

AGENCY FOR INTERNATIONAL DEVELOPMENT
PROJECT PAPER FACESHEET
TO BE COMPLETED BY ORIGINATING OFFICE

1. TRANSACTION CODE ("X" appropriate box)
 Original Change
 Add Delete

PP
DOCUMENT CODE 3

2. COUNTRY/ENTITY: Interregional

3. DOCUMENT REVISION NUMBER: 1

4. PROJECT NUMBER: 931-11-560-211

5. BUREAU: a. Symbol of: TAB b. Code: 6

6. ESTIMATED FY OF PROJECT COMPLETION: FY 79 32p

7. PROJECT TITLE - SHORT (stay within brackets)
 Health Facilities Administration

8. ESTIMATED FY OF AUTHORIZATION/OBLIGATION
 a. INITIAL 5 70 b. FINAL FY 79

9. ESTIMATED TOTAL COST (\$000 or equivalent, \$1 =)

a. FUNDING SOURCE	OPERATIONAL YEAR FY 76			ALL YEARS		
	b. FX	c. L/C	d. Total	e. FX	f. L/C	g. Total
AID APPROPRIATED TOTAL			60			521
(Grant)	()	()	(60)	()	()	(521)
(Loan)	()	()	()	()	()	()
Other						
1.						
U.S.						
2.						
HOST GOVERNMENT						
OTHER DONOR(S)						
TOTALS			60			521

10. ESTIMATED COSTS/AID APPROPRIATED FUNDS (\$000)

i. Appropriation (Alpha Code)	b. Primary Purpose Code	c. Primary Tech. Code	Thru FY 75		FY 76		FY 79		ALL YEARS	
			d. Grant	e. Loan	f. Grant	g. Loan	h. Grant	i. Loan	j. Grant	k. Loan
PH	500	590	332		60					521
TOTALS			332		60					521

11. ESTIMATED EXPENDITURES: 295 56 15

12. PROJECT PURPOSE(S) (stay within brackets) Check if different from PID/PRP

To provide professional consultation and international experiences for planning, improving, and strengthening health facilities and administration in support of low cost rural and urban health delivery systems in LDC.

13. WERE CHANGES MADE IN BLOCKS 12, 13, 14, or 15 OF THE PID FACESHEET? IF YES, ATTACH CHANGED PID FACESHEET.

Yes No

14. ORIGINATING OFFICE CLEARANCE

Signature: Lee M. Howard M.D.

Title: Director, Office of Health

Date Signed: 13 1 79 (mo. day yr.)

15. Date Received in AID/W, or For AID/W Documents, Date of Distribution

mo. day yr. | | | | |

Since January 1976, TA/H has been directly involved with eight diverse requests for assistance from the field and regional bureaus. These requests were turned over to AHA for action and financing under the contract. These actions were the following:

(a) Request from Nicaragua and LA/DR for the personal assistance of Dr. Jose Gonzalez, the Project Director, for two weeks to identify key elements of in-service training programs which would have the largest impact on hospitals in the rural areas. (Nicaragua wants him to make a return trip this summer.)

(b) Georgetown - Airgram request for technical information on Mobile Blood Donor Units.

(c) Bogota - Airgram request for technical information on a systems approach for low-cost hospital construction.

(d) Brazil - Cable request - passed to TA/H from Office of International Training to arrange a study and observation tour for three senior Brazilian health administrators in ten U.S. hospitals

(e) Nicosia - Cable request to provide a consultant to design a mental inpatient-outpatient wing for the Nicosia government hospital.

(f) Qatar - Cable request to provide a consultant to prepare an equipment package for a large hospital. Equipment valued at \$20 million.

(g) Qatar - Cable request to provide the names of management firms capable of operating a 660 bed hospital.

(h) Nepal - Request for APHA to provide the services of a hospital administrator. AHA identified consultant.

Block 10. Estimated Cost/AID Appropriated Funds - Continued

	FY 77	FY 78	FY 79
	Grant Loan	Grant Loan	Grant Loan
	63	66	0

Block 11. Estimated Expenditures - Continued

60	63	32
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Clearances:

Originating Office:

TA/H: F. Murphy; D. Hooker (draft)
 TA/H: M. Shutt, M.D.
 TA/H: R. Newman

Initial Date

<u>FMM DHT</u>	<u>3/01/76</u>
<u>msj</u>	<u>3/01/76</u>
<u>rsn</u>	<u>3/01/76</u>

Other Offices:

NE/TECH: J. Alden
 AFR/DS: M. Kirby
 ASIA/TD: I. Jackson, M.D.
 LA/DR: M. Brackett
 R&DC: F. Murphy
 TA/PPU: L. Wakefield
 TA/PPU: J. Gunning
 TA/PPU: C. Fritz
 AA/TA: C. Farrar

<u>draft</u>	<u>3/16/76</u>
<u>draft</u>	<u>3/10/76</u>
<u>draft</u>	<u>3/04/76</u>
<u>draft</u>	<u>3/18/76</u>
<u>FMM</u>	<u>4/06/76 5/14/76</u>
<u>KWW</u>	<u>5/17/76</u>
<u>[Signature]</u>	<u>3/18</u>
<u>[Signature]</u>	<u>3/18</u>
<u>[Signature]</u>	<u>5/10/76</u>

Block 10. Estimated Cost/AID Appropriated Funds - Continued

	FY 77 Grant Loan	FY 78 Grant Loan	FY 79 Grant Loan
	63	66	0

Block 11. Estimated Expenditures - Continued 60 63 32

Clearances:

Originating Office:

	Initial	Date
TA/H: F. Murphy; D. Hooker (draft)	<u>FMM D+H</u>	<u>3/01/76</u>
TA/H: M. Shutt, M.D.	<u>M.S.</u>	<u>3/01/76</u>
TA/H: R. Newman	<u>R.N.</u>	<u>3/01/76</u>

Other Offices:

NE/TECH: J. Alden	<u>draft</u>	<u>3/16/76</u>
AFR/DS: M. Kirby	<u>draft</u>	<u>3/10/76</u>
ASIA/TD: I. Jackson, M.D.	<u>draft</u>	<u>3/04/76</u>
LA/DR: M. Brackett	<u>draft</u>	<u>3/18/76</u>
R&DC: F. Murphy	<u>FMM</u>	<u>4/06/76 5/14/76</u>
TA/PPU: L. Wakefield	<u>L.W.</u>	<u>5/17/76</u>
TA/PPU: J. Gunning	<u>J.G.</u>	<u>5/18</u>
TA/PPU: C. Fritz	<u>C.F.</u>	<u>5/18</u>
AA/TA: C. Farrar	<u>C.F.</u>	<u>5/20/76</u>

PROJECT PAPER

Health Facilities Administration

1. Contribution of and Need for These Services:

To implement the provisions of FAA Sec. 104 (Population Planning, Health), particularly with regard to provision of health service for the majority, AID is confronted by the widespread practice in LDCs of overinvestment in hospital structures, equipment, and manpower. It is estimated that over 70% of total LDC health budgets are concentrated on needlessly expensive hospital facilities in urban areas.

Given the high burden of preventable diseases, the political and social pressure for hospital treatment facilities remains high. No system to deliver health services can be politically acceptable if it does not contain facilities to refer the acutely ill. This does not require elaborate facilities. However, the achievement of a health system for the majority requires the total redesign of hospitals along elementary lines and their incorporation into a system of disease prevention which treats the majority of problems at home rather than at the hospital.

While AID is not in the hospital building business, it must call on professional experience to advise and consult on the hospital element within the national health system. This requires not only innovation in design, but assessment of demand, knowledge of national health planning, and management experience in manpower development and training for use in simple facilities which fit within limited national resources.

This project, Health Facilities Administration, finances a contract with the American Hospital Association for such field support services. Project resources are utilized within AID Research and Development Activities (RDA) #11, Health Delivery Systems and #12, Health Planning, which address LDC problems of effective delivery systems and improved capabilities of health problems analysis and planning.

This project funds a Basic Ordering Agreement (BOA) with the American Hospital Association (AHA) which permits task orders to be issued for procurement of technical assistance in hospital and health facilities administration. Task Order No. 1 provides funding for one professional and one secretary to an AHA office of International Health Programs (IHP), office costs, and domestic travel.

The IHP provides: (a) technical advice and information to missions and LDCs on matters relating to health facilities including hospitals, health centers, equipment and facilities administration; (b) assists in the recruitment of U.S. personnel for consultants; (c) plans and evaluates AID-sponsored training programs in hospital administration including backstopping of certain AID participants in hospital administration; (d) promotes and strengthens voluntary hospital associations in LDCs, and (e) maintains an information center on health facilities in LDCs and on training in U.S. schools of hospital administration.

Additionally, the Basic Ordering Agreement permits missions and bureaus to write task orders for specific technical services related to hospitals and/or health facilities administration. Task orders for these services, including international travel, are funded by the

originating mission or regional bureau. (See Administrative Arrangements.)

The American Hospital Association/with its resources is the only U.S. national professional hospital association and the only organization which has the professional and administrative capability to provide supportive services in facility design and management.

2. Services to Date:

During FY 1973, FY 1974, and FY 1975 AHA has provided the following technical advice, information, and services on matters relating to health facilities funded by the TA Bureau:

a) In the three year period the project responded to 377 requests for technical information from 33 developing countries. Some 798 letters were written to US addresses in order to prepare these responses.

b) The Association has used an effective mechanism of cooperation with indigenous hospital associations in the developing countries. Through the Pan American Office of the International Hospital Federation, for which the Washington office serves as Secretariat, educational seminars and conferences on hospital topics have been conducted in Montreal, Caracas, Costa Rica, Zagreb, and Mexico City. Many hundreds of hospital professionals have been exposed to beneficial exchanges of information, thereby facilitating the transfer of technology in health between developed and developing countries.

c) Through its relationship to the International Hospital Federation there exists the only strong and active association in the world that links interests of hospitals and health systems. The Federation maintains a working relationship with WHO, through its

and its staff participated in the selection of equipment, and in the activation of these facilities. It also participated in further planning studies in the development of the master plan for the facility in Vientiane, setting forth goals and priorities under Phase II and III.

h) AHA performed consultative services to the Government of Nicaragua and helped to develop a questionnaire to assess nationwide administrative and managerial practices in hospitals and health centers.

During FY 1973, FY 1974, and FY 1975, AHA has provided the following assistance through Mission funded Task Orders under the Basic Ordering Agreement:

(a) A two-man team assessed conditions and practices in 24 hospitals operated by the National Board of Assistance and Welfare in Nicaragua. (Mission Task Order)

(b) AHA conducted a survey of hospital engineering and maintenance practices in the Public Hospitals of Honduras. Provided guidelines for setting up a Preventive Maintenance System to perform basic maintenance on mechanical and biomedical equipment. (Mission Task Order)

(c) AHA provided advice and assistance to the government of Vietnam, Ministry of Health, and established a comprehensive hospital and health care administration program in conformance with the National Four-Year Plan. Association representative spent 20 man-months in residence in Saigon. (Mission Task Order).

The services above represent 3 man years of professional assistance provided under the AHA contract financed by TAB and approximately 2 man years funded by Mission Task Orders.

Since January 1976, TA/H has been directly involved with eight diverse requests for assistance from the field and regional bureaus. These requests were turned over to AHA for action and financing under the contract. These actions were the following:

(a) Request from Nicaragua and LA/DR for the personal assistance of Dr. Jose Gonzalez, the Project Director, for two weeks to identify key elements of in-service training programs which would have the largest impact on hospitals in the rural areas. (Nicaragua wants him to make a return trip this summer.)

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3. Evaluation of Services:

In September, 1975 a special utilization review was conducted by health representatives of the Technical Assistance and regional bureaus to determine the merits and shortcomings of this project, the usage rate and the anticipated level of future services. Following a favorable review an airgram to the field (AIDTO Circular A-628 attached) elicited 17 responses, 9 of which considered possible future needs for contract services. The cable responses are attached

4. Expected Trend:

Although to date the AHA contract services have been, for the most part, concentrated in the Latin America, and Asian Regions, the rapid growth of AID projects embodying concepts of integrated health delivery systems since 1973 and the positive responses from missions to the recent message (attached) outlining the spectrum of services available under the contract would indicate increased demand for and greater world-wide use of AHA resources in the future.

The field will be notified annually by airgram of the services available from the AHA. Additionally, briefing and reference materials issued by TA/H and TAB will increase field familiarity with the project.

Utilization will be carefully monitored during this phase of the project to enable a decision regarding future central or specific regional bureaus(s) support of the project.

5. Administrative Arrangements:

The project manager is in the Office of Health, TAB. Requests for assistance for the core staff are normally channeled to that office.

Requests for assistance under the Basic Ordering Agreement originate in PIO/T's prepared by the missions or regional bureaus and transmitted

to the appropriate contracting office for execution of a Task Order. Expenses for these technical services are charged to requesting missions or bureaus. Task orders are issued only after the receipt of written proposals and supporting cost estimates from the contractor.

6. Alternate Sources:

Throughout the life of project, alternatives have been investigated. In no case has a potential contractor been identified with the resources or capabilities to provide AID with assistance and advice in the broad field of health facilities administration comparable with the AHA. This is largely due to the fact that the American Hospital Association is the only official organization representing all U.S. hospitals and the only professional organization with an international hospital program. Alternative sources or IQCs could not match this resource.

7. Other Issues: None

8. Budget:

Budget requirements--total--\$187,698 for the three-year period beginning April 1, 1976 and ending March 31, 1979. Annual budget amounts are \$59,414, \$62,570 and \$65,714. A detailed budget breakdown appears in Annex A.

PROPOSED BUDGET FOR A THREE YEAR PERIOD
 UNDER AID/CM/ta-BOA-73-46
 Beginning April 1, 1976

ANNEX A

<u>LINE ITEMS</u>	<u>April 1, 1976 to March 31, 1977</u>	<u>April 1, 1977 to March 31, 1978</u>	<u>April 1, 1978 to March 31, 1979</u>
Salaries	\$ 39,679	\$ 41,663	\$ 43,746
Fringe Benefits	5,555	5,833	6,125
Miscellaneous Supplies	1,000	1,200	1,300
Travel	1,100	1,200	1,250
Other Direct Costs (Office rental postage, telegraph, telephone)	2,200	2,300	2,400
Overhead 24.9 % Salaries	<u>9,880</u>	<u>10,374</u>	<u>10,893</u>
TOTAL	<u><u>59,414</u></u>	<u><u>62,570</u></u>	<u><u>65,714</u></u>

EXPLANATION OF PROPOSED BUDGET FOR A THREE-YEAR PERIOD UNDER
AID/CM/ta-BOA-73-46

Salaries	4/1/76 to <u>3/31/77</u>	4/1/77 to <u>3/31/78</u>	4/1/78 to <u>3/31/79</u>
Project Director	30,218	31,730	33,315
Bilingual Secretary	9,460	9,935	10,425

AHA Fringe Benefits include:

- a) FICA
- b) Group Insurance (after one year employment)
- c) Long term disability insurance
- d) Blue Cross-Blue Shield hospitalization
- e) Retirement (after three years employment)

The proposed budget will allow the Association to maintain an office for internal activities with full-time staff to coordinate the work to be done on behalf of AID.

Travel is budgeted for domestic travel only to provide for attendance at meetings which are of interest to AID. International travel will be provided under specific task orders, purchase orders or invitational orders.

GRAM

DEPARTMENT OF STATE

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CLASSIFICATION

For each address check one ACTION INFO

DATE REC'D. 38DP

675

TO - AIDTO CIRCULAR A- 628

FROM - AID Washington

SUBJECT - American Hospital Association Services Available to AID

REFERENCE -

DATE SENT 11-8-75

XX AID/W has a field support type contract with the American Hospital Association and TA/H is presently evaluating the need for these services in the future.

During the recent utilization review in Washington, it was the consensus of the Regional Bureau health representatives that the field Missions could utilize this assistance if furnished a clear picture of the services provided. It was also suggested that a list of publications and manuals be made available to the Missions. Attachment No. 1 provides such a list.

The American Hospital Association (AHA) is the principal professional organization in the US which represents the hospital and medical administration field.

The following services are available to the Missions and host governments:

1. Provides continued direct consultation to Missions overseas on matters relating to health facilities planning, design, construction, operation and administration.
2. Recruits US health facilities and hospital administrative personnel and locates qualified individuals who may be available to AID for short or long term consultation either by direct hire, TDY or under contract.
3. Assists with the review, planning and supervision of training programs for AID-sponsored participant trainees in the US and third countries.
4. Arranges special tours and conferences for hospital administrators from abroad who are in a position to strengthen health activities in their own countries.

PAGE OF PAGES

DRAFTED BY Amos Worthington	OFFICE TA/H	PHONE NO. 59164	DATE 11/7/75	APPROVED BY: TA/H, Lee M. Howard, M.D.
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A. I. D. AND OTHER CLEARANCES
 LA/DR, N. Parker (Phone) EA/ID, I. Jackson (Phone) AFRDS, E. Cross (Phone)
 ASIA/TECH, Sue Gibson (Phone) UNCLASSIFIED SER/MP/DPC, E. Lackman (Phone)

CLASSIFICATION

CONTINUATION

POST AIDTO CIRCULAR A- 628	CLASSIFICATION UNCLASSIFIED	PAGE OF
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5. Furnish information on programs and activities in developing countries and respond to inquiries as requested.
6. Provides Missions with current information on programs now being conducted in the US schools of hospital administration and cooperate in identifying individuals who are returning to their countries with skills of particular importance to AID programs abroad.
7. Arrange special training and orientation for US hospital and health facility administrative personnel selected for assignment in developing countries.
8. Renders consultation with Missions and through them with the cooperating country officials and professional organizations with regard to avenues which may be taken to encourage the development of national voluntary hospital associations in the cooperating countries.
9. Assists in the analysis of national plans of cooperating countries for medical care development, including construction, operation and maintenance of hospitals.
10. Provides surplus equipment from US hospitals to participating countries on request.

Attached is a list of activities carried out under APHA direction during 1973 to 1975 (See Attachment No. 2).

Failure of the Missions to use this service in the future will result in a phasing out of the contract. Therefore, TA/II is requesting an indication from the Missions of anticipated future usage. For example, will you need AHA expertise in your health sector studies or in equipment maintenance training over the next two to three years? Can AHA help with the delivery of management systems that will reach a larger segment of the rural population?

In the meantime, if the Missions desire the services of AHA or a team of experts under its direction, expenses will be charged to the Mission for travel, per diem and additional personnel as required.

Please send your requests directly to AID/W.

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ATTACHMENT 2

1973-1975 SERVICES TO DATE**LATIN AMERICA**

1. Assessment of conditions and practices in the 24 hospitals operated by JNAPS in Nicaragua. 4 man-months (two man team).
2. Arranged and developed a sectional program for the International Hospital D Federation Congress on Health Services in remote and sparsely populated areas, held in Montreal. 7 man-days (Reference listed in ABSTRACTS on low-cost rural health care and health manpower training by the International Development Research Centre-Ottawa, Ontario, Canada.)
3. Participated in IV Jornadas de Hospitales Meeting held in Merida, Venezuela - 5 man-days (Proceedings published in Tecnica Hospitalaria, Caracas, Venezuela).
4. Conducted all Secretariat activities for planning and preparation of IV Regional-Hospital Conference held in Caracas, Venezuela, 60 man-days.
5. Organized and convened the IV Regional Hospital Conference of the IHF held in Caracas, Venezuela. 15 man-days. Proceedings of the Conference in Tecnica Hospitalaria and Abstracts in World Hospitals.
6. Coordinated in conjunction with officials of Costa Rican Hospital Association, arrangement for a II National Course in Hospital Administration, taken by 24 hospital executives of the Nation in San Jose, 10 man-days.
7. Conducted a survey of Hospital Engineering and Maintenance practices in the Public Hospitals of Honduras. Provided guidelines for setting up a Preventive Maintenance System, and to perform basic maintenance on mechanical and biomedical equipment. 38 man-days (two-man team).
8. Assisted in the review of a Master Planning AID Development Program of the Autonomous University of Guadalajara, Mexico. 5 man-days.
9. Performed consultative services to the Government of Nicaragua acting through the National Council of Health, and helped to develop a questionnaire to assess nation-wide administrative and managerial practices in hospitals and health centers. 17 man-days (including preparation of materials for reference).
10. Worked with Latin American, Canadian and USA hospital associations to foster and promote attendance and participation at the 19th International Hospital Congress held in Zagreb, Yugoslavia. 30 man-days.
11. Conducting at present all Secretariat Activities for planning and preparation of V Regional Hospital Conference of IHF, to be held in Mexico City, March 7-12, 40 man-days (elapsed time).

SOUTH ASIA

1. Conducted Survey in Vientiane, Laos on building design for MCH services at Sayaboury and Pakse, and administrative organization and functional relationships of Mahosot Hospital. 35 man-days.
2. Back-up services rendered to the Association's representative performing in Vietnam, to advise the VNG on the organization and development of a hospital and Health Care Administration teaching program. 65 man days (elapsed time)
3. Provided advice and assistance to the Government of Vietnam, Ministry of Health, and established a comprehensive hospital and health care administration program in conformance with the National Four-Year Plan. Association representative spent 20 man-months in residence in Saigon.

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CONTINUATION

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1973-1975 SERVICES TO DATE (Continued)

ATTACHMENT 2
Page 2

SOUTH ASIA (continued)

4. Planning for the provision of medical and surgical facilities of Phases II and III Mahosot Hospital, Vientiane, Laos, providing guidelines for functional ~~criteria~~ and developed an inventory of priorities. 80 man-days (two-man team).
5. Assisted the Association representative in Vietnam in the final stages of the implementation of activities to the Ministry of Health in Vietnam. 23 man-days.

AFRICA

1. Coordinating a six-months on-the-job training program for three trainees from the J.F. Kennedy National Medical Center in Monrovia, Liberia, for their placement in US Voluntary Hospitals. 10 man-days (elapsed time). Program designed by AHA, AID's Office of International Training and Western Pennsylvania Hospital Council.

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OTHER ACTIVITIES

1. Under Health Advisory Services Committee of the Pan American Development Foundation, the AIA, obtained from US voluntary hospitals, hospital equipment, \$429,079 of which was shipped at no cost to the contract, to seven Latin American countries. - 15 man-days.

2. On a continuing basis under the above mentioned program, the Foundation reported receipt of \$570,000 in new and used hospital equipment, pharmaceutical and dental supplies shipped to 15 institutions in Latin America.

3. Under a special task force, the AIA and Pan American Development Foundation are working toward the release of packaged disaster hospitals stocked by the US as surplus equipment, to be shipped to hospitals and health center programs in Latin America; twelve such units have been located and will be shipped to the Dominican Republic. 15 man-days.

A. Staff Activities related to International Programs, including office appointments for visitors and appointments at other offices, attendance at meetings, American Hospital Association, National Council for International Health, American Public Health Association, International Hospital Federation, Pan American Development Foundation, President's Committee on Employment of the Handicapped, Costa Rican Hospital Association and Pan American Health Organization; planning and follow up of projects derived from task orders as reported to AID in semi-annual contractor report of services.

68 man-days away at meetings for the three year period.

135 hours of appointments either at the AIA office or at other offices.

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For each address check one

ACTION INFO DATE RECD

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TO - AID/W TOAID: A-133

11 30 PM '75

X
Worthington
1975 DEC 8 AM 10 55

FROM - JAKARTA
E.O. 11652: N/A
SUBJECT - American Hospital Association Services
REFERENCE - AIDTO CIRC A-628^v

1. Might require up to 4 person weeks for health component of FY 77 Project Paper. Time period: mid CY 1976.
2. Will advise ASAP.

NEWSOM

PAGE 1 OF 1

DRAFTED BY	OFFICE	PAGE NO.	DATE	APPROVED BY
P/D:JClinton:efc	P/D	370	11/26/75	P/D:JClinton
AID AND OTHER CLEARANCES				
DL/PE:Siintz		DIR:MS: P/D-3, DL/PE, C-R-3		
PRO:WCBollinger		PRO		
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CLASSIFICATION				

AID-5-59 (11-69)
ACTION OFFICE - When ACTION completed, return to appropriate OFFICIAL FILE STATION or appropriate OFFICIAL FILE.

NO ACTION NECESSARY PRINTED	
DATE	SIGNATURE



Department of State

DeWalt
TELEGRAM

Nov 20

Mr. Wofington

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46
ACTION AID-31

INFO OCT-01 NEA-10 TGA-02 DES-05 /049 W
P41420Z NOV-75
IN AMEMBASSY DAMASCUS
TO SECSTATE WASHDC 5349

UNCLAS DAMASCUS 4696

AIDAC

REF: 11652: N/A

TAGS:

SUBJECT: ~~AMERICAN HOSPITAL ASSOCIATIONS SERVICES~~
AVAILABLE TO AID

REF: AID TO CIRC A-628

POSSIBLE AID ASSISTANCE TO SYRIAN HEALTH
SECTOR NOW BEING STUDIED BY AID/W TDY
TEAM AND DISCUSSED WITH SYRIAN GOVERNMENT.
AT THIS TIME IT APPEARS POSSIBLE THAT
USAID/DAMASCUS MAY WISH TO DRAW UPON
FUTURE SERVICES OF SUBJECT CONTRACT FOR
SUCH SERVICES AS POSSIBLE PROJECT DESIGN
WORK, CONSULTATIONS OR ASSISTANCE IN
ARRANGING TRAINING. WILL ADVISE FURTHER
AS PROJECT DEVELOPS BUT PLEASE TAKE THIS
INFO INTO ACCOUNT.
MURPHY

UNCLASSIFIED

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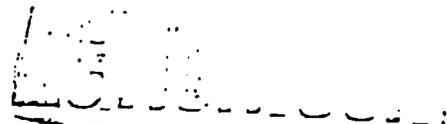
Department of State

TELEGRAM

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PAGE 01 NICOSIA 00411 131504Z

12
ACTID: AID-01



INFO OCT-01 FOP-12 TO-11 DHA-02 ORM-02 /059 W
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R 131400Z FEB 76
FM AMEMBASSY NICOSIA
TO SECSTATE WASHDC 3052

UNCLAS NICOSIA 2411

AIDAC

F. O. 11552: N/A

SUBJECT: MENTAL WING TO NICOSIA TURKISH GENERAL HOSPITAL

REF: (A) NICOSIA 0367, (B) 75 AIDID A-628, (C) 75 NICOSIA 2650,
(D) AID-SER/H MCVOY MEMO DATED 12/31/75

1. SUMMARY. EVENTS OF SUMMER 1974 AND SUBSEQUENT RELOCATION OF LARGE PART OF TURKISH CYPRIOT POPULATION HAVE DISRUPTED TRADITIONAL VILLAGE SETTING WHICH IN PAST HAD LARGELY CARED FOR MENTALLY ILL MEMBERS OF TURKISH CYPRIOT COMMUNITY. TURKISH CYPRIOT AUTHORITIES HAVE CONSISTENTLY EXPRESSED STRONG DESIRE ESTABLISH OWN MODERN MENTAL WARD. UNHCR AND EMBASSY HAD EARMARKED \$200,000 IN JUNE 4, 1975 LETTER OF PLEDGE FOR SUPPORT THIS PROJECT BUT IMPLEMENTATION HAD NOT PROGRESSED SUFFICIENTLY FOR USE THESE FUNDS. PRESENTLY UNHCR AND EMBASSY FORESEE FUNDING ASSISTANCE FROM FY 76 PROGRAM PROPOSED VIA NICOSIA 0367 PARA 5.E. UNHCR HAS PASSED TO EMBASSY REQUEST FROM TURKISH CYPRIOT AUTHORITIES FOR TECHNICAL ASSISTANCE IN REVIEW PLANNING AND DESIGN OF FACILITY AND REVIEW EQUIPMENT NEEDS. EMBASSY REQUESTS AID/W EXPLORE FEASIBILITY TOY TECHNICAL ASSISTANCE THIS PROJECT POSSIBLY THROUGH SERVICES OUTLINED REF (B). MCVOY OF SER/H HAS COPY OF PLANS OF PROPOSED FACILITY. END SUMMARY.

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ACT 1

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2. PRESENT FACILITIES

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Department of State

TELEGRAM

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PAGE 02 NICOST 00411 131504Z

(A) EMBASSY VISITED TURKISH CYPRIOT MENTAL HEALTH FACILITIES PRESENTLY LOCATED IN OLD SECONDARY SCHOOL. OVERALL CONDITIONS APPEAR DEPLORABLE. WORK CONDITIONS FOR STAFF APPEAR COMPLETELY INADEQUATE. SIX DORMITORIES OF 200 SQUARE METERS FOR OVER 75 BEDS, PLACED LESS THAN HALF METRE APART. TOILET FACILITIES IN EACH DORMITORY CONSIST OF ONE BUCKET FOR ALL PATIENTS; EXAMINATION AND TREATMENT ROOMS SHARED BY TWO DOCTORS OFTEN WORKING AT SAME TIME; HALLWAY IS USED AS WAITING ROOM FOR OUT-PATIENTS AND VISITORS; BATHING AND TOILET FACILITIES ARE TOTALLY INADEQUATE AND UNSANITARY.

(B) PRESENT CASE LOAD 75 IN-PATIENTS AND OVER 500 OUT-PATIENTS PER MONTH. OVER 60 OF THESE ARE DISPLACED PERSONS, PLUS 20 OTHER DISPLACED PERSONS AWAITING ADMISSION. IN ADDITION, TURKISH CYPRIOT AUTHORITIES WOULD LIKE TO TRANSFER NORTH THE 45 TURKISH CYPRIOT MENTAL PATIENTS PRESENTLY IN GOC MENTAL HOSPITAL IN SOUTH.

(C) W.H.O. REPORT DATED JULY 25, 1975 FOUND THE BUILDING AND ITS FACILITIES "WHILE INADEQUATE AND UNSATISFACTORY FOR EXISTING AND FUTURE NEEDS."

3. BECAUSE OF STRONG INTEREST-NEW MENTAL WARD ON PART OF TURKISH CYPRIOTS, AND CONCURRENCE IN PRINCIPLE BY UNHCR, EMBASSY AGREED RECOMMEND FY 76 FUNDING AROUND \$220 - 300,000 IN OUR FY 76 PROPOSAL, REF (A). TURKISH CYPRIOTS HAVE LITTLE EXPERTISE WITH DESIGN OF MODERN MENTAL HEALTH FACILITIES AND MAY ALSO NEED ASSISTANCE IN PLANNING RUNNING OF OPERATION. EMBASSY HAS REVIEWED REF (B) AND BELIEVES SERVICES MADE AVAILABLE THROUGH AMERICAN HOSPITAL ASSOCIATION MAY MEET NEED FOR TECHNICAL ASSISTANCE.

4. AT THIS TIME WE WOULD FORESEE CONSULTANT STAY AROUND FOUR WEEKS. TURKISH CYPRIOT AUTHORITIES HAVE PROMISED FULL COOPERATION, ACCESS TO ALL PRESENT MEDICAL FACILITIES AND PERSONNEL. CONSULTANT WOULD ALSO COORDINATE WITH AID/W - SER/H WITH REGARD TO DESIGN OF FACILITY.

5. ACTION REQUESTED: AID/W EXPLORE POSSIBILITY OF MAKING CONSULTANT AVAILABLE AT EARLY DATE.

CRAWFORD

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Department of State TELEGRAM

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ACT

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INF 73
1,2,4,7,8 ACTION AID-31

HATA INFO OCT-01 1032 W

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R 090314Z DEC 75
IDC FM AMEMBASSY MANILA
TO SECSTATE WASHDC 133

ASIA UNCLAS MANILA 17151

8ASIA AIDAC

IT F.O. 11652: NA
SUBJECT: AMERICAN HOSPITAL ASSOCIATION SERVICES AVAILABLE TO AID

HEIN REF: ATOTO A-628

USAID WILL WELCOME ASSISTANCE IN THE SERVICE AREAS LISTED
IN REPAIR AS PLANNED INCREASE IN HEALTH SECTOR ACTIVITY
DEVELOPS. WILL ADVISE AID/W OF AHA ASSISTANCE PROSPCTS
BY FEBRUARY 1976.

SULLIVAN

UNCLASSIFIED

CLASSIFICATION

For each address check one ACTION

INFO

DATE SENT

NOV 24 3 07 PM '75

TOAID A 120

LARC JORDAN (10/21/75)
Northampton
1975 NOV 20 PM 1 00

TO - AID/W

DISTRIBUTION

ACTION

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FROM . Panama City

E. O. 11652: N/A

SUBJECT . American Hospital Association Services Available to AID

REFERENCE . AID Circular A-628

DATE SENT

Nov. 17, 1975

1. Mission will forward request for AHA services at later date.
2. Attachment No.1 not received.

JORDAN (W)

DRAFTED <i>J. Rogers</i> POP: JGRogers/yf	OFFICE Population	PHONE NO. 64-4011	DATE 8 11/14	APPROVED <i>Northampton</i> POP: FPHurtado, MD	PAGE OF 1
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AID AND OTHER CLEARANCES

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CLASSIFICATION

NO ACTION completed, return this to OFFICIAL FILE STATION or appropriate OFFICIAL FILE.

NO ACTION NECESSARY

DATE

SIGNATURE



Department of State

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Nov 18 3 50 PM '75

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PAGE 01 GUATEM 06453 172340Z

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ACTION AID-20

INFO OCT-01 1021 W

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R 172355Z NOV 75
FM AMEMBASSY GUATEMALA
TO SECSTATE WASHDC 9032

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AIDAC

FLO, 11652 NA

SURJ: AMERICAN HOSPITAL ASSOCIATION SERVICES AVAILABLE

REF: AIDIO CIRCULAR A-628

1. PROPOSED FY 77 HEALTH LOAN CONTEMPLATES TRAINING AND TA TO IMPROVE ADMINISTRATIVE PRACTICE OF AREA AND REGIONAL MEDICAL DIRECTORS, HOSPITAL AND HEALTH CENTER ADMINISTRATORS AND SUPERVISORS OF MEDICAL AUXILIARIES.

2. MISSION MAY THEREFORE REQUEST APPA SERVICES DURING 1975 TO ASSIST IN PP AND SUBSEQUENTLY TO PROVIDE IN-COUNTRY TRAINING AND TA.

3. LOAN DISBURSEMENT PLANNED FY 1977-80. THEREFORE USE OF APPA SERVICES SHOULD BE CONTEMPLATED THROUGH FY 1980 MFLOY

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Department of State *Wolkup*
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PAGE 01 KINSHA 10866 191524Z

61
ACTION AID-20

INFO OCT-01 AF-06 /027 W

099943

R 191452Z DEC 75
FM AMEMBASSY KINSHASA
TO SECSTATE WASHDC 5748

UNCLAS KINSHASA 10866

AIDAC

F.O. 11652: N/A
SUBJECT: AMERICAN HOSPITAL ASSOCIATION SERVICES

REF: AIUTU CA-628

1. NO CURRENT NEED FOR AHA SERVICES.
 2. HOWEVER, MISSION AND G0Z PLAN DEVELOP HEALTH LOAN PROPOSAL DEPENDENT ON PROGRESS WITH HEALTH SYSTEMS AND BASIC FAMILY HEALTH SERVICES PROJECTS. IN CONNECTION WITH HEALTH LOAN, AHA COULD BE USEFUL RESOURCE FOR ASSESSMENT HEALTH CARE-FACILITIES AND PREPARATION RECOMMENDATIONS CONCERNING IMPROVEMENTS IN FACILITIES AND EQUIPMENT.
 3. AHA SERVICES, IF REQUIRED PER PARA 2, COULD BECOME NECESSARY MID CY 77.
- CUTLER

UNCLASSIFIED

MAY 28 1976

ACTION MEMORANDUM FOR THE DEPUTY ADMINISTRATOR

THRU: ES

FROM: AA/PPC, Philip Birnbaum

Problem: Your approval is requested of the attached Project Paper Revisi No. 2, Health Facilities Administration, for a three year extension from FY 1976 through FY 1978 at an additional cost of \$189,000, thus increasing the total project cost to \$521,000.

Discussion: TAB finances a technical service contract with the American Hospital Association (AHA) through a project which began in FY 1970. The current PROP approved funding for a three year period from FY 1973 through FY 1975. The processing of this PP was postponed early this year because the contract did not expire until March 31 and to give priority to other activities. Meanwhile the TA program analyst concerned was summoned for jury duty. The unexpected additional workload on other TA program staff and discovery of the need for more information regarding AHA, which took time to get, delayed this PP. A two months' extension for \$10,000 has been approved to allow continuation of current AHA activities from March 31 through May 31 while this PP is being processed.

The AHA through a Basic Ordering Agreement (BOA) and additional task orders provides field support services to Missions on matters relating to health facilities planning, design, construction, operation, equipment and administration. Under this project, TAB funds Task Order No. 1 which provided the services of one professional and one secretary for an AHA Office of International Health Programs (IHP). Mission-funded Task Orders finance services beyond the scope of Task Order No.1, e.g. requests for highly specialized expertise such as a medical equipment technician.

Under this project, the AHA furnishes the following kinds of services:

1. Technical advice and information including correspondence with Missions and LDCs in the broad field of hospital and health facilities administration;
2. Assistance in the recruitment of U.S. personnel for consultant and direct hire positions in LDCs;
3. Planning and evaluation of AID-sponsored training programs in health facility administration including backstopping of certain AID participants;
4. Promotion and strengthening of voluntary hospital association in LDCs and;

5. Maintenance of an information center on health facilities in LDCs and on training in U.S. schools of hospital administration.

In September, 1975, a special utilization review was conducted by health representatives of the Technical Assistance and Regional Bureaus to determine the merits and shortcomings of the project as well as to assess potential future use of AHA services. The results of the review were positive and the Committee recommended that Mission views of the contract be solicited. Responses to a circular airgram, outlining AHA services available to Mission and LDCs supported continuation of these services and projected increased demand for and greater worldwide use of them. In particular, the missions found a need for AHA resources in connection with health sector studies, development of health loan proposals involving health care facilities and in serving field requests for project development assistance in improving management systems for the delivery of health services to the rural populations.

The attached project paper was circulated for review to the R&DC and specific clearance obtained from the regional bureaus.

The proposed funding level of \$60,000 for FY 1976, \$63,000 for FY 1977 is included in the Activity Data Sheet "Health Delivery System" p. 37, FY 1976 IPB and P. 41, FY 1977 IPB.

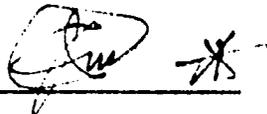
Utilization and Evaluation: The standard TA Bureau policy calls for approval of field support projects for a three year period after review and favorable recommendation by the Research and Development Committee. Although the burden of proof at the end of the three year period rests with the proponents of an extension, a termination date normally is not assigned to the project unless/until a three year review determines that it should be phased out. This procedure highlights that this is a "level of effort" activity which use is largely determined by external regional bureaus' and TAB's need rather than one with outputs specified in advance.

In addition to the three year review, an annual appraisal of the activity is made by a committee including technical representatives of the regional bureaus which ascertains whether the contract continues to be relevant, if the level of funding corresponds to demands and if advice provided has been both relevant and utilized by the regional bureaus, Mission and LDCs.

Recommendation: That you approve the attached Health Facilities Administration PP Revision No. 2 for three years from FY 1976 through FY 1978 for a total funding level of \$189,000.

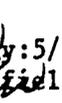
Attachments:

- A. PP - Health Facilities Administration
- B. PROP Revision No. 1

Approved 

Disapproved _____

Date 5/28/76

TA/PP/BJM:  5/14/76
 TA/TPU: LW:  d: mm: 5/17/76

Clearances:

AA/TA: CFarrar  date: 5/20/76
 GC: WWarren  date: 5/18/76
 TE&HA: ARichstein  date: 5/24/76
 WPC/DPRE: Handly  date: 5/27/76

* Subject to conditions
 set forth in GC memo of
 26 May 1976 re this
 PP Revision No. 2.


26 MAY 1976

INFORMATION MEMORANDUM FOR THE DEPUTY ADMINISTRATOR

THRU: ES

FROM: 
GC, Charles L. Gladson

SUBJECT: PP Revision No. 2, Health Facilities Administration

The PP Revision has been cleared by this office, provided that the method of procurement of services from the American Hospital Association not be limited to the continued use of Basic Ordering Agreement (BOA).

The proposed revision contemplates a continuation of the BOA with American Hospital Association. This office has been involved in an orderly phasing out of the use of BOA's to provide core support to contractors. In addition, the Project Paper should not unnecessarily restrict SER/CM flexibility to choose the most appropriate method of procurement.