONAL		2. PROJECT NO. (G.O. 1095.2) <b>931-11-520-211</b>
4. LIFE OF PROJECT BEGINS FY <b>73</b> ENDS FY <b>76</b>		5. SUBMISSION <input type="checkbox"/> ORIGINAL <input checked="" type="checkbox"/> REV. NO. <b>3/19/73</b> DATE
CONTR./PASA NO.		

II. FUNDING (\$000) AND MAN MONTHS (MM) REQUIREMENTS

A. FUNDING BY FISCAL YEAR	B. TOTAL \$ 000	C. PERSONNEL		D. PARTICIPANTS		E. COMMODITIES \$	F. OTHER COSTS \$	G. PASA/CONTR.		H. LOCAL EXCHANGE CURRENCY RATE: \$ US (U.S. OWNED)		
		(1) \$	(2) MM	(1) \$	(2) MM			(1) \$	(2) MM	(1) U.S. GRANT LOAN	(2) COOP COUNTRY	
										(A) JOINT	(B) BUDGET	
1. PRIOR THRU ACTUAL FY	132	132										
2. OPBN FY <b>73</b>	52	52	24									
3. BUDGET FY <b>74</b>	54	54	24									
4. BUDGET 41 FY <b>75</b>	58	58	24									
5. BUDGET 42 FY												
6. BUDGET 43 FY												
7. ALL SUPQ. FY												
8. GRAND TOTAL	296	296										

9. OTHER DONOR CONTRIBUTIONS **None**

(A) NAME OF DONOR	(B) KIND OF GOODS SERVICES	(C) AMOUNT

III. ORIGINATING OFFICE CLEARANCE

1. DRAFTER <i>James M. Lynch</i> TA/H, James M. Lynch, M.D.	TITLE Health Advisor	DATE 3/22/73
2. CLEARANCE OFFICER <i>Lee M. Howard</i> TA/H, Lee M. Howard, M.D.	TITLE Director, TA/H	DATE 3/25/73

IV. PROJECT AUTHORIZATION

1. CONDITIONS OF APPROVAL

2. CLEARANCES

BUR/OFF.	SIGNATURE	DATE	BUR/OFF.	SIGNATURE	DATE
TA/PM	Sally Sharp	4/2/73			
TA/PM	Frank D. Correl	4-5			
TA/PM	David G. Mathiasen	4/30			

3. APPROVED BY CL. OFFICE DIRECTOR <i>S.H. Butterfield</i> AA/TA, S.H. Butterfield	DATE 5/4/73	4. APPROVED BY AID (See Also Form 1095.1) DATE
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PROJECT SUMMARY

This three year project provides for annual funding of the American Hospital Association to enable it to provide technical advice and information on matters relating to health facilities including hospitals, health centers, equipment and facility administration; to assist in the recruitment of U.S. personnel; to plan and evaluate AID-sponsored training programs in hospital administration; to promote and strengthen voluntary hospital association in LDCs and to maintain an information center on health facility programs in LDCs and on training programs of U.S. schools of hospital administration. As a major new thrust for this funding, the AHA will place emphasis upon facility planning and personnel training of hospital administrators in LDCs for support of low-cost health delivery systems (rural and urban). The AHA will focus upon the provision of consultants for the planning and evaluation of facilities and infrastructure necessary to enhance the low-cost delivery of family planning, nutrition and general health services to increased numbers of people currently not having ready access to these services. This emphasis will include both facility and non-facility based urban and rural health delivery systems.

This project will be performed through a Basic Ordering Agreement which allows for annual funding of a Task Order No. 1 containing specific functions required of the core staff of the contractor and authorizes the issuance of additional task orders to carry out specific tasks relating to the urban and rural health delivery of family planning, nutrition and general health services. Each task proposed will be considered by its merits and task

orders prepared will allow maximum utilization of resources to address specific project goals within the AID key problem areas, specifically KPA #1 and #2, which address the problems of effective delivery systems and improved capabilities of problem perception, analysis and planning within the LDCs.

A. Project Goal:

1. Statement of Goal:

This project, by the introduction of inexpensive and unsophisticated plans and designs for facilities, managerial techniques, training and equipment, should improve the effective utilization of health sector resources through expansion of low-cost and effective outreach services to urban and rural communities, thus assuring their optimal impact upon increased numbers of people and upon the health and development process within LDCs.

2. Measurement of Goal Achievement:

- (a) Increased availability of health sector resources to LDC population.
- (b) Efficient utilization of health sector resources by LDC.
- (c) Improved effect of utilization of health sector investment from total national product.
- (d) Contribution of health sector investment to total social-economic development.

3. Basic Assumptions of Goal Achievement:

- (a) Increased availability and efficient utilization of resources are important priorities for the total public sector and health sector of LDCs.

(b) Methods and techniques exist whose implementation can lead to more efficient utilization of health sector resources.

(c) Through appropriately focused research and development activities, a better understanding of the relationship between social overhead investments and social economic development is possible.

(d) Socio-economic development is an appropriate objective of health sector investments.

B. Project Purpose:

1. Statement of Purpose:

To provide a resource for the evaluation, analysis and planning for the administration and strengthening (design and equipment) of health services (both facility and non-facility based) as a basis for expansion of delivery systems for preventive and medical care to a large majority of populations currently having limited or no access to minimal essential services with particular attention to family planning, MCH and care for women of reproductive age and children under 5 years of age.

2. Conditions Expected at End of Project:

(a) Basic infrastructure plan and training programs exist for improved and expanded health delivery services (including FP, child care and nutrition).

(b) Substantially increased numbers of population have access to health delivery services, particularly women of reproductive age and children under 5 years.

(c) Increased number of health outreach services in operation within urban and rural areas.

(d) Responsive facilities and administration exist for provisions of health, FP and nutrition services.

(e) Substantial increase in number of administrative personnel to manage the expanded programs.

3. Basic Assumptions:

(a) Requests for services for assistance in these areas will continue.

(b) Recognition of need for this assistance by LDCs will remain until basic conditions are met.

(c) Improvements will occur rapidly due to a recognized need for these services.

(d) Extension of health service to a majority of the population requires a basic well conceived infrastructure of rural hospitals, health posts, health centers and other facilities.

C. Project Outputs:

1. Outputs:

(a) Evaluations of existing health facilities, plans and designs for physical facility complexes.

(b) Advice on training programs for hospital and facility administrators for improved personnel and facility administration.

(c) Information center for AID clients on hospital and facility administration equipment.

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(d) Design of facility complexes to deliver health care as part of population, nutrition and MCH services.

2. Output Indicators:

- (a) Number of evaluations.
- (b) Number of plans and designs for facility complexes.
- (c) LDC actions on facility plans.
- (d) Number of field requests for information.
- (e) Number of training programs to field requests.

3. Assumptions:

(a) Field requests will continue to be made at a high level for services.

(b) Contractor demand will continue need for advisory services on health facilities and administration in many countries.

(c) There will continue to be a high demand for design and planning of health facilities for extension of services to greater numbers of population.

(d) Equipment procurement needs of hospitals and other health facilities will remain at a high demand level.

4. Project Inputs:

1. Inputs:

(a) Central professional staffing of AHA - 1 Project Director

1 Secretary

(b) Institutional resources of AHA (provision of consultants and technical backstopping sufficient to respond to LDC, AID/W, USAID requests

- (c) AID monitoring and funding through T.O. #1 of core staff.
- (d) Regional bureau requests for task orders, its funding of T.Os and backstopping tasks.
- (e) USAID's requests for task orders, its funding of T.Os, backstopping provision of participants.
- (f) LDCs' requests for service, its funding of TOs, provision of participants.

<u>2. Budget Detail</u>	<u>FY 73</u>	<u>FY 74</u>	<u>FY 75</u>	<u>TOTAL</u>
1. Salaries (1 Project Director, 1 Secretary)	37,558	39,632	41,817	119,007
2. Travel	2,500	2,600	2,650	7,750
3. Supplies	1,000	1,200	1,400	3,600
4. Other	2,100	2,250	2,350	6,700
5. Overhead	8,511	8,954	9,472	26,937
TOTAL	51,669	54,639	57,689	163,994

3. Assumptions:

- (a) AHA can continue to make these inputs available.

E. Rationale:

1. It is recognized throughout the developing world that less than **10%** of the world's population within any given LDC has immediate access to medical or preventive services. This is considered more critical today when the rapid population growth rate is proceeding far beyond the rate of economic development necessary to support the increase in population. It is, therefore, essential that health facility planning and health service implementation develop at a rapid pace to increase access for the population of these countries enabling substantially larger

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numbers of available services for family planning, MCH, and nutrition. If substantial progress is to occur, it is essential that this planning include facility design, equipment and management as a priority part of the expanded service thrust within these LDCs. The AHA, with its resources, is the only organization of its type in the world with the capacity to provide supportive services for hospital and facility design, management and equipment technology for rapid service to meet the needs of this sector.

2. General Situation Within the LDC:

At present the LDCs are confronted with the need and demand for provision of minimal services in FP, MCH and nutrition to approximately 90% of their population. One of the most critical support needs is due to lack of capability on the part of these countries to plan and design facilities and management systems to implement a rapid expansion of low-cost delivery services for these large population segments. As a result, trained manpower is under-utilized through lack of appropriate facilities, equipment or management of services resulting in additional drains upon the economy. In addition, potentially available services to meet minimum access demand of the population are not being realized either through over-utilization of hospital resources to service mobile population needs or inappropriate utilization of personnel in duties for which they have little or no

preparation or knowledge. There is a need, therefore, to expand the essential non-hospital services out to the population within urban and rural communities through clinic facilities more suitable and accessible and properly designed to fulfill the service and management demands.

Within most LDCs a large proportion of hospital beds are utilized by recurrent illness of a preventive nature. Also, there is an over demand upon hospitals to provide outpatient clinical services which could best be met by appropriately placed outreach services and facilities of proper design, equipment, staffing and management. This current deficiency of such outreach services places a continual burden upon the health sector budget by placing increased demands upon expensive hospital facilities to fulfill this present need. This demand includes excessive manpower, additional equipment and supply support in addition to expanded management demands to provide expensive services which are capable of only fulfilling the needs of small segments of the community in and around the hospital facility. This current problem can be alleviated by assistance which focuses upon obstacles presently confounding the LDCs for rapid expansion of low-cost delivery systems. As a means of partially alleviating these obstacles, the AHA will focus attention upon the problems of facility design, facility and non-facility based equipment essential for services, and

the management personnel and techniques required for maximum efficiency and for obtaining optimal access for majority of populations needing these services.

3. Specific Problems of Hospital and Facility Services:

(a) Improper design of facilities or inappropriately designed facilities prevent or hinder rapid access by technicians, thereby decreasing availability of services. It is essential to develop clinic designs compatible to the critical service of FP, child-health, nutrition and general care, acute and preventive.

(b) Equipment either inappropriate to the facilities or inadequate to the needs of the technicians poses a critical problem. Proper planning and procurement is essential for delivery of services only potentially available if inadequate equipment or non-availability of equipment hinders the technicians' efforts.

(c) Inadequate management training hinders service implementation. Little attention in the past was made in this sector as it relates to extension of services to facilities. This has resulted in under-utilization of resources potentially available to the public.

(d) Lack of information on facility management and administration has resulted in large budgeting drains within the health sector. Development of technical information concerning equipment, facility plans and manpower management techniques is essential throughout the developing world.

#### 4. Types of Assistance Necessary:

(a) Technical advice through information material and consultants is essential for proper design of facilities, equipment necessary and administrative techniques most advantageous for efficient management and delivery of outreach servi

(b) Planning and analyses of training programs for hospital and facility administrators is necessary for rapid expansion of services. Without this element, expansion of manpower and facilities can and will occur but effective utilization and delivery will be less than optimal with a corresponding decrease in efficiency and increase in budgeting wastage.

(c) Personnel for outreach programs must be properly defined and essential functions planned and supported. Therefore, recruitment of U.S. personnel to assist in the design and evaluation of plans is desirable to maximize efficiency. There may be need in some areas for long-term assistance to develop this aspect of the program.

#### 5. Previous AID efforts:

The AID has provided services for assistance to developing countries in these areas through the AHA. The AHA, as the prime resource of this type available for provision of consulting services in the field of hospital equipment, facility design and administration, has provided the AID with a multiplicity of services in these areas for over ten years.

In the past the AHA has provided evaluations of major health facilities in Guatemala, Colombia, Nicaragua, Paraguay and the Philippines. It has provided administrative counsel for strengthening facility administration in Costa Rica, Republic of the Philippines, Israel and Lebanon. Recently, it provided designs for health facilities in Laos for rural areas and principal cities. Reviews and recommendations for hospitals have been completed in seven countries. Hospital and facility needs have been evaluated in three regions of AID. In addition, on the average over 400 inquiries per year requesting information and advice for the last 10 years have been serviced by AHA.

The AHA has recognized a growing demand for its services to support the expansion of delivery systems within the developing countries. To this end, the AHA has been developing and identifying resources for assistance in this sector and has been responding to increasing demands for information addressing the management, equipment and facility designs essential for expanded service coverage to communities. Through its previous successful efforts with AID to encourage and develop LDC national hospital associations responsible to the hospital needs of these countries and through its direct liason with the International Hospital Federation, the AHA now has a direct means of rapidly developing worldwide support for this critical problem area. To this end, much of the agenda of the International Hospital Federation Congress meeting in

FY 1973 will address these specific problems.

6. Other Agency Assistance:

The primary other agency source of assistance in this field has been the WHO. Also, through prior work of the AHA with AID support, there are now established the International Hospital Federation in many LDCs and National Hospital Associations which are currently developing assistance methods for support of country activities. To date the AHA is the main source of consulting advice in this field within the U.S.A. and maintains very close liaison with the WHO on a worldwide basis and with PAHO for the Americas. The AHA is directly represented within the International Hospital Federation and represents the International Hospital Federation throughout the Americas.

This close association with the major organizations involved in hospital activities enables the AHA to coordinate and prevent overlapping or duplication of efforts. In addition, this relationship has proven, to be an effective means for facilitating much of the work previously undertaken in the field of hospital design, equipment and administration.

With the recognition by these associations that the delivery of outreach services to increased populations is a critical problem confronting the world, it is expected that the objectives of this PROP will be further enhanced by the AHA through its established relationships. We have evidence already that this

will occur as is indicated by the present proposed agenda of the International Hospital Federation to meet this year.

F. Implementation Plan:

Upon approval of the project, a BOA will be issued providing the mechanism for establishing a core staff in Washington and authority to issue task orders. Task Order No. 1 will provide for funding of a core unit in the International Hospital Program Division which will serve as the backstop for tasks assigned to the American Hospital Association (AHA) by AID for the core staff to perform. These tasks will include the following:

1. Provide information resource for facility management and administration, design, equipment and training programs related to expansion of FP, MCH, and nutrition delivery systems.
2. Provide consultants for assistance in the analyses and development of training programs for the administration and management of facilities; equipment requirements; analyses and design of facilities for improving access and increasing utilization of health services with particular emphasis upon those requirements addressing the needs of women in the reproductive years and children under 5 years of age.
3. Attend international and regional meetings of Hospital Associations for coordination and support to the problems confronting expansion of delivery systems as they relate to design, equipment and management.
4. Respond to requests for information from AID, Regional offices, USAIDs and LDCs.

The core staff will also assist in designing the scope of work for additional task orders written by other AID users of AHA and funded for other AID services including USAIDs, regional bureaus and other bureaus of AID.

Both the BOA and T.O. #1 will cover a period of three years. T.O. #1 will be funded annually, subject to availability of funds. The contract will be effective April 1, 1973 and will terminate on March 31, 1976 (these dates will apply to the BOA and to T.O. #1). Other task orders can be issued and funded for varying periods during the life of the BOA. Regional Bureaus, USAIDs, will fund their own individual task orders.

TA/H:JLynch:3/21/73

*TAH  
PM*

*propul file*

PROJECT AUTHORIZATION

1. PROJECT NUMBER 11-1-1-11	3. COUNTRY Technical Assistance Bureau	4. AUTHORIZATION NUMBER 70
7. PROJECT TITLE Consulting Service for Hospital and Facilities Administration American Hospital Association		5. AUTHORIZATION DATE Feb 11, 1970
7. LIFE OF PROJECT		6. FISCAL DATE February 1970

a. Number of Years of Funding: continuing  
Starting FY 1969; Terminal FY 19---

b. Estimated Duration of Physical Work  
After Last Year of Funding (in Months): ---

FUNDING BY FISCAL YEAR (in U.S. \$ or \$ equivalent)	DOLLARS		P.L. 480 CCC + FREIGHT	LOCAL CURRENCY Exchange Rate: \$1 =			
	GRANT	LOAN		U.S. OWNED		HOST COUNTRY	
				GRANT	LOAN	JOINTLY PROGRAMMED	OTHER
Prior through Actual FY <u>69</u>	302						
Operational FY <u>70</u>							
Budget FY <u>71</u>	45						
B + 1 FY <u>72</u>	45						
B + 2 FY <u>73</u>	45						
B + 3 FY							
All Subsequent FY's							
<b>TOTAL</b>							

9. DESCRIBE SPECIAL FUNDING CONDITIONS OR RECOMMENDATIONS FOR IMPLEMENTATION, AND LIST KINDS AND QUANTITIES OF ANY P.L. 480 COMMODITIES

CONDITIONS OF APPROVAL OF PROJECT

*For FY 1970 and future funding*

(Use continuation sheet if necessary)

approved in substance for the life of the project as described in the PROP, subject to the conditions cited in Block 10 above, and the availability of funds. Detailed planning with cooperating country and drafting of implementation documents is authorized.

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

his 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 outputs deviate so significantly from the project as originally authorized as to warrant submission of a new or revised PROP.

A.I.D. APPROVAL	CLEARANCES	DATE
S.H. Butterfield /s/	Regional Bureaus	1/21/70
Technical Assistance Bureau	KLevick	2/9/70
2/11/70		

Project Title: American Hospital Association  
Project Number: PIO/T 931-11-530-211-73-3196001  
PIO/T 514-148--3-90114  
PIO/T 439-081-3-90431

Agreement: AID/csd-276 Amendment No. 11  
Contractor: American Hospital Association  
Representative: Jose Gonzalez, M.D.  
Project Monitor: David Frost, M.D.

1. Project Goals and Justification

Purpose of the project is to improve preventive, curative and restorative health care of people through the development of better health care institutions.

The hospital and its satellite institutions comprise a center for the mobilization of health resources to the needs of a community. Its ambulatory care and inpatient services range from preventive services such as immunization, nutritional clinics, family planning, active inpatient medical and surgical care to restorative and rehabilitative services.

This agreement with AHA mobilizes the resources of the major voluntary U.S. hospital association and its 7,000 members as a resource for the development of modern health care institutions through improved planning, organization and operation of hospitals in countries in which AID has an interest.

The goals are:

- a. Provide continuing direct consultation to AID staff in Washington and Missions overseas in health facility planning, organization and operation;
- b. Through resources of American Hospital Association and International Hospital Federation to mobilize specialists for specific needs arising anywhere in the world;
- c. Continue to serve as an informational center on a broad range of informational materials in hospital and health facility operations and hospital manpower development and to respond to many inquiries from around the world;
- d. Provide assistance to AID and U.S. Public Health Service as may be requested by AID in the planning and supervision of training programs for AID sponsored participants;

c. Consult with USAIDs, and through them, with officials and professional organizations of the cooperating governments with regard to measures which may be taken to encourage the development of national voluntary hospital associations in the developing countries; and

f. Provide such other services as may be requested by AID including but not specifically limited to the following;

1) Assist in the analysis of national plans of the cooperating countries for health facility development, construction or operation in which AID has an interest or responsibility; and

2) Provide advice and consultation in AID and USAID Missions on the relationships of hospital activities to other health programs in the planning, development and operational stages, i.e. maternity services, family planning, child care, etc.

## 2. Major Issues to be Resolved

A. It is proposed that the contract be altered to provide for a basic agreement, plus task orders with Task Order #1 funding the basic staff and office expenses. The current agreement terminates 30 May 70 with funding available through 31 March 70. Forty-five thousand dollars is being requested for Task Order #1. (Budget attached). Additional Task Orders would be financed separately as developed.

Note: Salary of the Project Director is fully financed under Task Order #1. He and other AHA staff frequently serve as working members of specific teams without additional compensation.

## 3. Evaluation

The AHA staff composed of a physician-hospital administrator and secretaries have been functioning on an excellent level since 1954. In addition to the AHA staff personnel, its membership of over 7,000 institutions in the U.S. are a ready resource which can be tapped through this agreement when needed by AID.

All requests from the four regional bureaus and those initiated in Washington have been handled promptly and fully. The regional bureaus continue to call on this service and there are requests currently under consideration from five countries of three regional bureaus. In addition two requests are actively being implemented. Letters of commendation from USAIDs have been received--an indication that Missions share TA/H's opinion.

## 4. Accomplishments

Specific accomplishments during 1969 include:

- a 3-week survey of 30 health care institutions in Colombia to evaluate the use of allocations of counterpart funds for health

services, health construction and to assess the capability and to provide technical consultative services on health planning to the Ministry of Health:

- Arranged for the participation of more than 100 participants from Latin America to the IHF XVI International Hospital Congress held in Dusseldorf:
- A 6-week consultation to the USAID Mission of Laos, in reference to planning for a new maternal and child care center in Vientiane. This included study of health practices and hospital utilization, and developing the preliminary schematic plans for a 200-bed facility:
- Consultation and advice to the Philippines government on the activation and administrative organization of the new 500-bed Government Service Insurance System hospital in Manila:
- Arranged through cooperation with U.S. voluntary hospitals and the Pan American Development Foundation, the distribution of \$500,000 dollars worth of hospital and medical equipment for use in hospitals of Colombia.
- Arranged a nation-wide canvassing effort among U.S. hospitals to obtain surplus hospital equipment for distribution among public hospitals in Ecuador, Dominican Republic and Guatemala:
- Acted as a host to approximately 30 distinguished hospital authorities visiting medical centers in the United States:
- Arranged visitation schedules of government sponsored hospital people endeavoring to learn new hospital techniques and practices in U.S. hospitals:
- Distributed thousands of AHA technical manuals which have been translated into French and Spanish for use in developing countries:
- Maintained active relationships with national associations in the developing countries in our continued efforts to encourage and strengthen their work:
- Continued mail consultation on a broad range of hospital matters in response to many inquiries from around the world.
- Provided advice and consultation on hospital planning to the WHO delegates from Bahrein, attending the WHO Health Assembly.

## 5. Recommended Course of Action

This agreement should be extended to continue the utilization of resources of AHA. In addition to its customary services to AID new consultation requests from country missions are expected. At the present time two such requests are in process with original on site consultation provided last year. These requests include:

- a. On site review and recommendations on the final plans and specifications for the new Maternal and Child Care Center. This will be accomplished in Laos prior to the awarding of the construction's contract:
- b. Evaluation with the administration and Board of Trustees of a 500-bed Government Service Insurance System hospital in Manila. This review will focus on administrative organization for the new hospital:

A backlog of country mission requests for assistance through this program is pending and such requests include:

- c. Providing services relating to training in hospital administration and analysis of hospital operation and maintenance in the Dominican Republic:
- d. Assisting the Ministry of Public Health of Addis Ababa on planning and development of hospitals and health services:
- e. Helping in the organization of Mother-and-Child health programs in Bolivia:
- f. Pending the signing of an agreement with the government of Paraguay to finance the construction of health centers with PL 480 funds, the Mission has requested securing the services of AHA to obtain surplus hospital equipment from hospitals in the U.S.
- g. The organization of a third Latin American hospital conference, to discuss comprehensive health care planning in Buenos Aires, Argentina, with the cooperation of the Ministry of Health of Argentina and the International Hospital Federation.

*Return to Mary*

April 5, 1973

*Received May 3, 1973*  
*S HB*

MEMORANDUM TO: AA/TA, Mr. Samuel H. Butterfield

FROM: TA/PM, David G. Mathiasen *DGM*

SUBJECT: Approval of PROP Amendment and Project Authorization for Project No 520-211 - Consulting Services in Hospital Administration

Since 1972 the primary emphasis of this project has been the provision of assistance for the administration and assessment of LDC hospital and medical facilities. As a result of the recent AID/W evaluation of this project (June 1972) and TAB's changed Health Sector priorities particularly the development of low-cost health delivery systems, it was recommended by the review panel that the focus of this activity be modified to bring it in line with Regional Bureau needs and TAB's new health focus.

The revised objective of this project is to provide a resource for the evaluation, analysis and planning for the administration and strengthening of health services for the expansion of health delivery systems for preventive and medical care to a majority of the population presently having limited or no access to essential health services. Particular attention will be given to family planning, MCH and care for women of reproductive age and children under five years of age.

The project is to be implemented through a Basic Order Agreement (BOA) with the American Hospital Association. Individual task orders will be funded by USAIDs, Regional Bureaus and LDCs. TAB funds will finance a core staff.

AHA will (1) provide technical advice and information on matters relating to health facilities planning, design, construction, operation and administration, (2) plan and evaluate AID-sponsored training programs in hospital administration, (3) promote and strengthen voluntary hospital associations in LDCs, (4) maintain an information center on health facility programs in LDCs and on training programs of U.S. schools of hospital administration, and (5) assist in the recruitment of U.S. health facilities and hospital administration personnel. In carrying out these functions, emphasis will be given to LDC health facility planning and training of hospital administrators to support low-cost health delivery systems both urban and rural, and the provision of consultants for the planning and evaluation of facilities and infrastructure necessary to enhance the low-cost, effective delivery

of general health services to a majority of the population.

TA/PM recommends approval of this project amendment. Your signature on the attached Project Authorization will indicate your approval of this project amendment and funding thru FY 1975.

Attachment: a/s