

93108903  
 PD-ALL-964-81

I. PROJECT IDENTIFICATION

<b>PROJECT TITLE</b> Analysis and Demonstration of the Role of Indigenous Voluntary Health Agencies and Health Professional Associations in Support of National Development Goals		<b>APPENDIX ATTACHED</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 13p
<b>RECIPIENT (specify)</b> WORLDWIDE		<b>PROJECT NO. (M.O. 1095.2)</b> 931-11-500-800
<input type="checkbox"/> COUNTRY _____ <input type="checkbox"/> REGIONAL _____ <input type="checkbox"/> INTERREGIONAL _____	<b>4. LIFE OF PROJECT</b> BEGINS FY 1970 ENDS FY 1973	<b>5. SUBMISSION</b> <input checked="" type="checkbox"/> ORIGINAL April 14, 1970 <input type="checkbox"/> REV. NO. _____ DATE _____ CONTR./PASA NO. _____

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

A. FUNDING BY FISCAL YEAR	B. TOTAL \$	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) CCGP COUNTRY	
											(A) JOINT	(B) BUDGET
PRIOR THRU ACTUAL FY	173 (151)	173 (151)										
OPRN FY 73	60	60										
BUDGET FY												
BUDGET +1 FY												
BUDGET +2 FY												
BUDGET +3 FY												
ALL SUBQ. FY												
GRAND TOTAL	293 (211)											

OTHER DONOR CONTRIBUTIONS \*( ) = Title X funds

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

III. ORIGINATING OFFICE CLEARANCE

DRAFTER TA/H, James Lynch, MD	TITLE Health Advisor	DATE
CLEARANCE OFFICER TA/H, Lee Howard, MD	TITLE TA/H Director	DATE

IV. PROJECT AUTHORIZATION

CONDITIONS OF APPROVAL

Authorizes additional funding of \$177,500 and extension of the project for one additional year to allow the completion of pilot demonstration projects in two countries (Costa Rica and the Philippines). Descriptions of the two pilot efforts are detailed in PIO/T No. 931-11-500-800-73-3124432 and have been approved by the appropriate regional bureaus.

CLEARANCES					
BUR/OFF.	SIGNATURE	DATE	BUR/OFF	SIGNATURE	DATE
TA/PM	FDCorrel <i>fc</i>	1-5-73			
TA/PM	DGMathiasen <i>fc</i>	1-5-73			

<b>APPROVAL A/Ds OF OFFICE DIRECTORS</b> SIGNATURE AA/TA, [Signature] DATE 1/8/73	<b>4. APPROVAL A/AID (Sec M.O. 1025.1 VI C)</b> SIGNATURE _____ DATE _____
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Mary

MEMORANDUM

DATE: January 5, 1973

TO: AA/TA, Mr. S.H. Butterfield

FROM: TA/PM, Frank D. Correl *fc*

SUBJECT: Revised Project Authorization for Project No. 890 --  
Role of Indigenous Voluntary Health Agencies (APHA)

This project was first approved in FY 1970 for three years in the amount of \$323,500 for the life of the project. The objective of the project is to test the feasibility of encouraging and strengthening LDC voluntary health agencies and health professional associations to improve health programs of LDCs. The project is being implemented in two phases. The first phase -- a survey and analysis of the current worldwide status of health professional associations and voluntary health agencies -- was completed in FY 1972. The second phase -- the implementation of two pilot field tests for the strengthening of voluntary health organizations -- is being implemented in Costa Rica and the Philippines. The completion of Phase II requires an additional \$177,500, which is not included in the existing project authorization, and an additional year to complete the scope of work. The increased cost is due to the additional time and cost required to complete Phase I (see attached TA/PM, K. Levick memo to AA/TA, Dr. J. Bernstein, dated November 16, 1971).

*2 phases*

TA/PM recommends approval of the project extension and additional fund requirements. Your signature on the attached Project Authorization will signify approval of the additional funding required to complete the project and the extension of the project for one additional year.

Attachments

177-943

MEMORANDUM

DATE: May 21, 1970

TO : AA/TA, Mr. Joel Bernstein  
FROM : TA/PA, Kenneth S. Levick  
SUBJECT: PROP for Analysis and Demonstration of the Role of Indigenous Voluntary Health Agencies and Health Professional Associations in Support of National Development Goals

The Office of TA/H is proposing a project which will lead to the initiation of new or the strengthening of existing techniques for mobilizing non-governmental health professional associations and voluntary health agencies to improve health programs of the LDCs. The attached PROP covers Phase I of the project and provides for: 1) the review of the current worldwide status of health professional associations and voluntary health agencies in A.I.D.-assisted countries; and in selected countries. 2) the analysis of their experience and effectiveness in supporting community goals related to health, population, and nutrition; 3) the review of their methods of operations; 4) the identification of potential mechanisms for encouraging and initiating the establishment of voluntary action; and 5) the formulation of illustrative plans for the initiation of new or strengthening of existing health programs. Phase II, which is not covered in the PROP, will be the actual implementation of programs in specific countries. As these are developed, separate PROPs will be prepared and submitted for approval. Additional details on Phase I are contained in the attached PROP.

We recommend your approval of Phase I to be funded by TAB. However, because the long-term objectives of this activity are to mobilize non-governmental support for health programs, congruent with AID objectives, we feel that the countries selected for in-depth studies during Phase I should be selected by TA/H in consultation with the Regional Bureaus and Missions. We have added the above as a "Condition of Approval" to the project authorization sheet and it will be included in the related PIO/T.

Please indicate your approval of the above by signing the attached Project Authorization.

Attachments

M-308

PROJECT AUTHORIZATION

1. PROJECT NUMBER 931-11-590-890	3. COUNTRY WORLD-WIDE	4. AUT TA - 0082
2. PROJECT TITLE Analysis and Demonstration of the Role of Indigenous Voluntary Health Agencies and Health Professional Associations in Support of National Development Goals		5. AUTHORIZATION DATE April 14, 1970

7. LIFE OF PROJECT

a. Number of Years of Funding: 3  
Starting FY 19 70; Terminal FY 19 72

b. Estimated Duration of Physical Work  
After Last Year of Funding (in Months): 12

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							
Operational FY 70	110,300						
Budget FY 71	106,600						
B + 1 FY 72	106,600						
B + 2 FY							
B + 3 FY							
All Subsequent FY's							
<b>TOTAL</b>	<b>323,500</b>						

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

The Basic Agreement and T.O. #1 are authorized for 36 months with annual funding of T.O. #1

10. CONDITIONS OF APPROVAL OF PROJECT

Authorizes the procurement of services from the American Public Health Association for a period of 36 months, if funds are available.

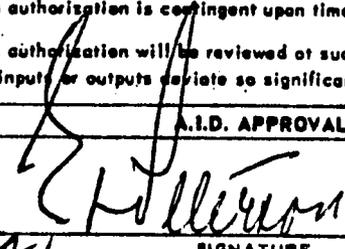
The countries chosen for in depth analysis will be selected by TA/H in consultation with the Regional Bureaus and USAIDs as appropriate.

(Use continuation sheet if necessary)

11. 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.

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 input 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
 SIGNATURE AN/TA, Joel Bernstein TITLE	J Prince, AFR/ID (substance)	
	MPhelps, VN/ND (substance)	
	W Jones, NESA/POP (substance)	
	W Boynton, TA/P (substance)	
	J Shafer, EA/TECH (substance)	
	J Kean, TA/PM	5/21/70
	R Parsons, NESA/ID (subs)	5/21/70

D R A F T

Country - Worldwide

Submission Date - / May 15, 1970

Project - Analysis and Demonstration of the Role of Indigenous Voluntary Health Agencies and Health Professional Associations in Support of National Development Goals

U.S. Obligations - FY 1970-72

Physical Implementation - FY 1971 - 1973

U.S. Dollars (TAB) - FY 1970	110,300
	FY 1971 - 106,600
	FY 1972 - 106,600
	<u>Total</u> 323,500
U.S. Local Currency -	0

Cooperating Country Funding - (Subject to negotiation with voluntary organizations which may participate in a trial development period)

Contributions - All U.S. costs for personnel, facilities and supplies are provided by TAB. These include professional and clerical salaries, consultant fees, travel, printing and contractual services. The personnel costs include part-time salary of a project coordinator during the fiscal year, full-time services of a senior analyst and two secretaries, and the fees of consultants for part of each year.

Summary - In A.I.D.'s effort to respond to the goals of developing governments, the current trend requires maximum mobilization of both public and private sector assistance. Increased reliance on non-U.S. Government sources, multilateral and private, becomes increasingly important as U.S. Government resources remain limited.

The potential role of indigenous voluntary agencies has not been examined as a source of experienced personnel, grass-root involvement, and local resource mobilization. Investment in public sector should not substitute for the contribution which voluntary institutions could make.

Key problems in the area of 1) local health delivery systems, 2) reduction of food energy losses, and 3) perception of local issues in effective use of resources may be greatly augmented and supported by indigenous voluntary groups and associations.

By means of a contract, TAB will request the American Public Health Association -- the major association of public health workers in the U.S. with extensive and long-term experience in health, population and nutrition -- to analyze the status of indigenous health professional associations and voluntary health agencies; evaluate their programs so as to determine the potentials to mobilize support for programs and activities supportive of A.I.D. objectives in LDCs.

As a first phase, the contract seeks to obtain a report which

- 1) reviews the current world-wide status of health professional associations and voluntary health agencies in AID-assisted countries,
- 2) analyzes their experience and effectiveness relative to supporting goals related to health, population, and nutrition, 3) reviews their methods of operations, 4) identifies potential mechanisms for encouraging and initiating the establishment of voluntary action, and 5) suggests possible course for future action; and as a second phase, subject to review of the first year's study, the availability of funds, and to Regional Bureau clearance, the contractor in cooperation with other U.S.-

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based health professional associations, i.e., the American Medical Association or American Hospital Association, may be requested to undertake, on a trial basis, to provide assistance towards the initiation of a program designed to strengthen community action in the fields of health, population and nutrition within an indigenous voluntary health agency or health professional association of one or two countries.

Background - In the developed world, health professional associations and voluntary health agencies have led in the development of: 1) the legislative and budgetary support for government and privately operated health programs; 2) the improvement of the quality and quantity of services provided to the public; and 3) the creation and support of the training and education of health workers. In fact the major support for the extension and development of health programs on the local and state levels in developed countries can be attributed for the most part to the activities of the voluntary health agency and the health professional association. Health professional associations and voluntary health agencies are the groups through which the public has voiced its needs and demands for health care services in the developed world, both qualitative and quantitative.

At the present time, there is no firm information available about the level of development of the health professional associations and the voluntary health agencies in the developing world. Only bits of information are known: there are Red Cross chapters in many LDCs, ususally limited to the capital city; some associations of practicing physicians have developed in the major cities; the rare LDC may have an association of public health workers; an occasional tuberculosis association may have been developed;

several countries have organized voluntary hospital associations; and many family planning associations have been established recently.

In general the objectives of voluntary health agencies and the health professional associations are congruent with those of A.I.D. re preventive and community action and the extension of services to larger segments of the population. It is proposed in this contract: 1) to determine the existence and role of these organizations; 2) to study their current programs and activities in order to determine their congruence with A.I.D. objectives; and 3) to recommend to A.I.D. a plan of action demonstrating that support for improving and expanding governmental and private health care programs in selected LDCs can be developed within the indigenous voluntary health agency and/or health professional association. Emphasis will be placed on utilizing existing health professional associations or voluntary health agencies rather than on the development of new ones at this time.

The American Public Health Association is a pioneering health professional association which has taken leadership in the U.S. in a broad range of health programs, including spearhead support for basic health, family planning and nutrition activities. Its organizational experience as a major resource of relevant expertise, should be looked upon as a key to stimulating public support in developing countries through knowledge-sharing. International experience-sharing now exists on a formal basis through annual meetings of the World Federation of Public Health Associations. However, there is no international program of direct assistance to developing countries at present designed to.

establish or strengthen these countries' own voluntary efforts.

Course of Action - The project would be implemented by a basic agreement with the American Public Health Association through its Committee on International Health and would be funded by a Task Order (#1) to the agreement. Other task orders would be prepared for specific projects not in Task Order #1. Task Order #1 would require a coordinator, a senior health analyst, part-time consultants and two clerical assistants as staff. The basic location would be the American Public Health Association headquarters in the U.S., with possible international trips for one to two persons, plus several domestic trips for the purposes of data collection.

By the end of the first contract year, under Task Order #1, a report would be prepared as outlined above. The American Public Health Association is recommended as the contractor because of the availability to that organization of one of the world's outstanding public health professionals, Dr. Hugh Leavell, Executive Secretary, World Federation of Public Health Associations and former Professor of Public Health Administration, Harvard School of Public Health. It is expected that he will serve as coordinator of the project.

Planned Targets, Results and Outputs - Within 12 months of contract signature, the contractor will submit a report to A.I.D. with the following content;

1. A report on the present status of development of the health professional associations and voluntary health agencies in A.I.D.-assisted countries.

2. Analysis ~~the~~ experience of professional and voluntary associations overseas with respect to their effectiveness in supporting government-sponsored programs.

3. Identification, for selected countries, of methods for initiating, organizing, or strengthening professional and voluntary associations with the objective of increasing public support of government-sponsored health, population, and nutrition priorities.

4. Identification, for selected countries, of potential ways in which voluntary organizations might significantly assist current government-sponsored priority programs.

5. Submission of illustrative plans using a few selected countries as examples for programs whereby the American Public Health Association in cooperation with other appropriate organizations might assist in the initiation or strengthening of health care programs of an indigenous nation-wide health professional association or voluntary health agency.

Subject to an A.I.D. review of the above report, the availability of funds, and appropriate Agency clearances, the American Public Health Association may be requested, under contract continuation, and perhaps in cooperation with an appropriate voluntary organization in the U.S., to undertake a pilot program of assistance directed toward the initiation or strengthening of programs of an indigenous health professional association or voluntary health agency designed to increase legislative and budgetary support for the preventive and community medicine element of the Governmental health\*care system.

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\*Health is used in its broad context to include health and health-related activities such as population and nutrition.

**BUDGET**

	<u>1970-71</u>	<u>1971-72</u>	<u>1972-73</u>
<b>Personal Services</b>			
Coordinator (part-time - 40%)	\$12,000	\$12,000	\$12,000
Senior Health Analyst	20,000	20,000	20,000
Consultants	4,500	4,500	4,500
Secretaries (2)	14,000	14,000	14,000
Personnel Fringe Benefits	8,600	8,600	8,600
Travel	15,000	15,000	15,000
Rent of 800 square feet office space	5,600	5,600	5,600
Reports and Communications	2,000	2,000	2,000
Equipment and Supplies	4,700	1,000 *	1,000 *
Overhead (43.71% sal.)	<u>23,900</u>	<u>23,900</u>	<u>23,900</u>
Total:	\$110,300	\$106,600	\$105,600

\* This item may vary from year to year depending on non-recurring equipment requirements.

Budget Narrative

Personal Services

Coordinator: annual salary \$30,000 - part-time 40% \$12,000  
 Senior Health Analyst: annual salary \$20,000 full-time  
 Consultants: 45 days @ \$100 per day - \$45,000  
 Secretaries (2): annual salary \$7,000 each - full-time \$14,000  
     (1) secretary to coordinator in addition to providing  
         secretarial assistance to consultants  
     (1) secretary to the Senior Health Analyst

Personnel Fringe Benefits

	<u>Social Security</u>	<u>Blue Cross Blue Shield</u>	<u>Major Medical</u>	<u>Disability Insurance</u>	<u>Pension and Insurance</u>
Coordinator (computed at 40%)	\$150	\$128	\$30	\$5	\$1700
Senior Health Analyst	374	321	76	13	2710
Secretaries (2)	<u>672</u>	<u>642</u>	<u>152</u>	<u>26</u>	<u>1620</u>

(Budget Narrative - cont'd)

Travel

Domestic travel	\$5,000 (staff and consultants)
International	10,000 " " "
travel	<u>\$15,000</u>

Rent

Office space for coordinator	300 sq. ft.
Office space for senior health analyst	200 sq. ft.
Office space for secretaries (2) 150 ea.	300 sq. ft.
	<u>800 sq. ft.</u>

800 sq. ft. @ \$7 = \$5,600

Reports and Communications

Printing, Telephone and Postage for staff, including Consultants  
\$170 per month - \$2,000

Equipment and Supplies

Executive desk (2)	\$ 600
Executive chairs (2)	180
Secretary desk (2)	400
Secretary chairs (2)	110
Typewriters (2)	1100
File cabinets (2)	110
Dictating equipment	1000
	<u>\$3500</u>

Consumable office supplies for staff and consultants	
\$100 per month	1200
	<u>\$4700</u>

Overhead (43.71% of salaries and wages)

Coordinator	\$12,000
Senior Health Analyst	20,000
Secretaries (2)	14,000
Fringe benefits	8,600
	<u>\$54,600</u>

\$54,600 @ 43.71% = \$23,900

The above indirect cost rate was approved (provisionally) for use in funding indirect cost on agreements with the Department of Health, Education and Welfare. The rate is based on an indirect cost proposal submitted by APHA for 1966. Indirect cost proposals for years 1967 and 1968 are currently being audited by HEW personnel.

MEMORANDUM

DATE: November 16, 1971

TO: AA/TA, Dr. Joel Bernstein

FROM: TA/PM, Kenneth S. Levick

*K.S. Levick*

SUBJECT: FY 72 Funding of the APHA Project on the Role of Indigenous Voluntary Health Agencies

Problem: The Phase I survey and submission of proposals for Phase II tests/demonstration activities has taken longer and cost more than projected, with the result that FY 72 funding is required for Phase I completion.

Discussion: Late in FY 70, AA/TA approved a PROP and we entered into a contract with APHA for a project to test the feasibility of encouraging voluntary health agencies and health professional assistance to strengthen health programs in LDCs. The first phase was a survey leading to the submission of a report which was to propose not more than two specific pilot tests for strengthening and establishing such organizations. Phase I was to be completed by the end of FY 71. The cost had been estimated at approximately \$110,000. In order to complete Phase I by February 29, 1972, it is now estimated that an additional \$57,000 will be required. Please note that funding in FY 70 did not include Title X money, while 45% of FY 72-73 budget totals are to be funded from Title X.

You have allocated \$110,000 for this project in FY 72 which had been intended to fund the first portion of the Phase II pilot test operations. With this additional funding required for Phase I, there will be both a delay and an anticipated increased requirement in FY 72 for forward funding of the Phase II operation to March 31, 1973. FY 72 funding will now be expected to require approximately \$167,000 for the balance of Phase I and the first component of Phase II.

While unexpected developments (namely the determination that for basically political reasons it was inappropriate to undertake pilot projects in either India or Ethiopia) can occur, there are some reasons to feel that APHA has managed this project less effectively than it might have been. In the first place it might have been possible to have anticipated the India and Ethiopia problems without spending time for their survey (only a limited amount was spent in Ethiopia). Secondly, the Proposal for a regional program in LA was less definitive than it should have been. APHA is presently conducting a survey in East Asia and we are asking for a detailed and specific proposal for Phase II with certain requirements specified in a side letter.

You will need to make a determination that it is within our present program priorities to allocate additional FY 72 funds for this project to cover the additional cost of Phase I.

Recommendation: That you authorize us to execute a PIO/T using Title X funds to cover the additional funding required to complete Phase I of the project. The Phase II requirement which has been budgeted for funding in FY 72 (at \$110,000 -- of which \$50,000 is Title X), would remain unchanged.

*We'll defer decision re whether to finance Phase II in FY 72 until I see the total money situation later.*

Approved: *Joel Bernstein*  
Disapproved: *subject to review*

Date: 11/17/71